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1                   A bill to be entitled  
2           An act relating to substance abuse services; amending s.  
3           212.055, F.S.; conforming a cross-reference; amending s.  
4           394.67, F.S.; redefining the term "residential treatment  
5           center for children and adolescents"; amending s. 394.674,  
6           F.S.; establishing priority populations of persons who are  
7           eligible for services funded by the Department of Children  
8           and Family Services; amending s. 394.9085, F.S.;  
9           conforming a cross-reference; amending s. 397.301, F.S.;  
10          deleting an obsolete provision; amending s. 397.305, F.S.;  
11          revising the legislative findings, intent, and purpose;  
12          amending s. 397.311, F.S.; providing, deleting, and  
13          revising definitions; amending s. 397.321, F.S.; revising  
14          the duties of the Department of Children and Family  
15          Services; deleting a provision that authorizes the  
16          department to establish a pilot project to serve certain  
17          persons who qualify to receive substance abuse or mental  
18          health services in a specified district; amending s.  
19          397.331, F.S.; revising the term "substance abuse programs  
20          and services" or "drug control"; amending s. 397.401,  
21          F.S.; providing that it is unlawful for an unlicensed  
22          agency to act as a substance abuse service provider;  
23          amending s. 397.403, F.S.; revising requirements for a  
24          license application; amending s. 397.405, F.S.; providing  
25          that a crisis stabilization unit is exempt from licensure;  
26          conforming a cross-reference; authorizing the department  
27          to adopt certain rules; providing that ch. 397, F.S., does  
28          not limit the practice of an advanced registered nurse

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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29 practitioner who provides substance abuse treatment under  
30 certain circumstances; amending s. 397.406, F.S.;  
31 providing that substance abuse programs operated directly  
32 or under contract by the Department of Juvenile Justice  
33 are subject to licensure and regulation; amending s.  
34 397.407, F.S.; conforming a cross-reference; revising the  
35 licensure process; authorizing the Department of Children  
36 and Family Services to issue probationary, regular, and  
37 interim licenses; providing requirements for probationary,  
38 regular, and interim licenses; repealing s. 397.409, F.S.,  
39 relating to probationary, regular, and interim licenses;  
40 amending s. 397.411, F.S.; requiring the department to  
41 notify certain applicable agencies of any licensure  
42 inspections of service providers; amending s. 397.415,  
43 F.S.; requiring that fines collected as administrative  
44 penalties be deposited in the Operations and Maintenance  
45 Trust Fund of the department rather than the Substance  
46 Abuse Impairment Provider Licensing Trust Fund; revising  
47 requirements for suspending or revoking a license;  
48 amending s. 397.416, F.S.; conforming a cross-reference;  
49 amending s. 397.419, F.S.; renaming quality assurance  
50 programs to "quality improvement programs"; conforming  
51 provisions to changes made by the act; revising minimum  
52 guidelines for a service provider's quality improvement  
53 program; providing additional requirements for a quality  
54 improvement program; deleting a provision that requires a  
55 quality assurance program to incorporate a peer review  
56 process; amending s. 397.427, F.S.; specifying that

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57 medication treatment service providers are providers of  
58 medication-assisted treatment services for opiate  
59 addiction; conforming provisions to changes made by the  
60 act; requiring the department to determine the need for  
61 establishing medication-assisted treatment services for  
62 other substance-use disorders; requiring service providers  
63 that provide medication-assisted treatment for other  
64 substance-use disorders to provide counseling services;  
65 requiring the department to adopt rules to administer  
66 medication-assisted treatment services; authorizing a  
67 registered nurse, an advanced registered nurse  
68 practitioner, and a licensed practical nurse to deliver  
69 medication, other than methadone, for the purpose of  
70 medication-assisted treatment for opiate addiction under  
71 certain conditions; requiring a licensed service provider  
72 that provides medication-assisted treatment to adopt  
73 written protocols; providing requirements for the  
74 protocols; requiring a licensed service provider that  
75 provides medication-assisted treatment to maintain and  
76 have ready for inspection medical records and protocols;  
77 amending s. 397.431, F.S.; conforming provisions to  
78 changes made by the act; amending s. 397.451, F.S.;

79 providing that inmate substance abuse programs are exempt  
80 from level 2 background screenings; clarifying that  
81 certain personnel employed in an inmate substance abuse  
82 program are exempt from fingerprinting and background  
83 check requirements; amending ss. 397.471, 397.501,  
84 397.581, 397.601, 397.6751, 397.6752, 397.6758, 397.6773,

85 | 397.6797, 397.6799, 397.6819, 397.6821, 397.6822, 397.697,  
 86 | 397.6971, 397.6975, 397.6977, 397.702, 397.706, 397.801,  
 87 | 397.821, 397.94, 397.95, 397.97, and 397.99, F.S.;

88 | conforming provisions to changes made by the act; amending  
 89 | s. 440.102, F.S.; conforming a cross-reference; amending  
 90 | s. 766.101, F.S.; redefining the term "medical review  
 91 | committee" to include a committee to review mental health  
 92 | and substance abuse treatment services provided by the  
 93 | department; repealing s. 394.9081, F.S., relating to  
 94 | target groups for substance abuse and mental health  
 95 | services; providing an effective date.

96 |  
 97 | Be It Enacted by the Legislature of the State of Florida:

98 |  
 99 | Section 1. Paragraph (e) of subsection (5) of section  
 100 | 212.055, Florida Statutes, is amended to read:

101 | 212.055 Discretionary sales surtaxes; legislative intent;  
 102 | authorization and use of proceeds.--It is the legislative intent  
 103 | that any authorization for imposition of a discretionary sales  
 104 | surtax shall be published in the Florida Statutes as a  
 105 | subsection of this section, irrespective of the duration of the  
 106 | levy. Each enactment shall specify the types of counties  
 107 | authorized to levy; the rate or rates which may be imposed; the  
 108 | maximum length of time the surtax may be imposed, if any; the  
 109 | procedure which must be followed to secure voter approval, if  
 110 | required; the purpose for which the proceeds may be expended;  
 111 | and such other requirements as the Legislature may provide.  
 112 | Taxable transactions and administrative procedures shall be as

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113 provided in s. 212.054.

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

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

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141 County. This committee shall nominate between 10 and 14 county  
142 citizens for the governing board, agency, or authority. The  
143 slate shall be presented to the county commission and the county  
144 commission shall confirm the top five to seven nominees,  
145 depending on the size of the governing board. Until such time as  
146 the governing board, agency, or authority is created, the funds  
147 provided for in subparagraph (d)2. shall be placed in a  
148 restricted account set aside from other county funds and not  
149 disbursed by the county for any other purpose.

150 1. The plan shall divide the county into a minimum of four  
151 and maximum of six service areas, with no more than one  
152 participant hospital per service area. The county public general  
153 hospital shall be designated as the provider for one of the  
154 service areas. Services shall be provided through participants'  
155 primary acute care facilities.

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

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

197 alternatives to traditional methods of service and delivery  
 198 funding.

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

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

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

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

217 394.67 Definitions.--As used in this part, the term:

218 (21) "Residential treatment center for children and  
 219 adolescents" means a 24-hour residential program, including a  
 220 therapeutic group home, which provides mental health services to  
 221 emotionally disturbed children or adolescents as defined in s.  
 222 394.492 (5) or (6) and which is a private for-profit or not-for-  
 223 profit corporation licensed by the agency ~~under contract with~~  
 224 ~~the department~~ which offers a variety of treatment modalities in

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225 a more restrictive setting.

226 Section 3. Section 394.674, Florida Statutes, is amended  
227 to read:

228 394.674 Client ~~Clinical~~ eligibility for publicly funded  
229 substance abuse and mental health services; fee collection  
230 requirements.--

231 (1) To be eligible to receive substance abuse and mental  
232 health services funded by the department, a person must be a  
233 member of at least one of the department's priority populations  
234 ~~target groups~~ approved by the Legislature, ~~pursuant to s.~~  
235 ~~216.0166.~~ The priority populations include:

236 (a) For adult mental health services:

237 1. Adults who have severe and persistent mental illness,  
238 as designated by the department using criteria that include  
239 severity of diagnosis, duration of the mental illness, ability  
240 to independently perform activities of daily living, and receipt  
241 of disability income for a psychiatric condition. Included  
242 within this group are:

243 a. Older adults in crisis.

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

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

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

249 e. Persons diagnosed as having co-occurring mental illness  
250 and substance abuse disorders.

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

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- 253        (b) For children's mental health services:
- 254        1. Children who are at risk of emotional disturbance as  
255 defined in s. 394.492(4).
- 256        2. Children who have an emotional disturbance as defined  
257 in s. 394.492(5).
- 258        3. Children who have a serious emotional disturbance as  
259 defined in s. 394.492(6).
- 260        4. Children diagnosed as having a co-occurring substance  
261 abuse and emotional disturbance or serious emotional  
262 disturbance.
- 263        (c) For substance abuse treatment services:
- 264        1. Adults who have substance abuse disorders and a history  
265 of intravenous drug use.
- 266        2. Persons diagnosed as having co-occurring substance  
267 abuse and mental health disorders.
- 268        3. Parents who put children at risk due to a substance  
269 abuse disorder.
- 270        4. Persons who have a substance abuse disorder and have  
271 been ordered by the court to receive treatment.
- 272        5. Children at risk for initiating drug use.
- 273        6. Children under state supervision.
- 274        7. Children who have a substance abuse disorder but who  
275 are not under the supervision of a court or in the custody of a  
276 state agency.
- 277        8. Persons identified as being part of a priority  
278 population as a condition for receiving services funded through  
279 the Mental Health and Substance Abuse Block Grant.
- 280        (2) Crisis services, as defined in s. 394.67, must, within

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281 the limitations of available state and local matching resources,  
282 be available to each person who is eligible for services under  
283 subsection (1), regardless of the person's ability to pay for  
284 such services. A person who is experiencing a mental health  
285 crisis and who does not meet the criteria for involuntary  
286 examination under s. 394.463(1), or a person who is experiencing  
287 a substance abuse crisis and who does not meet the involuntary  
288 admission criteria in s. 397.675, must contribute to the cost of  
289 his or her care and treatment pursuant to the sliding fee scale  
290 developed under subsection (4), unless charging a fee is  
291 contraindicated because of the crisis situation.

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

299 (4) The department shall adopt rules to implement client  
300 ~~the clinical~~ eligibility, client enrollment, and fee collection  
301 requirements for publicly funded substance abuse and mental  
302 health services.

303 (a) The rules must require ~~that~~ each provider under  
304 contract with the department which enrolls eligible persons into  
305 treatment to develop a sliding fee scale for persons who have a  
306 net family income at or above 150 percent of the Federal Poverty  
307 Income Guidelines, unless otherwise required by state or federal  
308 law. The sliding fee scale must use the uniform schedule of

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309 discounts by which a provider under contract with the department  
310 discounts its established client charges for services supported  
311 with state, federal, or local funds, using, at a minimum,  
312 factors such as family income, financial assets, and family size  
313 as declared by the person or the person's guardian. The rules  
314 must include uniform criteria to be used by all service  
315 providers in developing the schedule of discounts for the  
316 sliding fee scale.

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

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

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

336 Section 4. Subsection (6) of section 394.9085, Florida

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337 Statutes, is amended to read:

338 394.9085 Behavioral provider liability.--

339 (6) For purposes of this section, the terms  
 340 "detoxification program," "addictions receiving facility," and  
 341 "receiving facility" have the same meanings as those provided in  
 342 ss. 397.311(17) ~~397.311(18)(b), 397.311(18)(a)~~, and 394.455(26),  
 343 respectively.

344 Section 5. Section 397.301, Florida Statutes, is amended  
 345 to read:

346 397.301 Short title.--This act may be cited as the "Hal S.  
 347 Marchman Alcohol and Other Drug Services Act ~~of 1993~~."

348 Section 6. Section 397.305, Florida Statutes, is amended  
 349 to read:

350 397.305 Legislative findings, intent, and purpose.--

351 (1) Substance abuse is a major health problem that affects  
 352 multiple service systems and leads to such profoundly disturbing  
 353 consequences as serious impairment, chronic addiction, criminal  
 354 behavior, vehicular casualties, spiraling health care costs,  
 355 AIDS, and business losses, and significantly ~~profoundly~~ affects  
 356 the culture, socialization, and learning ability of children  
 357 within our schools and educational systems. Substance abuse  
 358 impairment is a disease which affects the whole family and the  
 359 whole society and requires a system of care that includes  
 360 ~~specialized~~ prevention, intervention, clinical ~~and~~ treatment,  
 361 and recovery support services that support and strengthen the  
 362 family unit. Further, it is the intent of the Legislature to  
 363 require the collaboration of state agencies, services, and  
 364 program offices to achieve the goals of this chapter and address

365 the needs of the public; to establish a comprehensive system of  
 366 care for substance abuse; and to reduce duplicative requirements  
 367 across state agencies. This chapter is designed to provide for  
 368 substance abuse services.

