

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Community Affairs

BILL: SB 954

INTRODUCER: Senator Gruters

SUBJECT: Recovery Residences

DATE: March 28, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Hackett	Fleming	CA	Pre-meeting
2.	_____	_____	AHS	_____
3.	_____	_____	RC	_____

I. Summary:

SB 954 relates to the establishment and regulation of recovery residences—sober living homes supporting individuals recovering from substance abuse. The bill:

- Removes zoning pre-approval requirements for substance abuse provider licensing.
- Allows recovery residence license transfers to new owners.
- Reforms the nature of probationary, interim, and regular licensure for substance abuse recovery licenses.
- Requires notification, rather than immediate removal, of personnel failing background check standards.
- Preempts local zoning laws to permit recovery residences in all multifamily zones upon administrative approval, with exceptions.
- Adjusts personnel-to-resident ratio limits and relaxes 24/7 supervision requirements for recovery residences.
- Restricts state agencies from disclosing confidential information and clarifies liability exemptions.
- Classifies recovery residences as nontransient residential land use under local zoning laws.
- Establishes the Substance Abuse and Recovery Residence Efficiency Committee within DCF to evaluate and improve recovery residence operations.

The bill takes effect July 1, 2025.

II. Present Situation:

Substance abuse is the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.¹ According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth

¹ The World Health Organization, *Mental Health and Substance Abuse*, available at <https://www.who.int/westernpacific/about/how-we-work/programmes/mental-health-and-substance-abuse>; (last visited

Edition (DSM-5), a diagnosis of substance use disorder (SUD) is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.² SUD occurs when an individual chronically uses alcohol or drugs, resulting in significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.³ Repeated drug use leads to changes in the brain's structure and function that can make a person more susceptible to developing a substance abuse disorder.⁴ Imaging studies of brains belonging to persons with SUD reveal physical changes in areas of the brain critical to judgment, decision making, learning and memory, and behavior control.⁵

In 2021, approximately 46.3 million people aged 12 or older had a SUD related to corresponding use of alcohol or illicit drugs within the previous year.⁶ The most common substance abuse disorders in the United States are from the use of alcohol, tobacco, cannabis, opioids, hallucinogens, and stimulants. Provisional data from the CDC's National Center for Health Statistics indicate there were an estimated 107,622 drug overdose deaths in the United States during 2021 (the last year for which there is complete data), an increase of nearly 15% from the 93,655 deaths estimated in 2020.⁷

Substance Abuse Treatment in Florida

In the early 1970s, the federal government enacted laws creating formula grants for states to develop continuums of care for individuals and families affected by substance abuse. The laws resulted in separate funding streams and requirements for alcoholism and drug abuse. In response to the laws, the Florida Legislature enacted chs. 396 and 397, F.S., relating to alcohol and drug abuse, respectively.⁸ Each of these laws governed different aspects of addiction, and thus had different rules promulgated by the state to fully implement the respective pieces of legislation.⁹ However, because persons with substance abuse issues often do not restrict their misuse to one substance or another, having two separate laws dealing with the prevention and treatment of addiction was cumbersome and did not adequately address Florida's substance abuse problem.¹⁰

March 28, 2025); the National Institute on Drug Abuse (NIDA), *The Science of Drug Use and Addiction: The Basics*, available at <https://www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics> (last visited March 28, 2025).

² The National Association of Addiction Treatment Providers, *Substance Use Disorder*, available at <https://www.naatp.org/resources/clinical/substance-use-disorder> (last visited March 28, 2025).

³ The Substance Abuse and Mental Health Services Administration (The SAMHSA), *Substance Use Disorders*, <http://www.samhsa.gov/disorders/substance-use> (last visited March 28, 2025).

⁴ The NIDA, *Drugs, Brains, and Behavior: The Science of Addiction*, available at <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction> (last visited March 28, 2025).

⁵ *Id.*

⁶ The SAMHSA, *Highlights for the 2021 National Survey on Drug Use and Health*, p. 2, available at <https://www.samhsa.gov/data/sites/default/files/2022-12/2021NSDUHFFRHighlights092722.pdf> (last visited March 28, 2025).

⁷ The Center for Disease Control and Prevention, National Center for Health Statistics, *U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 – But Are Still Up 15%*, available at https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm (last visited March 28, 2025).

