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LICENSE NUMBER

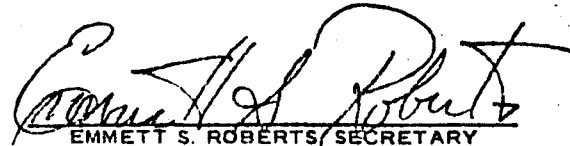
This certifies that

THE SEED

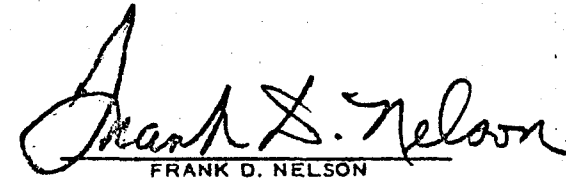
has complied with the standards for DAIE Centers established by the
Department of Health and Rehabilitative Services pursuant to Florida
Statutes 71-222, and is hereby licensed and approved to operate as a

NON-RESIDENTIAL SERVICE

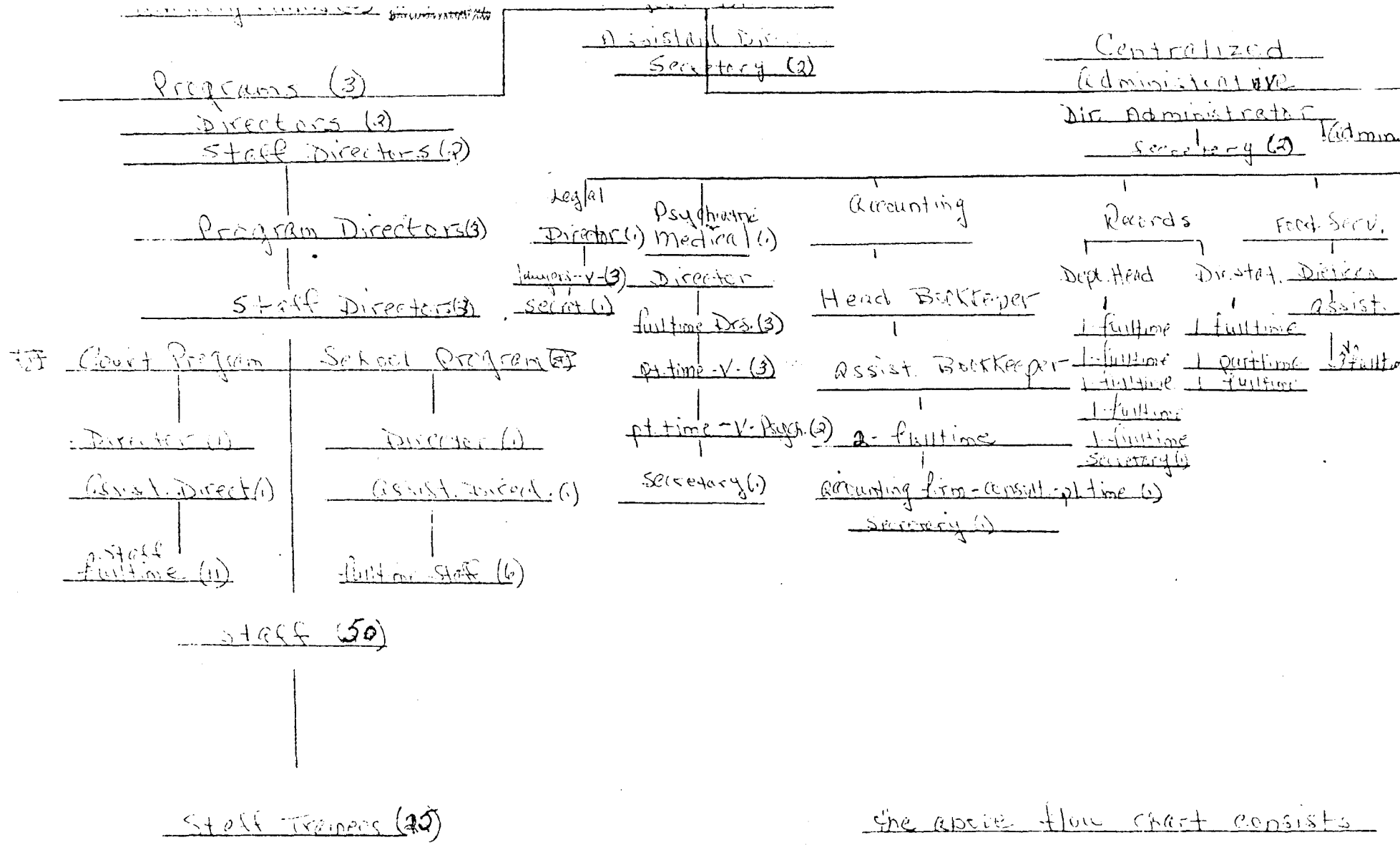
by the State of Florida for the calendar year 1972