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

372 (3)~~(2)~~ It is the purpose of this chapter to provide for a  
 373 comprehensive continuum of accessible and quality substance  
 374 abuse prevention, intervention, clinical and treatment, and  
 375 recovery support services in the least restrictive environment  
 376 which promotes long-term recovery while protecting and  
 377 respecting ~~of optimum care that protects and respects~~ the rights  
 378 of individuals ~~elients, especially for involuntary admissions,~~  
 379 primarily through community-based private not-for-profit  
 380 providers working with local governmental programs involving a  
 381 wide range of agencies from both the public and private sectors.  
 382 Further, it is the purpose of the Legislature to provide funds  
 383 for the establishment of a clear framework for the comprehensive  
 384 provision of substance abuse services in the context of a  
 385 coordinated system of care and to provide for program evaluation  
 386 efforts, adequate administrative support services, and quality  
 387 improvement strategies that establish requirements for the  
 388 provision of direct services.

389 (4)~~(3)~~ It is the intent of the Legislature to ensure  
 390 within available resources a full system of care for ~~continuum~~  
 391 ~~of~~ substance abuse services based on ~~projected~~ identified needs,  
 392 delivered without discrimination and with adequate provision for

393 specialized needs.

394 (5) It is the intent of the Legislature to establish co-  
 395 occurring services for individuals who exhibit one or more  
 396 substance-abuse-related disorders, as well as one or more mental  
 397 disorders.

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

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

405 ~~(6) It is the intent of the Legislature to require the~~  
 406 ~~cooperation of departmental programs, services, and program~~  
 407 ~~offices in achieving the goals of this chapter and addressing~~  
 408 ~~the needs of clients.~~

409 (6)(7) It is the intent of the Legislature to provide, ~~for~~  
 410 ~~substance abuse impaired adult and juvenile offenders,~~ an  
 411 alternative to criminal imprisonment for substance abuse  
 412 impaired adults and juvenile offenders by encouraging the  
 413 referral of such offenders to service providers not generally  
 414 available within the juvenile justice and correctional systems,  
 415 ~~system~~ instead of or in addition to criminal penalties.

416 (7)(8) It is the intent of the Legislature to provide,  
 417 within the limits of appropriations and safe management of the  
 418 juvenile justice and correctional systems ~~system,~~ substance  
 419 abuse services to substance abuse impaired offenders who are  
 420 placed by the Department of Juvenile Justice or who are

421 incarcerated within the Department of Corrections, in order to  
 422 better enable these offenders or inmates to adjust to the  
 423 conditions of society presented to them when their terms of  
 424 placement or incarceration end.

425 ~~(8)(9)~~ It is the intent of the Legislature to provide for  
 426 assisting substance abuse impaired persons primarily through  
 427 health and other rehabilitative services in order to relieve the  
 428 police, courts, correctional institutions, and other criminal  
 429 justice agencies of a burden that interferes with their ability  
 430 to protect people, apprehend offenders, and maintain safe and  
 431 orderly communities.

432 ~~(10) It is the purpose of the Legislature to establish a~~  
 433 ~~clear framework for the comprehensive provision of substance~~  
 434 ~~abuse services in the context of a coordinated and orderly~~  
 435 ~~system.~~

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

440 Section 7. Section 397.311, Florida Statutes, is amended  
 441 to read:

442 397.311 Definitions.--As used in this chapter, except part  
 443 VIII, the term:

444 (1) "Ancillary services" are services that ~~which~~ include,  
 445 but are not limited to, special diagnostic, prenatal and  
 446 postnatal, other medical, mental health, legal, economic,  
 447 vocational, employment, and educational services.

448 ~~(2) "Assessment" means the systematic evaluation of~~

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449 ~~information gathered to determine the nature and severity of the~~  
450 ~~client's substance abuse problem and the client's need and~~  
451 ~~motivation for services. Assessment entails the use of a~~  
452 ~~psychosocial history supplemented, as required by rule, by~~  
453 ~~medical examinations, laboratory testing, and psychometric~~  
454 ~~measures.~~

455 (2)~~(3)~~ "Authorized agent of the department" means a person  
456 designated by the department to conduct any audit, inspection,  
457 monitoring, evaluation, or other duty imposed upon the  
458 department pursuant to this chapter. An authorized agent must be  
459 qualified by expertise and experience to perform these  
460 functions. identified by the department as:

461 ~~(a) Qualified by the requisite expertise and experience;~~  
462 ~~(b) Having a need to know the applicable information; and~~  
463 ~~(c) Having the assigned responsibility to carry out the~~  
464 ~~applicable duty.~~

465 (3)~~(4)~~ "Beyond the safe management capabilities of the  
466 service provider" refers to an individual ~~a client~~ who is in  
467 need of:

468 (a) Supervision;  
469 (b) Medical care; or  
470 (c) Services,

471  
472 beyond that which the service provider or service component can  
473 deliver.

474 (4) "Clinical assessment" means the collection of detailed  
475 information concerning an individual's substance use, emotional  
476 and physical health, social roles, and other areas that may

477 reflect the severity of the individual's abuse of alcohol or  
478 drugs. The collection of information serves as a basis for  
479 identifying an appropriate treatment regimen.

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

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

488 ~~(5)-(7) "Court" means, with respect to all involuntary~~  
489 ~~proceedings under this chapter, the circuit court of the county~~  
490 ~~in which the judicial proceeding is pending or where the~~  
491 ~~substance abuse impaired person resides or is located, and~~  
492 ~~includes any general or special magistrate that may be appointed~~  
493 ~~by the chief judge to preside over all or part of such~~  
494 ~~proceeding. Otherwise, "court" refers to the court of legal~~  
495 ~~jurisdiction in the context in which the term is used in this~~  
496 ~~chapter.~~

497 ~~(6)-(8) "Department" means the Department of Children and~~  
498 ~~Family Services.~~

499 ~~(7)-(9) "Director" means the chief administrative or~~  
500 ~~executive officer of a service provider.~~

501 ~~(8)-(10) "Disclose" or "disclosure" means a communication~~  
502 ~~of ~~client~~ identifying information, the affirmative verification~~  
503 ~~of another person's communication of ~~client~~ identifying~~  
504 ~~information, or the communication of any information regarding~~

505 an individual ~~of a client~~ who has received services ~~been~~  
 506 ~~identified~~. Any disclosure made pursuant to this chapter must be  
 507 limited to that information which is necessary to carry out the  
 508 purpose of the disclosure.

509 ~~(9)-(11)~~ "Fee system" means a method of establishing  
 510 charges for services rendered, in accordance with an  
 511 individual's ~~a client's~~ ability to pay, used by providers that  
 512 receive state funds.

513 ~~(10)-(12)~~ "For profit" means registered as for profit by  
 514 the Secretary of State and recognized by the Internal Revenue  
 515 Service as a for-profit entity.

516 ~~(11)-(13)~~ "Habitual abuser" means a person who is brought  
 517 to the attention of law enforcement for being substance  
 518 impaired, who meets the criteria for involuntary admission in s.  
 519 397.675, and who has been taken into custody for such impairment  
 520 three or more times during the preceding 12 months.

521 ~~(12)-(14)~~ "Hospital" means a hospital or hospital-based  
 522 component licensed under chapter 395.

523 (13) "Identifying information" means the name, address,  
 524 social security number, fingerprints, photograph, and similar  
 525 information by which the identity of an individual can be  
 526 determined with reasonable accuracy directly or by reference to  
 527 other publicly available information.

528 ~~(14)-(15)~~ "Impaired" or "substance abuse impaired" means a  
 529 condition involving the use of alcoholic beverages or any  
 530 psychoactive or mood-altering substance in such a manner as to  
 531 induce mental, emotional, or physical problems and cause  
 532 socially dysfunctional behavior.

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

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

540        ~~(16)-(17)~~ "Law enforcement officer" means a law enforcement  
541 officer as defined in s. 943.10(1).

542        ~~(17)-(18)~~ "Licensed service provider" means a public agency  
543 under this chapter, a private for-profit or not-for-profit  
544 agency under this chapter, a physician or any other private  
545 practitioner licensed under this chapter, or a hospital that  
546 offers substance abuse ~~impairment~~ services through one or more  
547 ~~of the following~~ licensable service components. Licensable  
548 service components include a comprehensive continuum of  
549 accessible and quality substance abuse prevention, intervention,  
550 and clinical treatment services, including the following  
551 services:

552        (a) "Clinical treatment" means a professionally directed,  
553 deliberate, and planned regimen of services and interventions  
554 that are designed to reduce or eliminate the misuse of drugs and  
555 alcohol and promote a healthy, drug-free lifestyle. As defined  
556 in rule, clinical treatment services must include, but are not  
557 limited to:

- 558            1. Addictions receiving facilities;  
559            2. Detoxification;  
560            3. Intensive inpatient treatment;

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- 4. Residential treatment;
- 5. Day or night treatment;
- 6. Day or night treatment with community housing;
- 7. Outpatient treatment;
- 8. Intensive outpatient treatment; and
- 9. Medication-assisted treatment.

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

(c) "Prevention" means a process involving strategies aimed at the individual, family, community, or substance which includes strategies and systems that preclude, forestall, or impede the development of substance abuse problems and promote responsible lifestyles.

~~(a) Addictions receiving facility, which is a community-based facility designated by the department to receive, screen, and assess clients found to be substance abuse impaired, in need of emergency treatment for substance abuse impairment, or impaired by substance abuse to such an extent as to meet the criteria for involuntary admission in s. 397.675, and to provide detoxification and stabilization. An addictions receiving facility must be state-owned, state-operated, or state-contracted, and licensed pursuant to rules adopted by the department's Substance Abuse Program Office which include specific authorization for the provision of levels of care and a requirement of separate accommodations for adults and minors.~~

589 ~~Addictions receiving facilities are designated as secure~~  
 590 ~~facilities to provide an intensive level of care and must have~~  
 591 ~~sufficient staff and the authority to provide environmental~~  
 592 ~~security to handle aggressive and difficult-to-manage behavior~~  
 593 ~~and deter elopement.~~

594 ~~(b) Detoxification, which uses medical and psychological~~  
 595 ~~procedures and a supportive counseling regimen to assist clients~~  
 596 ~~in managing toxicity and withdrawing and stabilizing from the~~  
 597 ~~physiological and psychological effects of substance abuse~~  
 598 ~~impairment.~~

599 ~~(c) Intensive inpatient treatment, which includes a~~  
 600 ~~planned regimen of professionally directed evaluation,~~  
 601 ~~observation, medical monitoring, and clinical protocols provided~~  
 602 ~~24 hours per day, 7 days per week, in a highly structured, live-~~  
 603 ~~in environment.~~

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

- 607 ~~1. Facilities that provide room and board and treatment~~  
 608 ~~and rehabilitation within the primary residential facility; and~~
- 609 ~~2. Facilities that are used for room and board only and in~~  
 610 ~~which treatment and rehabilitation activities are provided on a~~  
 611 ~~mandatory basis at locations other than the primary residential~~  
 612 ~~facility. In this case, facilities used for room and board and~~  
 613 ~~for treatment and rehabilitation are operated under the auspices~~  
 614 ~~of the same provider, and licensing and regulatory requirements~~  
 615 ~~would apply to both the residential facility and all other~~  
 616 ~~facilities in which treatment and rehabilitation activities~~

617 occur.

618 ~~(c) Day and night treatment, which provides a~~  
619 ~~nonresidential environment with a structured schedule of~~  
620 ~~treatment and rehabilitation services.~~

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

625 ~~(g) Medication and methadone maintenance treatment that~~  
626 ~~uses methadone or other medication as authorized by state and~~  
627 ~~federal law, in conjunction with medical, rehabilitative, and~~  
628 ~~counseling services in the treatment of clients who are~~  
629 ~~dependent upon opioid drugs.~~

630 ~~(h) Prevention, which is a process involving strategies~~  
631 ~~aimed at the individual, the environment, or the substance,~~  
632 ~~which strategies preclude, forestall, or impede the development~~  
633 ~~of substance abuse problems and promote responsible personal and~~  
634 ~~social growth of individuals and families toward full human~~  
635 ~~potential.~~

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

640 ~~(19) "Medical monitoring" means oversight and treatment,~~  
641 ~~24 hours per day by medical personnel who are licensed under~~  
642 ~~chapter 458, chapter 459, or chapter 464, of clients whose~~  
643 ~~subacute biomedical, emotional, psychosocial, behavioral, or~~  
644 ~~cognitive problems are so severe that the clients require~~

645 ~~intensive inpatient treatment by an interdisciplinary team.~~

646 (18)~~(20)~~ "Not for profit" means registered as not for  
 647 profit by the Secretary of State and recognized by the Internal  
 648 Revenue Service as a not-for-profit entity.

