

STATE BOARD OF EDUCATION
Consent Item
May 16, 2017

SUBJECT: Approval of Amendment to Rule 6A-10.052, Participation in the Recovery Network Program

PROPOSED BOARD ACTION

For Approval

AUTHORITY FOR STATE BOARD ACTION

Section 1012.798(12), F.S.

EXECUTIVE SUMMARY

This amendment updates and clarifies the requirements for an educator to participate in the Recovery Network Program; adopts the Recovery Network Program Intake and Limited Waiver of Confidentiality form; requires participants to execute the Recovery Network Program Contract and Limited Waiver of Confidentiality forms; and establishes guidelines for the Recovery Network Program to evaluate participant progress.

Supporting Documentation Included: Proposed Rule 6A-10.052, F.A.C. and Recovery Network Program Intake and Limited Waiver of Confidentiality Form

Facilitator: Marian Lambeth, Chief, Office of Professional Practices Services

Substantial rewording of Rules 6A-10.052 follows. See Florida Administrative Code for present text.

6A-10.052 Participation in the Recovery Network Program.

(1) A participant enrolled in the Recovery Network Program shall:

(a) Execute a “Recovery Network Program Intake and Limited Waiver of Confidentiality Form (Form # RNP-1),” (DOS link) effective June 2017, and hereby adopted and incorporated by reference, allowing the Recovery Network Program to discuss the participant’s requirements for and participation in the program with the treatment provider and the participant’s current employer. The incorporated form is available from the Recovery Network Program, 325 West Gaines Street, Ste. 224, Tallahassee, Florida, 32399;

(b) Execute a contract, Form # RNP-2, as adopted by Rule 6A-10.053, F.A.C., with the treatment provider(s) and the Recovery Network Program;

(c) Follow a treatment plan developed by the treatment provider;

(d) Authorize monitoring of the treatment plan by the Recovery Network Program;

(e) Participate in the Recovery Network Program until discharged from treatment by the treatment provider in consultation with the Recovery Network Program;

(f) Authorize the Recovery Network Program’s notification of the participant’s employer upon notification from the treatment provider that the participant is unable to perform his or her professional duties;

(g) Notify the Recovery Network Program of any change in employment or the participant’s contact information within forty-eight hours of the change; and

(h) Provide progress reports received from the treatment provider to the Recovery Network Program within one (1) week of receipt.

(2) Participation in a treatment program is progress driven, and therefore, the participant is required to make satisfactory progress in the treatment program as determined by the Recovery Network Program. The Recovery Network Program shall use the following factors to evaluate the participant’s progress:

(a) Attendance at scheduled appointments as documented by the treatment provider;

(b) Meeting of treatment goals as prescribed in the original or amended treatment plan accepted by the Recovery Network Program;

(c) Results of substance abuse screenings. Positive screenings which are the result of the use of a documented prescription or other substance administered based on a physician’s orders will be considered a negative screening;

(d) Maintenance of contact with and responses to correspondence from the Recovery Network Program;

(e) Submittal to periodic and random blood, hair, or urine screening on the day selected as directed by the Recovery Network Program, the treatment provider(s), or the employer. The educator must bear the cost for all screenings;

(f) Whether participant has proven to be incompetent as provided by section 1012.795(1)(c), Florida Statutes;

(g) Endangerment of the health, safety, or welfare of students, colleagues, or the general public; and

(h) Remaining free from substances with dependence liability except when such substances are prescribed by the participant's physician.

Rulemaking Authority 1001.02(1), 1012.798(12) FS. Law Implemented 1012.798 FS. History—New 1-2-95; Amended

**Recovery Network Program
Intake and Limited Waiver of Confidentiality Form**

Section 1:

Name _____

Phone (____) _____ OK to leave a voicemail message? Yes No

Cell Phone (____) _____ OK to leave a voicemail message? Yes No

E-Mail Address _____

Preferred Method of Contact: Phone Cell Phone E-mail

Are you currently employed? Yes No Position/Title: _____

District: _____ Site/School: _____

School Administrator: _____

Administrator's Title: _____ Phone (____) _____

Section 2:

Limited Waiver of Confidentiality: I hereby authorize the Recovery Network Program to discuss information related to my participation in the program with my Recovery Network Program treatment provider(s) and my school administrator for the purpose of determining and reporting compliance with the terms of my Final Order.

Signature

Date