EMMETT S. ROBERTS, SECRETARY

DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES


FRANK D. NELSON

OFFICE OF DRUG ABUSE



Program Staff - 101 (approx)

the above flow chart consists of the program as it should be personnel wise for 3 operations

Administrative Staff - 40 (approx)



OFFICE OF THE GOVERNOR

From the desk of

DAVID BEECHER

In your meeting with Judge Ryder
on Friday - discuss possible
replacement for Mr. Freddie Harrell
and for the student that was on
the Council

G-701(1-71)

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in an effort to expand the parameters of knowledge, methods, and approaches to the treatment of drug abuse. It is only through such active information seeking behavior that allows an individual to grow programatically and learn from the experience of others.

It is also the position of the Agency Committee that any drug abuse program in Dade County be subject to all requirements mandated under the State of Florida Statute, Chapter 71-222, without exception. These requirements offer the only rational alternative for offering program accountability to the community and evaluation of program effectiveness.

Evaluation necessarily requires several factors:

First, the Agency Committee feels there is the need for an explicit statement of the population to be served. It is unrealistic to assume that any single program can deal effectively with all age groups and problem areas. For clear communication it is necessary to present an accurate picture of who can most meaningfully be anticipated to benefit most from the program.

Second, the Agency Committee feels definite criteria should be designated and utilized as to what the treatment center feels are reasonable measures of their effectiveness. For scientific and communicating purposes the criteria should be made as measurable as possible. It is felt that the public will no longer tolerate vague, ambiguous, and often meaningless measures of effectiveness offered by individual drug abuse programs. It is necessary to explicitly define terms such as success, failure, graduate, split and, etc., as used in each individual program. Once this is done, it is vital to state how measurements will take place and what instruments will be utilized for documentation purposes in order to prove the efficacy of treatment methodology.

Third, the Agency Committee recognizes that from a sound therapeutic and administrative standpoint that client record keeping is vital. Not only does it offer documentation as to the population and numbers of people served, it is also a valuable research instrument. Therapeutically, it is mandatory that the dissemination of client treatment information to the therapeutic staff take place on a scheduled basis. In addition, client records are necessary in order for new personnel to acquaint themselves with the client population. Without appropriate client records, this task is impossible and thus demeans the treatment process. Sound client record keeping should include but not be limited to intake, evaluation, services rendered and documented follow-up procedures.

Fourth, the Agency Committee recognizes that a program is only as good as the services it provides the clients. This makes the delivery of the services extremely important. Qualifications for staff members should be delineated and their job functions defined. As a point of interest, all the programs in Dade County have found the blend of professional clinicians with different backgrounds and experience to be most beneficial.

Fifth, the Agency Committee feels financial accountability is mandatory to insure credibility in the eyes of the community. This means accountability for all funds received whether governmental, public or private. This is vital if the public's trust and support is to be maintained and grow.

Sixth, the Agency Committee urges all drug abuse programs who operate in Dade County to participate in the Drug Abuse Agency Committee. Since communication is so important especially in such a complex field, it becomes even more important for drug abuse people to deal openly with one another. The exchange of information and therapeutic approaches can point out to others what has worked and not worked in presently existing programs. This should help in reducing wasteful activity and increasing the selection of factors proven successful programmaticly.

Seventh, the Agency Committee is committed to the view that each agency in the drug rehabilitation field be available as a training resource and avail itself of training resources on a regularly scheduled basis. There is much to be gained by cooperative training approaches by the licensed drug abuse programs.