649 (19)~~(21)~~ "Physician" means a person licensed under chapter  
 650 458 to practice medicine or licensed under chapter 459 to  
 651 practice osteopathic medicine, and may include, if the context  
 652 so indicates, an intern or resident enrolled in an intern or  
 653 resident training program affiliated with an approved medical  
 654 school, hospital, or other facility through which training  
 655 programs are normally conducted.

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

659 (20)~~(23)~~ "Private practitioner" means a physician licensed  
 660 under chapter 458 or chapter 459, a psychologist licensed under  
 661 chapter 490, or a clinical social worker, marriage and family  
 662 therapist, or mental health counselor licensed under chapter  
 663 491.

664 (21)~~(24)~~ "Program evaluation" or "evaluation" means a  
 665 systematic measurement of a service provider's achievement of  
 666 desired individual client or service outcomes.

667 (22)~~(25)~~ "Qualified professional" means a physician  
 668 licensed under chapter 458 or chapter 459; a professional  
 669 licensed under chapter 490 or chapter 491; an advanced  
 670 registered nurse practitioner licensed under part I of chapter  
 671 464; or a person who is certified through a department-  
 672 recognized certification process for substance abuse treatment

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673 services and who holds, at a minimum, a bachelor's degree. A  
674 person who is certified in substance abuse treatment services by  
675 a state-recognized certification process in another state at the  
676 time of employment with a licensed substance abuse provider in  
677 this state may perform the functions of a qualified professional  
678 as defined in this chapter but must meet certification  
679 requirements contained in this subsection no later than 1 year  
680 after his or her date of employment.

681 (23) "Quality improvement" means a systematic and  
682 organized approach to monitor and continuously improve the  
683 quality of services in order to maintain, restore, or improve  
684 outcomes for individuals and populations throughout a system of  
685 care.

686 (24) "Recovery" means a process of personal change through  
687 which individuals abstain from alcohol or drug use and improve  
688 health, wellness, and quality of life.

689 (25) "Recovery support" means services designed to  
690 strengthen or assist individuals to regain skills, develop the  
691 environmental supports necessary to help the individual thrive  
692 in the community, and meet life goals that promote recovery from  
693 alcohol and drug use. These services include, but are not  
694 limited to, economic, vocational, employment, educational,  
695 housing, and other ancillary services.

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

699 ~~(26) "Quality assurance" means the objective and internal~~  
700 ~~systematic monitoring of the appropriateness and quality of~~

701 ~~client care rendered by a service provider.~~

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

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

715 ~~(29)~~ (28) "Service provider" or "provider" means a public  
 716 agency, a private for-profit or not-for-profit agency, a person  
 717 who is a private practitioner, or a hospital licensed under this  
 718 chapter or exempt from licensure under this chapter.

719 ~~(30)~~ (29) "Service provider personnel" or "personnel"  
 720 includes all owners, directors, chief financial officers, staff,  
 721 and volunteers, including foster parents, of a service provider.

722 ~~(31)~~ (30) "Stabilization" means:

- 723 (a) Alleviation of a crisis condition; or
- 724 (b) Prevention of further deterioration,

725  
 726 and connotes short-term emergency treatment.

727 (32) "Substate entity" means a departmental office  
 728 designated to serve a geographical area specified by the

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729 department.

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

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

739 Section 8. Subsections (18) and (19) of section 397.321,  
740 Florida Statutes, are renumbered as subsections (19) and (20),  
741 respectively, subsections (2) and (14) and present subsection  
742 (20) are amended, subsection (17) is renumbered as subsection  
743 (18) and amended, and a new subsection (17) is added to that  
744 section, to read:

745 397.321 Duties of the department.--The department shall:

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

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

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

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

753 (c) ~~Client~~ Referral.

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

755 (e) ~~Client~~ Followup.

756 (14) In cooperation with service providers, foster and

757 actively seek additional funding to enhance resources for  
 758 prevention, intervention, clinical ~~and~~ treatment, and recovery  
 759 support services, including, but not limited to, the development  
 760 of partnerships with:

761 (a) Private industry.

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

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

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

775 (18) ~~(17)~~ Provide sufficient and qualified staff to oversee  
 776 all contracting, licensing, and planning functions within each  
 777 of its substate ~~district~~ offices, as permitted by legislative  
 778 appropriation.

779 (19) ~~(18)~~ Ensure that the department develops and ensures  
 780 the implementation of procedures between its Substance Abuse  
 781 Program Office and other departmental programs regarding the  
 782 referral of substance abuse impaired persons to service  
 783 providers, information on service providers, information on  
 784 methods of identifying substance abuse impaired juveniles, and

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785 procedures for referring such juveniles to appropriate service  
786 providers.

787 ~~(20)~~ (19) Designate addictions receiving facilities for the  
788 purpose of ensuring that only qualified service providers render  
789 services within the context of a secure facility setting.

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

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

802 397.331 Definitions; legislative intent.--

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

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

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

812 397.401 License required; penalty; injunction; rules

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813 | waivers.--

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

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

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

838 |       (a) Objectives and anticipated benefits.

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

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

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

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

852 Section 11. Paragraph (e) of subsection (1) and subsection  
853 (3) of section 397.403, Florida Statutes, are amended to read:

854 397.403 License application.--

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

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

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

869 officer ~~manager~~ has 90 days within which to obtain the required  
 870 exemption, during which time the applicant's license remains in  
 871 effect.

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

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

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

892 397.405 Exemptions from licensure.--The following are  
 893 exempt from the licensing provisions of this chapter:

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

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

- 897 (3) A substance abuse education program established
- 898 pursuant to s. 1003.42.
- 899 (4) A facility or institution operated by the Federal
- 900 Government.
- 901 (5) A physician licensed under chapter 458 or chapter 459.
- 902 (6) A psychologist licensed under chapter 490.
- 903 (7) A social worker, marriage and family therapist, or
- 904 mental health counselor licensed under chapter 491.
- 905 (8) A ~~An established and~~ legally cognizable church or
- 906 nonprofit religious organization or denomination providing
- 907 substance abuse services, including prevention services, which
- 908 are solely ~~exclusively~~ religious, spiritual, or ecclesiastical
- 909 in nature. A church or nonprofit religious organization or
- 910 denomination providing any of the licensable service components
- 911 itemized under s. 397.311(17) ~~s. 397.311(18)~~ is not exempt from
- 912 substance abuse licensure ~~for purposes of its provision of such~~
- 913 ~~licensable service components~~ but retains its exemption with
- 914 respect to all services which are solely ~~exclusively~~ religious,
- 915 spiritual, or ecclesiastical in nature.
- 916 (9) Facilities licensed under chapter 393 which, in
- 917 addition to providing services to persons with developmental
- 918 disabilities, also provide services to persons developmentally
- 919 at risk as a consequence of exposure to alcohol or other legal
- 920 or illegal drugs while in utero.
- 921 (10) DUI education and screening services provided
- 922 pursuant to ss. 316.192, 316.193, 322.095, 322.271, and 322.291.
- 923 Persons or entities providing treatment services must be
- 924 licensed under this chapter unless exempted from licensing as

925 provided in this section.

926 (11) A facility licensed under s. 394.875 as a crisis  
 927 stabilization unit. The department may adopt rules regarding  
 928 standards to ensure that persons who have co-occurring mental  
 929 and substance abuse disorders receive appropriate treatment.

930  
 931 The exemptions from licensure in this section do not apply to  
 932 any service provider that receives an appropriation, grant, or  
 933 contract from the state to operate as a service provider as  
 934 defined in this chapter or to any substance abuse program  
 935 regulated pursuant to s. 397.406. Furthermore, this chapter may  
 936 not be construed to limit the practice of a physician licensed  
 937 under chapter 458 or chapter 459, a psychologist licensed under  
 938 chapter 490, ~~or~~ a psychotherapist licensed under chapter 491, or  
 939 an advanced registered nurse practitioner licensed under part I  
 940 of chapter 464, who provides substance abuse treatment, so long  
 941 as the physician, psychologist, ~~or~~ psychotherapist, or advanced  
 942 registered nurse practitioner does not represent to the public  
 943 that he or she is a licensed service provider and does not  
 944 provide services to individuals ~~clients~~ pursuant to part V of  
 945 this chapter. Failure to comply with any requirement necessary  
 946 to maintain an exempt status under this section is a misdemeanor  
 947 of the first degree, punishable as provided in s. 775.082 or s.  
 948 775.083.

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

951 397.406 Licensure and regulation of government-operated  
 952 substance abuse programs.--Substance abuse programs operated

953 directly or under contract by the department, the Department of  
 954 Corrections, the Department of Juvenile Justice, any other state  
 955 agency, or any local correctional agency or authority, which  
 956 programs constitute any service provider licensable components  
 957 as defined in this chapter, are subject to licensure and  
 958 regulation in accordance with rules jointly developed by the  
 959 department and the state or local agency operating the program.  
 960 The department has authority to promulgate rules exempting such  
 961 government-operated programs from specific licensure provisions  
 962 of this part, including, but not limited to, licensure fees and  
 963 personnel background checks, and to enforce the regulatory  
 964 requirements governing such programs.

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

967 397.407 Licensure process; fees.--

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

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981 ~~range and phase-in plan for publicly funded licensed service~~  
982 ~~providers.~~ Fees for privately funded licensed service providers  
983 must exceed the fees for publicly funded licensed service  
984 providers. ~~The first year phase-in licensure fees must be at~~  
985 ~~least \$150 per initial license.~~ The rule must provide for a  
986 reduction in licensure fees for licensed service providers who  
987 hold more than one license.

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

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

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

999 (5) The department may issue probationary, regular, and  
1000 interim licenses. The department shall issue one license for  
1001 each service component that is operated by a service provider  
1002 and defined in rule pursuant to s. 397.311(17). The license is  
1003 valid only for the specific service components listed for each  
1004 specific location identified on the license. The licensed  
1005 service provider shall apply for a new license at least 60 days  
1006 before the addition of any service components or 30 days before  
1007 the relocation of any of its service sites. Provision of service  
1008 components or delivery of services at a location not identified

1009 on the license may be considered an unlicensed operation that  
 1010 authorizes the department to seek an injunction against  
 1011 operation as provided in s. 397.401, in addition to other  
 1012 sanctions authorized by s. 397.415. Probationary and regular  
 1013 licenses may be issued only after all required information has  
 1014 been submitted. A license may not be transferred. As used in  
 1015 this subsection, the term "transfer" includes, but is not  
 1016 limited to, the transfer of a majority of the ownership interest  
 1017 in the licensed entity or transfer of responsibilities under the  
 1018 license to another entity by contractual arrangement.

1019 (6) A probationary license may be issued to a service  
 1020 provider applicant in the initial stages of developing services  
 1021 that are not yet fully operational upon completion of all  
 1022 application requirements itemized in s. 397.403(1) and upon  
 1023 demonstration of the applicant's ability to comply with all  
 1024 applicable statutory and regulatory requirements. A probationary  
 1025 license expires 90 days after issuance and may be reissued once  
 1026 for an additional 90-day period if the applicant has  
 1027 substantially complied with all requirements for regular  
 1028 licensure or has initiated action to satisfy all requirements.  
 1029 During the probationary period the department shall monitor the  
 1030 delivery of services. Notwithstanding s. 120.60(5), the  
 1031 department may order a probationary licensee to cease and desist  
 1032 operations at any time it is found to be substantially out of  
 1033 compliance with licensure standards. This cease-and-desist order  
 1034 is exempt from the requirements of s. 120.60(6).

1035 (7) A regular license may be issued to:

1036 (a) A new applicant at the end of the probationary period.

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1037 (b) A licensed applicant that holds a regular license and  
1038 is seeking renewal.

1039 (c) An applicant for a service component operating under  
1040 an interim license upon successful satisfaction of the  
1041 requirements for a regular license.

1042  
1043 In order to be issued a regular license, the applicant must be  
1044 in compliance with statutory and regulatory requirements.  
1045 Standards and timeframes for the issuance of a regular license  
1046 must be established by rule. An application for renewal of a  
1047 regular license must be submitted to the department at least 60  
1048 days before the license expires.