This document represents the Agency Committee's position on drug abuse rehabilitation resources in Dade County. It is felt that such a position is applicable to all drug programs presently operating or contemplated.

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1. a. Your sub-committee is of the opinion that the Standards Manual does, in fact, fully reflect and comply with Chapter 397, F. S. However, it should be pointed out that provisions of Chapter 397 are entirely broad and appear to intend to delegate almost complete authority to establish the specifics and regulations of the drug abuse programs in the State. See Sec. 397.031.

1. b. The committee, recognizing that Florida was one of the first states to attempt to regulate drug abuse programs, is of the opinion that the Standards Manual is, indeed, an innovative effort on the part of the State of Florida in the field of drug abuse to introduce standards and maintain a consistent level of quality care in all drug rehabilitation programs. The Standards Manual represents a bonafide attempt on the part of the department to clarify programs, establish minimum standards and identification of both mandatory regulations and suggested minimum requirements for various programs established in the State. However, it should be pointed out that because of the broad powers delegated by the legislature to the department and because of the importance of the Standards Manual to the overall administration of drug abuse programs in the State, that the Manual does not meet with accepted administrative practices in the area of administrating agencies. Specifically, the committee feels that the practice of identification of mandatory requirements in bold type and suggested requirements in regular type is too vague to properly convey minimum requirements to those persons charged with the responsibility of carrying out drug abuse programs.

FP Your committee concludes that the major weakness of the standards stems from poor structural organization, further, the language utilized in the Manual is too vague, ambiguous, and imprecise and, still further, because the Manual will be, at some point in the future, subject to interpretation by persons who are not professionals in the field that every effort should be made to minimize and eliminate idioms and bureaucratic jargons popularly used. The lack of specific definitions does not lend itself to proper administration or judicial interpretations.

1. The committee recommends the Standards Manual be reorganized and the differentiation between standards and guidelines be made more obvious. ~~XXXX~~

2. It is further in the recognition of the committee that in such reorganization the office of Drug Abuse rework the Standards Manual in such a manner as not to mix generic with specific categories. These categories are presently combined and are not mutually exclusive and program description is not only difficult but open to "game play". For example, the requirements for operating an out-patient service are both fewer in number and less stringent than those for non-residential treatment centers; yet, an out-patient service is a non-residential treatment center, and so problems of program identification or qualification are inevitable.

To remedy this situation, the committee recommends that categories be re-defined according to the 4 following treatment types: 1. Residential; 2. Non-residential; 3. Methadone; 4. Non-methadone.

Programs such as Center? Intake, Hotline, and Education could be then be placed in an "other" category.

The committee has learned that the Federal government is in the process of drafting criteria for drug abuse rehabilitation which will be required of all programs seeking Federal funds. Although, some programs may never be among this group, sufficient numbers of programs will be affected so that steps taken now to assure consistency of these criteria will be most certainly be in the State's interest.

Therefore, the committee suggests that the department adjust its program nomenclature accordingly. The Federal designations for treatment programs are: methadone out-patient, drug free out-patient, drug free residential, methadone residential, and drug free day care. This change will not be difficult, with the exception of methadone residential, as all categories are presently in the manual but under different names.

The committee recommends the rules and regulations in the Manual be in clear and direct language and without interpretive or deictorial comment.

Although Client Oriented Data Acquisition Process(CODAP) is mentioned in the Manual and an assumption seems to be made that readers understand what it means, the committee recommends that a clear and comprehensive explanation of Client Oriented Data Acquisition Process be prepared and included in the Standards Manual as an appendix. In the "Methods and Procedures" section, Client Oriented Data Acquisition Process should be cited by reference throughout the text in each appropriate section.

The committee recommends that the licensing procedure for Date Centers presently found in the introduction to the Standards Manual be incorporated and made a part of the Rules, Chapter 10A, State of Florida, Drug Abuse Program.

The committee recommends that Chapter 10A-3 be amended to reflect that those persons who have not obtained their 18th birthday be required to have parental or guardian consent to enter the Methadone Treatment Program.

The following are changes in certain language and additions to be made in the following modality descriptions:(to be copied from Page 14 of Manual---change part referring to "a staff" to "the committee suggests...").

An on sight inspection and evaluation of all the licensed drug abuse programs should be conducted by the Florida State Drug Abuse Office periodically and at intervals not exceeding 12 months.

The committee is unable to determine at this writing whether or not the reproduction of Chapter 397 in the Standards Manual is a complete reproduction of that chapter or not.

The committee recommends that the Counsel of ^{HR} ~~-----~~ verify that the printed copy of 397 is accurate and-if it is not--be appropriately amended

3. Examining The Seed, Inc., Drug Abuse Program, to determine:

A. Does The Seed, Inc., meet all requirements and licensing procedures.

Before an answer can be given to your inquiry, The Seed, Inc., must be classified as either a residential or non-residential treatment center. At this moment, The Seed, Inc., is licensed as a non-residential treatment center. However, the committee expresses grave concern as to whether or not this is the appropriate classification.

Section 397.021, F. S., sets forth the definition of a residential rehabilitation center and reads (4)(a)"... is a live-in facility which operated 20-4 hours a day, 7 days a week, staffed by professional and para-professional persons offering therapeutic programs for drug-dependent persons.

The classification of a non-residential day care center, under which The Seed, Inc., now operates is defined also in Section 397.021, but in sub-paragraph(4)(b) as follows "...is a facility offering therapeutic programs operated by trained professionals and para-professional persons for treatment of drug-dependent persons who are able to live in their own homes in the community." (Supply)

One of the requirements of The Seed Drug Rehabilitation Program is simply that those clients participating in that program must reside at night for an extended period of time in a foster home. This foster home is not the client's own home. This foster home is the home of another Seed client.

Every client that participates in The Seed program is required to participate in the program on a 24-hour basis, 7 days a week, and as a part of the conditions of that treatment, must reside in a foster home somewhere in the community.

However, your attention would be respectfully drawn to page 37 of the Standards Manual under "VIII General Considerations" regarding programs that do not fit into traditional categories or specific program terms and provides that "all such programs must be handled on an individual basis according to the particular structure, goals, and needs of the program....". Further, your committee has

found an apparent discrepancy between the statute definition of non-residential treatment centers and the description of a non-residential treatment center contained in the Standards Manual. Page 44 under the heading of "Non-residential Treatment Centers" does not prescribe that the client reside in his own home. Until the confusion as to the proper classification under which The Seed, Inc., falls is resolved either by legislative act or by change of the Rules in the regulations, the committee finds itself unable to ascertain which of the three categories properly applies to The Seed; for if The Seed, Inc., is a non-residential treatment center under the Statute defined and does not meet all the required licensing procedures, also if The Seed were a residential treatment center, it still does not meet with all the requirements and licensing procedures. However, if it were to fall into the "other" category, it would meet with most of the requirements, except those we will now discuss:

- 1a. All Seed clients must live in foster homes during a portion of their treatment. We have found that the client sent to a foster home must sleep in a room which is secured from escape, in which doors commonly lock from the outside and where windows are permanently secured.
- b. There is an absence of a showing that these foster homes comply with any fire health, or safety regulations.
- c. We have also found that there is no governmental investigation into the qualifications of the foster home parents or their facility to serve as such.
- d. In those instances where we know of the assignment of clients to foster homes, we have found the ability of the parent to communicate emergency information to the child grossly impaired. The practice of The Seed is to give anonymity to the foster parent and deny to the real parent knowledge of the location of the child or access to the child. It is important that The Seed establish a procedure through which this might be carried out in those situations.
- e. The guidelines of the Standards Manual require a graduate from a drug program to wait six months before that graduate may become a staff member of that program from which he graduated. The Seed ignores this guideline and employs

These comments regarding the required residence at the foster home, that the foster home should have some inspection regarding fire, health, safety, and whether the foster parent is a fit and suitable person to whom a client should be assigned, the committee feels are reasonable and valid in terms of generally accepted administratively to programs and practices. We point out that to incarcerate a person in a locked room is a most highly dangerous procedure which could possibly result in the State being liable for some action if a child were burned to death in a fire in a room from which he could not escape after being placed there by a program licensed by the State of Florida.

- 3f. The standards and procedures contain sufficient latitude to allow a program such as The Seed to develop and establish credibility.