1049 (8) The department may issue an interim license to a  
1050 service provider for a period established by the department  
1051 which does not exceed 90 days if the department finds that:

1052 (a) A service component of the provider is in substantial  
1053 noncompliance with licensure standards;

1054 (b) The service provider has failed to provide  
1055 satisfactory proof of conformance to fire, safety, or health  
1056 requirements; or

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

1059  
1060 An interim license applies only to the licensable service  
1061 component of the provider's services which is in substantial  
1062 noncompliance with statutory or regulatory requirements. An  
1063 interim license expires 90 days after it is issued; however, it  
1064 may be reissued once for an additional 90-day period in a case

1065 of extreme hardship in which the noncompliance is not  
 1066 attributable to the licensed service provider. If the service  
 1067 provider is appealing the final disposition of license  
 1068 suspension or revocation proceedings, the court before which the  
 1069 appeal is taken may order the extension of the interim license  
 1070 for a period specified in the order.

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

1073 (10) The license must be displayed in a conspicuous place  
 1074 inside the facility providing the licensed service component.

1075 Section 15. Section 397.409, Florida Statutes, is  
 1076 repealed.

1077 Section 16. Subsection (3) of section 397.411, Florida  
 1078 Statutes, is amended, present subsection (5) of that section is  
 1079 redesignated as subsection (6), and a new subsection (5) is  
 1080 added to that section, to read:

1081 397.411 Inspection; right of entry; records.--

1082 (3) Notwithstanding the confidentiality provisions of this  
 1083 chapter, a designated and authorized agent of the department may  
 1084 access the records of the individuals served by ~~clients of~~  
 1085 licensed service providers, but only for purposes of licensing,  
 1086 monitoring, and investigation. The department may interview  
 1087 individuals ~~clients~~, as specified by rule.

1088 (5) In an effort to coordinate inspections among agencies,  
 1089 the department shall notify applicable state agencies of any  
 1090 scheduled licensure inspections of service providers jointly  
 1091 served by the agencies.

1092 Section 17. Subsections (1), (2), and (4) of section

1093 397.415, Florida Statutes, are amended to read:

1094 397.415 Denial, suspension, and revocation; other  
 1095 remedies.--

1096 (1) If the department determines that an applicant or  
 1097 licensed service provider or licensed service component thereof  
 1098 is not in compliance with all statutory and regulatory  
 1099 requirements, the department may deny, suspend, revoke, or  
 1100 impose reasonable restrictions or penalties on the license or  
 1101 any portion of the license. In such case, the department:

1102 (a) May impose a moratorium on admissions to any service  
 1103 component of a licensed service provider if the department  
 1104 determines that conditions ~~within such component~~ are a threat to  
 1105 the public health or safety.

1106 (b) May impose an administrative penalty of up to \$500 per  
 1107 day against a licensed service provider operating in violation  
 1108 of any fire-related, safety-related, or health-related statutory  
 1109 or regulatory requirement. Fines collected under this paragraph  
 1110 must be deposited in the Operations and Maintenance Substance  
 1111 ~~Abuse Impairment Provider Licensing~~ Trust Fund.

1112 (c) May suspend or revoke the license of a service  
 1113 provider or may suspend or revoke the license as to the  
 1114 operation of any service component or location identified on the  
 1115 license if, after notice, the department ~~it~~ determines that a  
 1116 service provider has failed to correct the substantial or  
 1117 chronic violation of any statutory or regulatory requirement  
 1118 that ~~such as~~ impacts the quality of ~~client~~ care.

1119 (2) If a provider's license is revoked ~~of a facility or~~  
 1120 ~~any service component of a facility is revoked~~, the service

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1121 provider is barred from submitting any application for licensure  
 1122 of the affected facility or service component to the department  
 1123 for a period of 1 year after the revocation. If the provider's  
 1124 license is revoked as to any service component or location  
 1125 identified on the license, the provider is barred from applying  
 1126 for licensure of the affected service component or location for  
 1127 1 year after the revocation.

1128 (4) The department may maintain an action in court to  
 1129 enjoin the operation of any licensed or unlicensed provider,  
 1130 service component, or location ~~facility~~ in violation of this  
 1131 chapter or the rules adopted under this chapter.

1132 Section 18. Section 397.416, Florida Statutes, is amended  
 1133 to read:

1134 397.416 Substance abuse treatment services; qualified  
 1135 professional.--Notwithstanding any other provision of law, a  
 1136 person who was certified through a certification process  
 1137 recognized by the former Department of Health and Rehabilitative  
 1138 Services before January 1, 1995, may perform the duties of a  
 1139 qualified professional with respect to substance abuse treatment  
 1140 services as defined in this chapter, and need not meet the  
 1141 certification requirements contained in s. 397.311(22) ~~s.~~  
 1142 ~~397.311(25)~~.

1143 Section 19. Section 397.419, Florida Statutes, is amended  
 1144 to read:

1145 397.419 Quality improvement ~~assurance~~ programs.--

1146 (1) Each service provider must maintain a ~~an ongoing~~  
 1147 quality improvement ~~assurance~~ program to objectively and  
 1148 systematically monitor and evaluate the appropriateness and

1149 | quality of ~~client~~ care, to ensure that services are rendered  
 1150 | consistent with prevailing professional standards, and to  
 1151 | identify and resolve problems.

1152 |         (2) For each service provider, a written plan must be  
 1153 | developed with a copy made available upon request ~~submitted~~ to  
 1154 | the department which addresses the minimum guidelines for the  
 1155 | provider's quality improvement ~~assurance~~ program, including, but  
 1156 | not limited to:

- 1157 |         (a) Individual ~~Client~~ care and services standards.
- 1158 |         (b) Individual ~~Client~~ records maintenance procedures.
- 1159 |         (c) Staff development policies and procedures.
- 1160 |         (d) Service-environment ~~Facility~~ safety and maintenance  
 1161 | standards.
- 1162 |         (e) Peer review and utilization management review  
 1163 | procedures.
- 1164 |         (f) Incident reporting policies and procedures that  
 1165 | include, ~~including~~ verification of corrective action, and  
 1166 | provision for reporting to the department within a time period  
 1167 | prescribed by rule, documentation that incident reporting is the  
 1168 | affirmative duty of all staff, and a provision that specifies  
 1169 | that a person who files an incident report may not be subjected  
 1170 | to any civil action by virtue of that incident report.

1171 |         (3) The quality improvement ~~assurance~~ program is the  
 1172 | responsibility of the director and is subject to review and  
 1173 | approval by the governing board of the service provider.

1174 |         (4) Each director shall designate a person who is an  
 1175 | employee of or under contract with the service provider as the  
 1176 | provider's quality improvement ~~assurance~~ manager.

1177 ~~(5) Incident reporting is the affirmative duty of all~~  
 1178 ~~staff.~~

1179 ~~(6) A person who files an incident report may not be~~  
 1180 ~~subjected to any civil action by virtue of that incident report.~~

1181 (5)~~(7)~~ The department may access all service provider  
 1182 records necessary to determine compliance with this section.  
 1183 Records relating solely to actions taken in carrying out this  
 1184 section and records obtained by the department to determine a  
 1185 provider's compliance with this section are confidential and  
 1186 exempt from ~~the provisions of~~ s. 119.07(1) and s. 24(a), Art. I  
 1187 of the State Constitution. Such records are not admissible in  
 1188 any civil or administrative action except in disciplinary  
 1189 proceedings by the Department of Business and Professional  
 1190 Regulation or the appropriate regulatory board, and are not part  
 1191 of the record of investigation and prosecution in disciplinary  
 1192 proceedings made available to the public by the Department of  
 1193 Business and Professional Regulation or the appropriate  
 1194 regulatory board. Meetings or portions of meetings of quality  
 1195 improvement assurance program committees that relate solely to  
 1196 actions taken pursuant to this section are exempt from s.  
 1197 286.011.

1198 (6)~~(8)~~ The quality improvement assurance program must also  
 1199 ~~shall be implemented as part of the department's contract~~  
 1200 ~~management process. The quality assurance program shall:~~

1201 ~~(a) Track performance measures and standards established~~  
 1202 ~~by the Legislature as part of the performance-based program~~  
 1203 ~~budgeting process;~~

1204 (a)~~(b)~~ Provide a framework for evaluating outcomes ~~which~~

1205 ~~is separate from the performance-based program budgeting~~  
 1206 ~~process, including:~~

- 1207 1. Output measures, such as capacities, technologies, and
- 1208 infrastructure, that make up the system of care.
- 1209 2. Process measures, such as administrative and clinical
- 1210 components of treatment.
- 1211 3. Outcome measures pertaining to the outcomes of
- 1212 services;

1213 (b)~~(e)~~ Provide for a system of analyzing those factors  
 1214 which have an effect on performance at the local level;

1215 (c)~~(d)~~ Provide for a system of reporting the results of  
 1216 quality improvement ~~assurance~~ reviews; and

1217 (d)~~(e)~~ Incorporate best practice models for use in  
 1218 improving performance in those areas which are deficient.

1219 ~~(9) The quality assurance program shall incorporate a peer~~  
 1220 ~~review process into its protocol, to include:~~

- 1221 ~~(a) Reviews of providers by departmental district staff~~  
 1222 ~~and other providers.~~
- 1223 ~~(b) Reviews of individual districts by other districts.~~

1224 (7)~~(10)~~ Contingent upon specific appropriation, a quality  
 1225 improvement ~~assurance~~ coordinator position shall be established  
 1226 within each substate entity service district to oversee the  
 1227 implementation and operation of the quality improvement  
 1228 ~~assurance~~ program.

1229 Section 20. Section 397.427, Florida Statutes, is amended  
 1230 to read:

1231 397.427 Medication-assisted ~~Medication~~ treatment service  
 1232 providers; rehabilitation program; needs assessment and

1233 provision of services; persons authorized to issue takeout  
 1234 medication ~~methadone~~; unlawful operation; penalty.--

1235 (1) ~~Medication treatment service~~ Providers of medication-  
 1236 assisted treatment services for opiate addiction may not be  
 1237 licensed unless they provide supportive rehabilitation programs.  
 1238 Supportive rehabilitation programs include, but are not limited  
 1239 to, counseling, therapy, and vocational rehabilitation.

1240 (2) The department shall determine the need for  
 1241 establishing ~~medication treatment service~~ providers of  
 1242 medication-assisted treatment services for opiate addiction.

1243 (a) ~~Medication treatment service~~ Providers of medication-  
 1244 assisted treatment services for opiate addiction may be  
 1245 established only in response to the department's determination  
 1246 and publication of need for additional medication treatment  
 1247 services.

1248 (b) The department shall prescribe by rule the types of  
 1249 medication-assisted ~~medication~~ treatment services for opiate  
 1250 addiction for which it is necessary to conduct annual  
 1251 assessments of need. If needs assessment is required, the  
 1252 department shall annually conduct the assessment and publish a  
 1253 statement of findings which identifies each substate entity's  
 1254 ~~district's~~ need.

1255 (c) Notwithstanding paragraphs (a) and (b), the license  
 1256 for medication-assisted ~~medication~~ treatment programs for opiate  
 1257 addiction licensed before October 1, 1990, may not be revoked  
 1258 solely because of the department's determination concerning the  
 1259 need for medication-assisted ~~medication~~ treatment services for  
 1260 opiate addiction.

1261 (3) The department shall adopt rules necessary to  
 1262 administer this section, including, but not limited to, rules  
 1263 prescribing criteria and procedures for:

1264 (a) Determining the need for additional medication-  
 1265 assisted medication treatment services for opiate addiction.

1266 (b) Selecting ~~medication treatment service~~ providers for  
 1267 medication-assisted treatment services for opiate addiction when  
 1268 the number of responses to a publication of need exceeds the  
 1269 determined need.

1270 (c) Administering any federally required rules,  
 1271 regulations, or procedures.

1272 (4) A service provider operating in violation of this  
 1273 section is subject to proceedings in accordance with this  
 1274 chapter to enjoin that unlawful operation.

1275 (5) Notwithstanding ~~the provisions of~~ s. 465.019(2), a  
 1276 registered nurse, an advanced registered nurse practitioner, or  
 1277 a licensed practical nurse working for a licensed service  
 1278 provider is authorized to deliver takeout medication for opiate  
 1279 treatment methadone to persons enrolled in a ~~methadone~~  
 1280 maintenance treatment program for medication-assisted treatment  
 1281 for opiate addiction if provided that:

1282 (a) The medication-assisted methadone maintenance  
 1283 treatment program for opiate addiction has an appropriate valid  
 1284 permit issued pursuant to rules adopted ~~promulgated~~ by the Board  
 1285 of Pharmacy;

1286 (b) The medication for treatment of opiate addiction has  
 1287 been delivered pursuant to a valid prescription written by the  
 1288 program's physician licensed pursuant to chapter 458 or chapter

1289 459;

1290 (c) The medication for treatment of opiate addiction which  
 1291 is ordered appears on a formulary and is prepackaged and  
 1292 prelabeled with dosage instructions and distributed from a  
 1293 source authorized under chapter 499;

1294 (d) Each licensed provider adopts written protocols which  
 1295 provide for supervision of the registered nurse, advanced  
 1296 registered nurse practitioner, or licensed practical nurse by a  
 1297 physician licensed pursuant to chapter 458 or chapter 459 and  
 1298 for the procedures by which patients' medications may be  
 1299 delivered by the registered nurse, advanced registered nurse  
 1300 practitioner, or licensed practical nurse. Such protocols shall  
 1301 be signed by the supervising physician and either the  
 1302 administering registered nurse, the advanced registered nurse  
 1303 practitioner, or the licensed practical nurse.

1304 (e) Each licensed service provider maintains and has  
 1305 available for inspection by representatives of the Board of  
 1306 Pharmacy all medical records and patient care protocols,  
 1307 including records of medications delivered to patients, in  
 1308 accordance with the board.

1309 (6) The department shall also determine the need for  
 1310 establishing medication-assisted treatment for substance abuse  
 1311 disorders other than opiate dependence. Service providers within  
 1312 the publicly funded system shall be funded for provision of  
 1313 these services based on the availability of funds.

1314 (7) Service providers that provide medication-assisted  
 1315 treatment for substance abuse disorders other than opiate  
 1316 dependence shall provide counseling services in conjunction with

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1317 medication-assisted treatment.

1318 (8) The department shall adopt rules necessary to  
1319 administer medication-assisted treatment services, including,  
1320 but not limited to, rules prescribing criteria and procedures  
1321 for:

1322 (a) Determining the need for medication-assisted treatment  
1323 services within the publicly funded system.

1324 (b) Selecting medication-assisted service providers within  
1325 the publicly funded system.

1326 (c) Administering any federally required rules,  
1327 regulations, or procedures related to the provision of  
1328 medication-assisted treatment.

1329 (9) A registered nurse, an advanced registered nurse  
1330 practitioner, or a licensed practical nurse working for a  
1331 licensed service provider may deliver medication as prescribed  
1332 by rule if:

1333 (a) The service provider authorized to provide medication-  
1334 assisted treatment has an appropriate valid permit issued  
1335 pursuant to rules adopted by the Board of Pharmacy;

1336 (b) The medication has been delivered pursuant to a valid  
1337 prescription written by the program's physician who is licensed  
1338 under chapter 458 or chapter 459; and

1339 (c) The medication ordered appears on a formulary or meets  
1340 federal requirements for medication-assisted treatment.

1341 (10) Each licensed service provider that provides  
1342 medication-assisted treatment must adopt written protocols as  
1343 specified by the department and in accordance with federally  
1344 required rules, regulations, or procedures. The protocol shall

1345 provide for the supervision of the registered nurse, advanced  
 1346 registered nurse practitioner, or licensed practical nurse  
 1347 working under the supervision of a physician who is licensed  
 1348 under chapter 458 or chapter 459. The protocol must specify how  
 1349 the medication will be used in conjunction with counseling or  
 1350 psychosocial treatment and that the services provided will be  
 1351 included on the treatment plan. The protocol must specify the  
 1352 procedures by which medication-assisted treatment may be  
 1353 delivered by the registered nurse, advanced registered nurse  
 1354 practitioner, or licensed practical nurse. These protocols shall  
 1355 be signed by the supervising physician and the administering  
 1356 registered nurse, advanced registered nurse practitioner, or  
 1357 licensed practical nurse.

1358 (11) Each licensed service provider shall maintain and  
 1359 have available for inspection by representatives of the Board of  
 1360 Pharmacy all medical records and protocols, including records of  
 1361 medications delivered to individuals in accordance with rules of  
 1362 the board.

1363 Section 21. Section 397.431, Florida Statutes, is amended  
 1364 to read:

1365 397.431 Individual Client responsibility for cost of  
 1366 substance abuse impairment services.--

1367 (1) Before ~~Prior to~~ accepting an individual a client for  
 1368 admission and in accordance with confidentiality guidelines,  
 1369 both the full charge for services and the fee charged to the  
 1370 individual client for such services under the provider's fee  
 1371 system or payment policy must be disclosed to each individual  
 1372 ~~client~~ or his or her authorized personal representative, or

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1373 parent or legal guardian if the individual ~~client~~ is a minor who  
1374 did not seek treatment voluntarily and without parental consent.

1375 (2) An individual ~~A-client~~ or his or her authorized  
1376 personal representative, or parent or legal guardian if the  
1377 individual ~~client~~ is a minor, is required to contribute toward  
1378 the cost of substance abuse services in accordance with his or  
1379 her ability to pay, unless otherwise provided by law.

1380 (3) The parent, legal guardian, or legal custodian of a  
1381 minor is not liable for payment for any substance abuse services  
1382 provided to the minor without parental consent pursuant to s.  
1383 397.601(4), unless the parent, legal guardian, or legal  
1384 custodian participates or is ordered to participate in the  
1385 services, and only for the substance abuse services rendered. If  
1386 the minor is receiving services as a juvenile offender, the  
1387 obligation to pay is governed by the law relating to juvenile  
1388 offenders.

1389 (4) Service providers that do not contract for state funds  
1390 to provide substance abuse services as defined in this chapter  
1391 may establish their own admission policies regarding provisions  
1392 for payment for services. Such policies must comply with other  
1393 statutory and regulatory requirements governing state or federal  
1394 reimbursements to a provider for services delivered to  
1395 individuals ~~individual-clients~~. As used in this subsection, the  
1396 term "contract for state funds" does not include Medicaid funds.

1397 (5) Service providers that contract for state funds to  
1398 provide substance abuse services as defined in this chapter must  
1399 establish a fee system based upon an individual's ~~a-client's~~  
1400 ability to pay and, if space and sufficient state resources are

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1401 available, may not deny an individual ~~a client~~ access to  
 1402 services solely on the basis of the individual's ~~client's~~  
 1403 inability to pay.

1404 Section 22. Paragraphs (a) and (e) of subsection (1) of  
 1405 section 397.451, Florida Statutes, are amended to read:

1406 397.451 Background checks of service provider personnel.--

1407 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND  
 1408 EXCEPTIONS.--

1409 (a) Background checks shall apply as follows:

1410 1. All owners, directors, and chief financial officers of  
 1411 service providers are subject to level 2 background screening as  
 1412 provided under chapter 435. Inmate substance abuse programs  
 1413 operated directly or under contract with the Department of  
 1414 Corrections are exempt from this requirement.

1415 2. All service provider personnel who have direct contact  
 1416 with children receiving services or with adults who are  
 1417 developmentally disabled receiving services are subject to level  
 1418 2 background screening as provided under chapter 435.

1419 (e) Personnel employed directly or under contract with ~~by~~  
 1420 the Department of Corrections in an inmate substance abuse  
 1421 program ~~a substance abuse service component~~ who have direct  
 1422 contact with unmarried inmates under the age of 18 or with  
 1423 inmates who are developmentally disabled are exempt from the  
 1424 fingerprinting and background check requirements of this  
 1425 section.

1426 Section 23. Paragraphs (a) and (b) of subsection (1) of  
 1427 section 397.471, Florida Statutes, are amended to read:

1428 397.471 Service provider facility standards.--

1429 (1) Each service provider must ensure:

1430 (a) Sufficient numbers and types of qualified personnel on  
 1431 duty and available to provide necessary and adequate ~~client~~  
 1432 safety and care.

1433 (b) Adequate space for each individual served within  
 1434 ~~client~~ of a residential facility.

1435 Section 24. Section 397.501, Florida Statutes, is amended  
 1436 to read:

1437 397.501 Rights of individuals ~~clients~~.--Individuals  
 1438 ~~Clients~~ receiving substance abuse services from any service  
 1439 provider are guaranteed protection of the rights specified in  
 1440 this section, unless otherwise expressly provided, and service  
 1441 providers must ensure the protection of such rights.

1442 (1) RIGHT TO INDIVIDUAL DIGNITY.--The ~~individual~~ dignity  
 1443 of the individual served ~~client~~ must be respected at all times  
 1444 and upon all occasions, including any occasion when the  
 1445 individual ~~client~~ is admitted, retained, or transported.

1446 Individuals served ~~Substance abuse clients~~ who are not accused  
 1447 of a crime or delinquent act may not be detained or incarcerated  
 1448 in jails, detention centers, or training schools of the state,  
 1449 except for purposes of protective custody in strict accordance  
 1450 with this chapter. An individual ~~A client~~ may not be deprived of  
 1451 any constitutional right.

1452 (2) RIGHT TO NONDISCRIMINATORY SERVICES.--

1453 (a) Service providers may not deny an individual ~~a client~~  
 1454 access to substance abuse services solely on the basis of race,  
 1455 gender, ethnicity, age, sexual preference, human  
 1456 immunodeficiency virus status, prior service departures against

1457 medical advice, disability, or number of relapse episodes.  
 1458 Service providers may not deny an individual ~~a client~~ who takes  
 1459 medication prescribed by a physician access to substance abuse  
 1460 services solely on that basis. Service providers who receive  
 1461 state funds to provide substance abuse services may not, if  
 1462 ~~provided~~ space and sufficient state resources are available,  
 1463 deny ~~a client~~ access to services based solely on inability to  
 1464 pay.

1465 (b) Each individual ~~client~~ in treatment must be afforded  
 1466 the opportunity to participate in the formulation and periodic  
 1467 review of his or her individualized treatment or service plan to  
 1468 the extent of his or her ability to so participate.

1469 (c) It is the policy of the state to use the least  
 1470 restrictive and most appropriate services available, based on  
 1471 the needs and the best interests of the individual ~~client~~ and  
 1472 consistent with optimum care of the individual ~~client~~.

1473 (d) Each individual ~~client~~ must be afforded the  
 1474 opportunity to participate in activities designed to enhance  
 1475 self-image.

1476 (3) RIGHT TO QUALITY SERVICES.--

1477 (a) Each individual ~~client~~ must be delivered services  
 1478 suited to his or her needs, administered skillfully, safely,  
 1479 humanely, with full respect for his or her dignity and personal  
 1480 integrity, and in accordance with all statutory and regulatory  
 1481 requirements.

1482 (b) These services must include the use of methods and  
 1483 techniques to control aggressive ~~client~~ behavior that poses an  
 1484 immediate threat to the individual ~~client~~ or to other persons.

1485 Such methods and techniques include the use of restraints, the  
 1486 use of seclusion, the use of time-out, and other behavior  
 1487 management techniques. When authorized, these methods and  
 1488 techniques may be applied only by persons who are employed by  
 1489 service providers and trained in the application and use of  
 1490 these methods and techniques. The department must specify by  
 1491 rule the methods that may be used and the techniques that may be  
 1492 applied by service providers to control aggressive ~~client~~  
 1493 behavior and must specify by rule the physical facility  
 1494 requirements for seclusion rooms, including dimensions, safety  
 1495 features, methods of observation, and contents.

1496 (4) RIGHT TO COMMUNICATION.--

1497 (a) Each individual ~~client~~ has the right to communicate  
 1498 freely and privately with other persons within the limitations  
 1499 imposed by service provider policy.

1500 (b) Because the delivery of services can only be effective  
 1501 in a substance abuse free environment, close supervision of each  
 1502 individual's ~~client's~~ communications and correspondence is  
 1503 necessary, particularly in the initial stages of treatment, and  
 1504 the service provider must therefore set reasonable rules for  
 1505 telephone, mail, and visitation rights, giving primary  
 1506 consideration to the well-being and safety of individuals  
 1507 ~~clients~~, staff, and the community. It is the duty of the service  
 1508 provider to inform the individual ~~client~~ and his or her family  
 1509 if the family is involved at the time of admission about the  
 1510 provider's rules relating to communications and correspondence.

1511 (5) RIGHT TO CARE AND CUSTODY OF PERSONAL EFFECTS ~~OF~~  
 1512 ~~CLIENTS~~.--An individual ~~A client~~ has the right to possess

1513 clothing and other personal effects. The service provider may  
 1514 take temporary custody of the individual's ~~client's~~ personal  
 1515 effects only when required for medical or safety reasons, with  
 1516 the reason for taking custody and a list of the personal effects  
 1517 recorded in the individual's ~~client's~~ clinical record.

1518 (6) RIGHT TO EDUCATION OF MINORS.--Each minor ~~client~~ in a  
 1519 residential service component is guaranteed education and  
 1520 training appropriate to his or her needs. The service provider  
 1521 shall coordinate with local education agencies to ensure that  
 1522 education and training is provided to each minor ~~client~~ in  
 1523 accordance with other applicable laws and regulations and that  
 1524 parental responsibilities related to such education and training  
 1525 are established within the provisions of such applicable laws  
 1526 and regulations. ~~Nothing in This chapter~~ does not ~~may be~~  
 1527 ~~construed to~~ relieve any local education authority of its  
 1528 obligation under law to provide a free and appropriate education  
 1529 to every child.

1530 (7) RIGHT TO CONFIDENTIALITY OF INDIVIDUAL ~~CLIENT~~  
 1531 RECORDS.--

1532 (a) The records of service providers which pertain to the  
 1533 identity, diagnosis, and prognosis of and service provision to  
 1534 any individual ~~client~~ are confidential in accordance with this  
 1535 chapter and with applicable federal confidentiality regulations  
 1536 and are exempt from ~~the provisions of~~ s. 119.07(1) and s. 24(a),  
 1537 Art. I of the State Constitution. Such records may not be  
 1538 disclosed without the written consent of the individual ~~client~~  
 1539 to whom they pertain except that appropriate disclosure may be  
 1540 made without such consent:

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- 1541 1. To medical personnel in a medical emergency.
- 1542 2. To service provider personnel if such personnel need to  
1543 know the information in order to carry out duties relating to  
1544 the provision of services to an individual ~~a client~~.
- 1545 3. To the secretary of the department or the secretary's  
1546 designee, for purposes of scientific research, in accordance  
1547 with federal confidentiality regulations, but only upon  
1548 agreement in writing that the individual's ~~client's~~ name and  
1549 other identifying information will not be disclosed.
- 1550 4. In the course of review of service-provider records ~~on~~  
1551 ~~service-provider premises~~ by persons who are performing an audit  
1552 or evaluation on behalf of any federal, state, or local  
1553 government agency, or third-party payor providing financial  
1554 assistance or reimbursement to the service provider; however,  
1555 reports produced as a result of such audit or evaluation may not  
1556 disclose ~~client~~ names or other identifying information and must  
1557 be in accordance ~~accord~~ with federal confidentiality  
1558 regulations.
- 1559 5. Upon court order based on application showing good  
1560 cause for disclosure. In determining whether there is good cause  
1561 for disclosure, the court shall examine whether the public  
1562 interest and the need for disclosure outweigh the potential  
1563 injury to the individual client, to the service provider and the  
1564 individual ~~provider-client relationship~~, and to the service  
1565 provider itself.
- 1566 (b) The restrictions on disclosure and use in this section  
1567 do not apply to communications from provider personnel to law  
1568 enforcement officers which:

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1569 1. Are directly related to an individual's ~~a client's~~  
1570 commission of a crime on the premises of the provider or against  
1571 provider personnel or to a threat to commit such a crime; and

1572 2. Are limited to the circumstances of the incident,  
1573 including the ~~client~~ status of the individual committing or  
1574 threatening to commit the crime, that individual's name and  
1575 address, and that individual's last known whereabouts.

1576 (c) The restrictions on disclosure and use in this section  
1577 do not apply to the reporting of incidents of suspected child  
1578 abuse and neglect to the appropriate state or local authorities  
1579 as required by law. However, such restrictions continue to apply  
1580 to the original substance abuse ~~client~~ records maintained by the  
1581 provider, including their disclosure and use for civil or  
1582 criminal proceedings which may arise out of the report of  
1583 suspected child abuse and neglect.

1584 (d) Any answer to a request for a disclosure of individual  
1585 ~~client~~ records which is not permissible under this section or  
1586 under the appropriate federal regulations must be made in a way  
1587 that will not affirmatively reveal that an identified individual  
1588 has been, or is being diagnosed or treated for substance abuse.  
1589 The regulations do not restrict a disclosure that an identified  
1590 individual is not and has never received services ~~has been a~~  
1591 ~~client~~.

1592 (e)1. Since a minor acting alone has the legal capacity to  
1593 voluntarily apply for and obtain substance abuse treatment, any  
1594 written consent for disclosure may be given only by the minor  
1595 ~~client~~. This restriction includes, but is not limited to, any  
1596 disclosure of ~~client~~ identifying information to the parent,

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1597 legal guardian, or custodian of a minor ~~client~~ for the purpose  
1598 of obtaining financial reimbursement.

1599 2. When the consent of a parent, legal guardian, or  
1600 custodian is required under this chapter in order for a minor to  
1601 obtain substance abuse treatment, any written consent for  
1602 disclosure must be given by both the minor and the parent, legal  
1603 guardian, or custodian.

1604 (f) An order of a court of competent jurisdiction  
1605 authorizing disclosure and use of confidential information is a  
1606 unique kind of court order. Its only purpose is to authorize a  
1607 disclosure or use of ~~client~~ identifying information which would  
1608 otherwise be prohibited by this section. Such an order does not  
1609 compel disclosure. A subpoena or a similar legal mandate must be  
1610 issued in order to compel disclosure. This mandate may be  
1611 entered at the same time as, and accompany, an authorizing court  
1612 order entered under this section.

1613 (g) An order authorizing the disclosure of an individual's  
1614 ~~client~~ records may be applied for by any person having a legally  
1615 recognized interest in the disclosure which is sought. The  
1616 application may be filed separately or as part of a pending  
1617 civil action in which it appears that the individual's ~~client~~  
1618 records are needed to provide evidence. An application must use  
1619 a fictitious name, such as John Doe or Jane Doe, to refer to any  
1620 individual ~~client~~ and may not contain or otherwise disclose any  
1621 ~~client~~ identifying information unless the individual ~~client~~ is  
1622 the applicant or has given a written consent to disclosure or  
1623 the court has ordered the record of the proceeding sealed from  
1624 public scrutiny.

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1625           (h) The individual ~~client~~ and the person holding the  
1626 records from whom disclosure is sought must be given adequate  
1627 notice in a manner which will not disclose ~~client~~ identifying  
1628 information to other persons, and an opportunity to file a  
1629 written response to the application, or to appear in person, for  
1630 the limited purpose of providing evidence on the statutory and  
1631 regulatory criteria for the issuance of the court order.

1632           (i) Any oral argument, review of evidence, or hearing on  
1633 the application must be held in the judge's chambers or in some  
1634 manner which ensures that ~~client~~ identifying information is not  
1635 disclosed to anyone other than a party to the proceeding, the  
1636 individual ~~client~~, or the person holding the record, unless the  
1637 individual ~~client~~ requests an open hearing. The proceeding may  
1638 include an examination by the judge of the ~~client~~ records  
1639 referred to in the application.

1640           (j) A court may authorize the disclosure and use of ~~client~~  
1641 records for the purpose of conducting a criminal investigation  
1642 or prosecution of an individual ~~a client~~ only if the court finds  
1643 that all of the following criteria are met:

1644           1. The crime involved is extremely serious, such as one  
1645 which causes or directly threatens loss of life or serious  
1646 bodily injury, including but not limited to homicide, sexual  
1647 assault, sexual battery, kidnapping, armed robbery, assault with  
1648 a deadly weapon, and child abuse and neglect.

1649           2. There is reasonable likelihood that the records will  
1650 disclose information of substantial value in the investigation  
1651 or prosecution.

1652           3. Other ways of obtaining the information are not

1653 available or would not be effective.

1654 4. The potential injury to the individual ~~client~~, to the  
 1655 physician-individual ~~physician-client~~ relationship and to the  
 1656 ability of the program to provide services to other individuals  
 1657 ~~clients~~ is outweighed by the public interest and the need for  
 1658 the disclosure.

1659 (8) RIGHT TO COUNSEL.--Each individual ~~client~~ must be  
 1660 informed that he or she has the right to be represented by  
 1661 counsel in any involuntary proceeding for assessment,  
 1662 stabilization, or treatment and that he or she, or if the  
 1663 individual ~~client~~ is a minor his or her parent, legal guardian,  
 1664 or legal custodian, may apply immediately to the court to have  
 1665 an attorney appointed if he or she cannot afford one.

1666 (9) RIGHT TO HABEAS CORPUS.--At any time, and without  
 1667 notice, an individual ~~a-client~~ involuntarily retained by a  
 1668 provider, or the individual's ~~client's~~ parent, guardian,  
 1669 custodian, or attorney on behalf of the individual ~~client~~, may  
 1670 petition for a writ of habeas corpus to question the cause and  
 1671 legality of such retention and request that the court issue a  
 1672 writ for the individual's ~~client's~~ release.

1673 (10) LIABILITY AND IMMUNITY.--

1674 (a) Service provider personnel who violate or abuse any  
 1675 right or privilege of an individual ~~a-client~~ under this chapter  
 1676 are liable for damages as determined by law.

1677 (b) All persons acting in good faith, reasonably, and  
 1678 without negligence in connection with the preparation or  
 1679 execution of petitions, applications, certificates, or other  
 1680 documents or the apprehension, detention, discharge,

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1681 examination, transportation, or treatment of a person under the  
 1682 provisions of this chapter shall be free from all liability,  
 1683 civil or criminal, by reason of such acts.

1684 Section 25. Section 397.581, Florida Statutes, is amended  
 1685 to read:

1686 397.581 Unlawful activities relating to ~~client~~ assessment  
 1687 and treatment; penalties.--

1688 (1) Knowingly furnishing false information for the purpose  
 1689 of obtaining emergency or other involuntary admission for any  
 1690 person is a misdemeanor of the first degree, punishable as  
 1691 provided in s. 775.082 and by a fine not exceeding \$5,000.

1692 (2) Causing or otherwise securing, or conspiring with or  
 1693 assisting another to cause or secure, without reason for  
 1694 believing a person to be impaired, any emergency or other  
 1695 involuntary procedure for the person is a misdemeanor of the  
 1696 first degree, punishable as provided in s. 775.082 and by a fine  
 1697 not exceeding \$5,000.

1698 (3) Causing, or conspiring with or assisting another to  
 1699 cause, the denial to any person of any right accorded pursuant  
 1700 to this chapter is a misdemeanor of the first degree, punishable  
 1701 as provided in s. 775.082 and by a fine not exceeding \$5,000.

1702 Section 26. Paragraph (a) of subsection (4) of section  
 1703 397.601, Florida Statutes, is amended to read:

1704 397.601 Voluntary admissions.--

1705 (4) (a) The disability of minority for persons under 18  
 1706 years of age is removed solely for the purpose of obtaining  
 1707 voluntary substance abuse impairment services from a licensed  
 1708 service provider, and consent to such services by a minor has

1709 | the same force and effect as if executed by an individual a  
 1710 | ~~client~~ who has reached the age of majority. Such consent is not  
 1711 | subject to later disaffirmance based on minority.

1712 | Section 27. Subsections (1) and (3) of section 397.6751,  
 1713 | Florida Statutes, are amended to read:

1714 | 397.6751 Service provider responsibilities regarding  
 1715 | involuntary admissions.--

1716 | (1) It is the responsibility of the service provider to:

1717 | (a) Ensure that a person who is admitted to a licensed  
 1718 | service component meets the admission criteria specified in s.  
 1719 | 397.675;

1720 | (b) Ascertain whether the medical and behavioral  
 1721 | conditions of the person, as presented, are beyond the safe  
 1722 | management capabilities of the service provider;

1723 | (c) Provide for the admission of the person to the service  
 1724 | component that represents the least restrictive available  
 1725 | setting that is responsive to the person's treatment needs;

1726 | (d) Verify that the admission of the person to the service  
 1727 | component does not result in a census in excess of its licensed  
 1728 | service capacity;

1729 | (e) Determine whether the cost of services is within the  
 1730 | financial means of the person or those who are financially  
 1731 | responsible for the person's care; and

1732 | (f) Take all necessary measures to ensure that each  
 1733 | individual ~~client~~ in treatment is provided with a safe  
 1734 | environment, and to ensure that each individual ~~client~~ whose  
 1735 | medical condition or behavioral problem becomes such that he or  
 1736 | she cannot be safely managed by the service component is

1737 discharged and referred to a more appropriate setting for care.

1738 (3) When, in the judgment of the service provider, the  
 1739 medical conditions or behavioral problems of an involuntary  
 1740 individual ~~client~~ become such that they cannot be safely managed  
 1741 by the service component, the service provider must discharge  
 1742 the individual ~~client~~ and attempt to assist him or her in  
 1743 securing more appropriate services in a setting more responsive  
 1744 to his or her needs. Upon completing these efforts, the service  
 1745 provider must, within 72 hours, report in writing to the  
 1746 referral source, in compliance with federal confidentiality  
 1747 regulations:

1748 (a) The basis for the individual's ~~client's~~ discharge;  
 1749 and

1750 (b) Documentation of the service provider's efforts to  
 1751 assist the person in gaining access to appropriate services.

1752 Section 28. Section 397.6752, Florida Statutes, is amended  
 1753 to read:

1754 397.6752 Referral of involuntarily admitted individual  
 1755 ~~client~~ for voluntary treatment.--Upon giving his or her written  
 1756 informed consent, an involuntarily admitted individual ~~client~~  
 1757 may be referred to a service provider for voluntary admission  
 1758 when the service provider determines that the individual ~~client~~  
 1759 no longer meets involuntary criteria.

1760 Section 29. Section 397.6758, Florida Statutes, is amended  
 1761 to read:

1762 397.6758 Release of individual ~~client~~ from protective  
 1763 custody, emergency admission, involuntary assessment,  
 1764 involuntary treatment, and alternative involuntary assessment of

1765 a minor.--An individual ~~A client~~ involuntarily admitted to a  
 1766 licensed service provider may be released without further order  
 1767 of the court only by a qualified professional in a hospital, a  
 1768 detoxification facility, an addictions receiving facility, or  
 1769 any less restrictive treatment component. Notice of the release  
 1770 must be provided to the applicant in the case of an emergency  
 1771 admission or an alternative involuntary assessment for a minor,  
 1772 or to the petitioner and the court if the involuntary assessment  
 1773 or treatment was court ordered. In the case of a minor ~~client~~,  
 1774 the release must be:

1775 (1) To the individual's ~~client's~~ parent, legal guardian,  
 1776 or legal custodian or the authorized designee thereof;

1777 (2) To the Department of Children and Family Services  
 1778 pursuant to s. 39.401; or

1779 (3) To the Department of Juvenile Justice pursuant to s.  
 1780 984.13.

1781 Section 30. Section 397.6773, Florida Statutes, is amended  
 1782 to read:

1783 397.6773 Dispositional alternatives after protective  
 1784 custody.--

1785 (1) An individual ~~A client~~ who is in protective custody  
 1786 must be released by a qualified professional when:

1787 (a) The individual ~~client~~ no longer meets the involuntary  
 1788 admission criteria in s. 397.675(1);

1789 (b) The 72-hour period has elapsed; or

1790 (c) The individual ~~client~~ has consented to remain  
 1791 voluntarily at the licensed service provider.

1792 (2) An individual ~~A client~~ may only be retained in

1793 protective custody beyond the 72-hour period when a petition for  
 1794 involuntary assessment or treatment has been initiated. The  
 1795 timely filing of the petition authorizes the service provider to  
 1796 retain physical custody of the individual ~~client~~ pending further  
 1797 order of the court.

1798 Section 31. Section 397.6797, Florida Statutes, is amended  
 1799 to read:

1800 397.6797 Dispositional alternatives after emergency  
 1801 admission.--Within 72 hours after an emergency admission to a  
 1802 hospital or a licensed detoxification or addictions receiving  
 1803 facility, the individual ~~client~~ must be assessed by the  
 1804 attending physician to determine the need for further services.  
 1805 Within 5 days after an emergency admission to a nonresidential  
 1806 component of a licensed service provider, the individual ~~client~~  
 1807 must be assessed by a qualified professional to determine the  
 1808 need for further services. Based upon that assessment, a  
 1809 qualified professional of the hospital, detoxification facility,  
 1810 or addictions receiving facility, or a qualified professional if  
 1811 a less restrictive component was used, must either:

1812 (1) Release the individual ~~client~~ and, where appropriate,  
 1813 refer the individual ~~client~~ to other needed services; or

1814 (2) Retain the individual ~~client~~ when:

1815 (a) The individual ~~client~~ has consented to remain  
 1816 voluntarily at the licensed provider; or

1817 (b) A petition for involuntary assessment or treatment has  
 1818 been initiated, the timely filing of which authorizes the  
 1819 service provider to retain physical custody of the individual  
 1820 ~~client~~ pending further order of the court.

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1821 Section 32. Section 397.6799, Florida Statutes, is amended  
 1822 to read:

1823 397.6799 Disposition of minor ~~client~~ upon completion of  
 1824 alternative involuntary assessment.--A minor who has been  
 1825 assessed pursuant to s. 397.6798 must, within the time  
 1826 specified, be released or referred for further voluntary or  
 1827 involuntary treatment, whichever is most appropriate to the  
 1828 needs of the minor.

1829 Section 33. Section 397.6819, Florida Statutes, is amended  
 1830 to read:

1831 397.6819 Involuntary assessment and stabilization;  
 1832 responsibility of licensed service provider.--A licensed service  
 1833 provider may admit an individual ~~a client~~ for involuntary  
 1834 assessment and stabilization for a period not to exceed 5 days.  
 1835 The individual ~~client~~ must be assessed without unnecessary delay  
 1836 by a qualified professional. If an assessment is performed by a  
 1837 qualified professional who is not a physician, the assessment  
 1838 must be reviewed by a physician before ~~prior to~~ the end of the  
 1839 assessment period.

1840 Section 34. Section 397.6821, Florida Statutes, is amended  
 1841 to read:

1842 397.6821 Extension of time for completion of involuntary  
 1843 assessment and stabilization.--If a licensed service provider is  
 1844 unable to complete the involuntary assessment and, if necessary,  
 1845 stabilization of an individual ~~a client~~ within 5 days after the  
 1846 court's order, it may, within the original time period, file a  
 1847 written request for an extension of time to complete its  
 1848 assessment, and shall, in accordance with confidentiality

1849 requirements, furnish a copy to all parties. With or without a  
 1850 hearing, the court may grant additional time, not to exceed 7  
 1851 days after the date of the renewal order, for the completion of  
 1852 the involuntary assessment and stabilization of the individual  
 1853 ~~elient~~. The original court order authorizing the involuntary  
 1854 assessment and stabilization, or a request for an extension of  
 1855 time to complete the assessment and stabilization that is timely  
 1856 filed pursuant to this section, constitutes legal authority to  
 1857 involuntarily hold the individual ~~elient~~ for a period not to  
 1858 exceed 10 days in the absence of a court order to the contrary.

1859 Section 35. Section 397.6822, Florida Statutes, is amended  
 1860 to read:

1861 397.6822 Disposition of individual ~~elient~~ after  
 1862 involuntary assessment.--Based upon the involuntary assessment,  
 1863 a qualified professional of the hospital, detoxification  
 1864 facility, or addictions receiving facility, or a qualified  
 1865 professional when a less restrictive component has been used,  
 1866 must:

1867 (1) Release the individual ~~elient~~ and, where appropriate,  
 1868 refer the individual ~~elient~~ to another treatment facility or  
 1869 service provider, or to community services;

1870 (2) Allow the individual ~~elient~~, with consent ~~if the~~  
 1871 ~~elient has consented~~, to remain voluntarily at the licensed  
 1872 provider; or

1873 (3) Retain the individual ~~elient~~ when a petition for  
 1874 involuntary treatment has been initiated, the timely filing of  
 1875 which authorizes the service provider to retain physical custody  
 1876 of the individual ~~elient~~ pending further order of the court.

1877  
 1878 Adhering to federal confidentiality regulations, notice of  
 1879 disposition must be provided to the petitioner and to the court.

1880 Section 36. Subsections (1) and (3) of section 397.697,  
 1881 Florida Statutes, are amended to read:

1882 397.697 Court determination; effect of court order for  
 1883 involuntary substance abuse treatment.--

1884 (1) When the court finds that the conditions for  
 1885 involuntary substance abuse treatment have been proved by clear  
 1886 and convincing evidence, it may order the respondent to undergo  
 1887 involuntary treatment by a licensed service provider for a  
 1888 period not to exceed 60 days. If the court finds it necessary,  
 1889 it may direct the sheriff to take the respondent into custody  
 1890 and deliver him or her to the licensed service provider  
 1891 specified in the court order, or to the nearest appropriate  
 1892 licensed service provider, for involuntary treatment. When the  
 1893 conditions justifying involuntary treatment no longer exist, the  
 1894 individual ~~client~~ must be released as provided in s. 397.6971.  
 1895 When the conditions justifying involuntary treatment are  
 1896 expected to exist after 60 days of treatment, a renewal of the  
 1897 involuntary treatment order may be requested pursuant to s.  
 1898 397.6975 prior to the end of the 60-day period.

1899 (3) An involuntary treatment order authorizes the licensed  
 1900 service provider to require the individual ~~client~~ to undergo  
 1901 such treatment as will benefit him or her, including treatment  
 1902 at any licensable service component of a licensed service  
 1903 provider.

1904 Section 37. Section 397.6971, Florida Statutes, is amended

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1905 to read:

1906       397.6971 Early release from involuntary substance abuse

1907 treatment.--

1908       (1) At any time prior to the end of the 60-day involuntary

1909 treatment period, or prior to the end of any extension granted

1910 pursuant to s. 397.6975, an individual ~~a client~~ admitted for

1911 involuntary treatment may be determined eligible for discharge

1912 to the most appropriate referral or disposition for the

1913 individual ~~client~~ when:

1914       (a) The individual ~~client~~ no longer meets the criteria for

1915 involuntary admission and has given his or her informed consent

1916 to be transferred to voluntary treatment status;

1917       (b) If the individual ~~client~~ was admitted on the grounds

1918 of likelihood of infliction of physical harm upon himself or

1919 herself or others, such likelihood no longer exists; or

1920       (c) If the individual ~~client~~ was admitted on the grounds

1921 of need for assessment and stabilization or treatment,

1922 accompanied by inability to make a determination respecting such

1923 need, either:

1924       1. Such inability no longer exists; or

1925       2. It is evident that further treatment will not bring

1926 about further significant improvements in the individual's

1927 ~~client's~~ condition;

1928       (d) The individual ~~client~~ is no longer in need of

1929 services; or

1930       (e) The director of the service provider determines that

1931 the individual ~~client~~ is beyond the safe management capabilities

1932 of the provider.

1933 (2) Whenever a qualified professional determines that an  
 1934 individual ~~a client~~ admitted for involuntary treatment is ready  
 1935 for early release for any of the reasons listed in subsection  
 1936 (1), the service provider shall immediately discharge the  
 1937 individual ~~client~~, and must notify all persons specified by the  
 1938 court in the original treatment order.

1939 Section 38. Section 397.6975, Florida Statutes, is amended  
 1940 to read:

1941 397.6975 Extension of involuntary substance abuse  
 1942 treatment period.--

1943 (1) Whenever a service provider believes that an  
 1944 individual ~~a client~~ who is nearing the scheduled date of release  
 1945 from involuntary treatment continues to meet the criteria for  
 1946 involuntary treatment in s. 397.693, a petition for renewal of  
 1947 the involuntary treatment order may be filed with the court at  
 1948 least 10 days before ~~prior to~~ the expiration of the court-  
 1949 ordered treatment period. The court shall immediately schedule a  
 1950 hearing to be held not more than 15 days after filing of the  
 1951 petition. The court shall provide the copy of the petition for  
 1952 renewal and the notice of the hearing to all parties to the  
 1953 proceeding. The hearing is conducted pursuant to s. 397.6957.

1954 (2) If the court finds that the petition for renewal of  
 1955 the involuntary treatment order should be granted, it may order  
 1956 the respondent to undergo involuntary treatment for a period not  
 1957 to exceed an additional 90 days. When the conditions justifying  
 1958 involuntary treatment no longer exist, the individual ~~client~~  
 1959 must be released as provided in s. 397.6971. When the conditions  
 1960 justifying involuntary treatment continue to exist after 90 days

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1961 of additional treatment, a new petition requesting renewal of  
 1962 the involuntary treatment order may be filed pursuant to this  
 1963 section.

1964 Section 39. Section 397.6977, Florida Statutes, is amended  
 1965 to read:

1966 397.6977 Disposition of individual ~~client~~ upon completion  
 1967 of involuntary substance abuse treatment.--At the conclusion of  
 1968 the 60-day period of court-ordered involuntary treatment, the  
 1969 individual ~~client~~ is automatically discharged unless a motion  
 1970 for renewal of the involuntary treatment order has been filed  
 1971 with the court pursuant to s. 397.6975.

1972 Section 40. Paragraph (e) of subsection (2) of section  
 1973 397.702, Florida Statutes, is amended to read:

1974 397.702 Authorization of local ordinances for treatment of  
 1975 habitual abusers in licensed secure facilities.--

1976 (2) Ordinances for the treatment of habitual abusers must  
 1977 provide:

1978 (e) That, if the individual ~~client~~ still meets the  
 1979 criteria for involuntary admission in s. 397.675 at or near the  
 1980 expiration of the treatment period ordered by the court pursuant  
 1981 to paragraph (d), the agent of the county or municipality may  
 1982 file another habitual abuser petition pursuant to paragraph (b)  
 1983 for a period not exceeding 180 days for each such petition.

1984 Section 41. Subsections (2) and (3) of section 397.706,  
 1985 Florida Statutes, are amended to read:

1986 397.706 Screening, assessment, and disposition of juvenile  
 1987 offenders.--

1988 (2) The juvenile and circuit courts, in conjunction with

1989 department substate entity ~~district~~ administration, shall  
 1990 establish policies and procedures to ensure that juvenile  
 1991 offenders are appropriately screened for substance abuse  
 1992 problems and that diversionary and adjudicatory proceedings  
 1993 include appropriate conditions and sanctions to address  
 1994 substance abuse problems. Policies and procedures must address:  
 1995 (a) The designation of local service providers responsible  
 1996 for screening and assessment services and dispositional  
 1997 recommendations to the department and the court.  
 1998 (b) The means by which juvenile offenders are processed to  
 1999 ensure participation in screening and assessment services.  
 2000 (c) The role of the court in securing assessments when  
 2001 juvenile offenders or their families are noncompliant.  
 2002 (d) Safeguards to ensure that information derived through  
 2003 screening and assessment is used solely to assist in  
 2004 dispositional decisions and not for purposes of determining  
 2005 innocence or guilt.  
 2006 (3) Because resources available to support screening and  
 2007 assessment services are limited, the judicial circuits and  
 2008 department substate entity ~~district~~ administration must develop  
 2009 those capabilities to the extent possible within available  
 2010 resources according to the following priorities:  
 2011 (a) Juvenile substance abuse offenders.  
 2012 (b) Juvenile offenders who are substance abuse impaired at  
 2013 the time of the offense.  
 2014 (c) Second or subsequent juvenile offenders.  
 2015 (d) Minors taken into custody.  
 2016 Section 42. Subsection (2) of section 397.801, Florida

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2017 Statutes, is amended to read:

2018 397.801 Substance abuse impairment coordination.--

2019 (2) The department shall establish, within each of its  
 2020 substate entities ~~service districts~~, the full-time position of  
 2021 substance abuse impairment prevention coordinator, to be filled  
 2022 by a person with expertise in the area of substance abuse  
 2023 impairment. The primary responsibility of this person is to  
 2024 develop and implement activities which foster the prevention of  
 2025 substance abuse impairment.

2026 Section 43. Subsections (1) and (3) of section 397.821,  
 2027 Florida Statutes, are amended to read:

2028 397.821 Juvenile substance abuse impairment prevention and  
 2029 early intervention councils.--

2030 (1) Each judicial circuit as set forth in s. 26.021 may  
 2031 establish a juvenile substance abuse impairment prevention and  
 2032 early intervention council composed of at least 12 members,  
 2033 including representatives from law enforcement, the department,  
 2034 school districts, state attorney and public defender offices,  
 2035 the circuit court, the religious community, substance abuse  
 2036 impairment professionals, child advocates from the community,  
 2037 business leaders, parents, and high school students. However,  
 2038 those circuits which already have in operation a council of  
 2039 similar composition may designate the existing body as the  
 2040 juvenile substance abuse impairment prevention and early  
 2041 intervention council for the purposes of this section. Each  
 2042 council shall establish bylaws providing for the length of term  
 2043 of its members, but the term may not exceed 4 years. The  
 2044 substate entity ~~district~~ administrator, as defined in s. 20.19,

2045 and the chief judge of the circuit court shall each appoint six  
 2046 members of the council. The substate entity ~~district~~  
 2047 administrator shall appoint a representative from the  
 2048 department, a school district representative, a substance abuse  
 2049 impairment treatment professional, a child advocate, a parent,  
 2050 and a high school student. The chief judge of the circuit court  
 2051 shall appoint a business leader and representatives from the  
 2052 state attorney's office, the public defender's office, the  
 2053 religious community, the circuit court, and law enforcement  
 2054 agencies.

2055 (3) The council shall provide recommendations to the  
 2056 Program Director for Substance Abuse annually for consideration  
 2057 for inclusion in the substance abuse ~~district alcohol, drug~~  
 2058 ~~abuse~~, and mental health substate-entity plans.

2059 Section 44. Subsection (1), paragraph (c) of subsection  
 2060 (2), and subsection (3) of section 397.94, Florida Statutes, are  
 2061 amended to read:

2062 397.94 Children's substance abuse services; information  
 2063 and referral network.--

2064 (1) Each substate entity ~~service district~~ of the  
 2065 department shall develop a plan for and implement a ~~districtwide~~  
 2066 comprehensive children's substance abuse information and  
 2067 referral network to be operational by July 1, 2000.

2068 (2) The substate entity ~~district~~ shall determine the most  
 2069 cost-effective method for delivering this service and may select  
 2070 a new provider or utilize an existing provider or providers with  
 2071 a record of success in providing information and referral  
 2072 services.

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2073 (c) Develop and implement procedures for documenting  
 2074 requests for services, including, but not limited to:

- 2075 1. Number of calls by type of service requested, if any;
- 2076 2. Ages of children for whom services are requested; and
- 2077 3. Disposition on all referrals, including location of  
 2078 resource if referred for ~~face-to-face~~ screening.

2079 (3) In planning the information and referral network, the  
 2080 substate entity ~~district~~ shall consider the establishment of a  
 2081 24-hour toll-free telephone number to call for information and a  
 2082 public service campaign to inform the public about the  
 2083 information and referral service.

2084 Section 45. Section 397.95, Florida Statutes, is amended  
 2085 to read:

2086 397.95 Children's substance abuse services; services  
 2087 provided by licensed providers.--Each substate entity ~~service~~  
 2088 ~~district~~ of the department shall ensure that all screening,  
 2089 intake, assessment, enrollment, service planning, and case  
 2090 management services provided under this part are provided by  
 2091 children's substance abuse services providers licensed under  
 2092 part II of this chapter and in accordance with standards set  
 2093 forth in department rules.

2094 Section 46. Paragraph (a) of subsection (3) of section  
 2095 397.97, Florida Statutes, is amended to read:

2096 397.97 Children's substance abuse services; demonstration  
 2097 models.--

2098 (3) PURCHASE OF SERVICES; OPERATION CRITERIA.--

2099 (a) Each demonstration model shall be governed by a  
 2100 multiagency consortium of state and county agencies or other

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2101 public agencies, or a community-based, not-for-profit substance  
 2102 abuse or behavioral health network designated by the department,  
 2103 hereafter referred to as the purchasing agent, which shall  
 2104 purchase individualized services for children who are at risk of  
 2105 substance abuse or have a substance abuse problem. Services  
 2106 shall be based on ~~client~~ need rather than on traditional  
 2107 services limited to narrowly defined cost centers or  
 2108 appropriations categories. Approval to operate as a Children's  
 2109 Network of Care Demonstration Model shall be given by the  
 2110 secretary of the department and shall be based on criteria  
 2111 developed by the department.

2112 Section 47. Paragraph (g) of subsection (2) of section  
 2113 397.99, Florida Statutes, is amended to read:

2114 397.99 School substance abuse prevention partnership  
 2115 grants.--

2116 (2) APPLICATION PROCEDURES; FUNDING REQUIREMENTS.--

2117 (g) The department shall consider the following in  
 2118 awarding such grants:

- 2119 1. The number of youths that will be targeted.
- 2120 2. The validity of the program design to achieve project  
 2121 goals and objectives that are clearly related to performance-  
 2122 based program budgeting effectiveness measures.
- 2123 3. The desirability of funding at least one approved  
 2124 project in each of the department's substate entities ~~service~~  
 2125 ~~districts~~.

2126 Section 48. Paragraphs (d) and (g) of subsection (1) of  
 2127 section 440.102, Florida Statutes, are amended to read:

2128 440.102 Drug-free workplace program requirements.--The

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2129 following provisions apply to a drug-free workplace program  
 2130 implemented pursuant to law or to rules adopted by the Agency  
 2131 for Health Care Administration:

2132 (1) DEFINITIONS.--Except where the context otherwise  
 2133 requires, as used in this act:

2134 (d) "Drug rehabilitation program" means a service  
 2135 provider, established pursuant to s. 397.311(29) ~~s. 397.311(28)~~,  
 2136 that provides confidential, timely, and expert identification,  
 2137 assessment, and resolution of employee drug abuse.

2138 (g) "Employee assistance program" means an established  
 2139 program capable of providing expert assessment of employee  
 2140 personal concerns; confidential and timely identification  
 2141 services with regard to employee drug abuse; referrals of  
 2142 employees for appropriate diagnosis, treatment, and assistance;  
 2143 and followup services for employees who participate in the  
 2144 program or require monitoring after returning to work. If, in  
 2145 addition to the above activities, an employee assistance program  
 2146 provides diagnostic and treatment services, these services shall  
 2147 in all cases be provided by service providers pursuant to s.  
 2148 397.311(29) ~~s. 397.311(28)~~.

2149 Section 49. Paragraph (a) of subsection (1) of section  
 2150 766.101, Florida Statutes, is amended to read:

2151 766.101 Medical review committee, immunity from  
 2152 liability.--

2153 (1) As used in this section:

2154 (a) The term "medical review committee" or "committee"  
 2155 means:

2156 1.a. A committee of a hospital or ambulatory surgical

2157 center licensed under chapter 395 or a health maintenance  
 2158 organization certificated under part I of chapter 641,  
 2159 b. A committee of a physician-hospital organization, a  
 2160 provider-sponsored organization, or an integrated delivery  
 2161 system,  
 2162 c. A committee of a state or local professional society of  
 2163 health care providers,  
 2164 d. A committee of a medical staff of a licensed hospital  
 2165 or nursing home, provided the medical staff operates pursuant to  
 2166 written bylaws that have been approved by the governing board of  
 2167 the hospital or nursing home,  
 2168 e. A committee of the Department of Corrections or the  
 2169 Correctional Medical Authority as created under s. 945.602, or  
 2170 employees, agents, or consultants of either the department or  
 2171 the authority or both,  
 2172 f. A committee of a professional service corporation  
 2173 formed under chapter 621 or a corporation organized under  
 2174 chapter 607 or chapter 617, which is formed and operated for the  
 2175 practice of medicine as defined in s. 458.305(3), and which has  
 2176 at least 25 health care providers who routinely provide health  
 2177 care services directly to patients,  
 2178 g. A committee of the Department of Children and Family  
 2179 Services which includes employees, agents, or consultants to the  
 2180 department as deemed necessary to provide peer review,  
 2181 utilization review, and mortality review of treatment services  
 2182 provided pursuant to chapters 394, 397, and 916,  
 2183 ~~h.g.~~ A committee of a mental health treatment facility  
 2184 licensed under chapter 394 or a community mental health center

2185 as defined in s. 394.907, provided the quality assurance program  
 2186 operates pursuant to the guidelines which have been approved by  
 2187 the governing board of the agency,

2188 ~~i.h.~~ A committee of a substance abuse treatment and  
 2189 education prevention program licensed under chapter 397 provided  
 2190 the quality assurance program operates pursuant to the  
 2191 guidelines which have been approved by the governing board of  
 2192 the agency,

2193 ~~j.i.~~ A peer review or utilization review committee  
 2194 organized under chapter 440,

2195 ~~k.j.~~ A committee of the Department of Health, a county  
 2196 health department, healthy start coalition, or certified rural  
 2197 health network, when reviewing quality of care, or employees of  
 2198 these entities when reviewing mortality records, or

2199 ~~l.k.~~ A continuous quality improvement committee of a  
 2200 pharmacy licensed pursuant to chapter 465,

2201  
 2202 which committee is formed to evaluate and improve the quality of  
 2203 health care rendered by providers of health service, ~~or~~ to  
 2204 determine that health services rendered were professionally  
 2205 indicated or were performed in compliance with the applicable  
 2206 standard of care, or that the cost of health care rendered was  
 2207 considered reasonable by the providers of professional health  
 2208 services in the area; or

2209 2. A committee of an insurer, self-insurer, or joint  
 2210 underwriting association of medical malpractice insurance, or  
 2211 other persons conducting review under s. 766.106.

2212 Section 50. Section 394.9081, Florida Statutes, is

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2213 | repealed.

2214 | Section 51. This act shall take effect July 1, 2009.