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.*

In 1993, legislation was adopted to combine ch. 396 and 397, F.S., into a single law, the Hal S. Marchman Alcohol and Other Drug Services Act (Marchman Act).¹¹

The Marchman Act encourages individuals to seek services on a voluntary basis within the existing financial and space capacities of a service provider.¹² However, denial of addiction is a prevalent symptom of SUD, creating a barrier to timely intervention and effective treatment.¹³ As a result, treatment typically must stem from a third party providing the intervention needed for SUD treatment.¹⁴

The DCF administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery for children and adults who are otherwise unable to obtain these services. Services are provided based upon state and federally-established priority populations.¹⁵ The DCF provides treatment for SUD through a community-based provider system offering detoxification, treatment, and recovery support for individuals affected by substance misuse, abuse, or dependence.¹⁶

- **Detoxification Services:** Detoxification services use medical and clinical procedures to assist individuals and adults as they withdraw from the physiological and psychological effects of substance abuse.¹⁷
- **Treatment Services:** Treatment services¹⁸ include a wide array of assessment, counseling, case management, and support that are designed to help individuals who have lost their ability to control their substance use on their own and require formal, structured intervention and support.¹⁹
- **Recovery Support:** Recovery support services, including transitional housing, life skills training, parenting skills, and peer-based individual and group counseling are offered during and following treatment to further assist individuals in their development of the knowledge and skills necessary to maintain their recovery.²⁰

¹¹ Chapter 93-39, s. 2, L.O.F., which codified current ch. 397, F.S.

¹² See s. 397.601(1) and (2), F.S. An individual who wishes to enter treatment may apply to a service provider for voluntary admission. Within the financial and space capabilities of the service provider, the individual must be admitted to treatment when sufficient evidence exists that he or she is impaired by substance abuse and his or her medical and behavioral conditions are not beyond the safe management capabilities of the service provider.

¹³ Darran Duchene and Patrick Lane, *Fundamentals of the Marchman Act*, Risk RX, Vol. 6 No. 2 (Apr. – Jun. 2006) State University System of Florida Self-Insurance Programs, available at <http://flbog.sip.ufl.edu/risk-rx-article/fundamentals-of-the-marchman-act/> (last visited March 28, 2025) (hereinafter cited as “Fundamentals of the Marchman Act”).

¹⁴ *Id.*

¹⁵ See chs. 394 and 397, F.S.

¹⁶ The DCF, *Treatment for Substance Abuse*, available at <https://www.myflfamilies.com/services/samh/treatment> (last visited March 28, 2025).

¹⁷ *Id.*

¹⁸ *Id.* Research indicates that persons who successfully complete substance abuse treatment have better post-treatment outcomes related to future abstinence, reduced use, less involvement in the criminal justice system, reduced involvement in the child-protective system, employment, increased earnings, and better health.

¹⁹ *Id.*

²⁰ *Id.*

Licensure of Substance Abuse Service Providers

The DCF regulates substance use disorder treatment by licensing individual treatment components under ch. 397, F.S., and Rule 65D-30, F.A.C. Licensed service components include a continuum of substance abuse prevention,²¹ intervention,²² and clinical treatment services.²³

Clinical treatment is a professionally directed, deliberate, and planned regimen of services and interventions that are designed to reduce or eliminate the misuse of drugs and alcohol and promote a healthy, drug-free lifestyle.²⁴ “Clinical treatment services” include, but are not limited to, the following licensable service components:

- Addictions receiving facility.
- Day or night treatment.
- Day or night treatment with community housing.
- Detoxification.
- Intensive inpatient treatment.
- Intensive outpatient treatment.
- Medication-assisted treatment for opiate addiction.
- Outpatient treatment.
- Residential treatment.²⁵

Florida does not license recovery residences. Instead, in 2015 the Legislature enacted ss. 397.487 through 397.4872, F.S., which establish voluntary certification programs for recovery residences and recovery residence administrators, implemented by private credentialing entities.²⁶

Day or Night Treatment with Community Housing

The DCF licenses “Day or Night Treatment” facilities both with and without community housing components. Day or night treatment programs provide substance use treatment as a service in a nonresidential environment, with a structured schedule of treatment and rehabilitative services.²⁷ Day or night treatment programs with community housing are intended for individuals who can

²¹ Section 397.311(26)(c), F.S. “Prevention” is defined as “a process involving strategies that are aimed at the individual, family, community, or substance and that preclude, forestall, or impede the development of substance use problems and promote responsible lifestyles”. Substance abuse prevention is achieved through the use of ongoing strategies such as increasing public awareness and education, community-based processes and evidence-based practices. These prevention programs are focused primarily on youth, and, in recent years, have shifted to the local level, giving individual communities the opportunity to identify their own unique prevention needs and develop action plans in response. This community focus allows prevention strategies to have a greater impact on behavioral change by shifting social, cultural and community environments. *See also*, The DCF, *Substance Abuse: Prevention*, available at <https://www.myflfamilies.com/services/samh/prevention-services> (last visited March 28, 2025).

²² Section 397.311(26)(b), F.S. “Intervention” is defined as “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.”

²³ Section 397.311(26), F.S.

²⁴ Section 397.311(26)(a), F.S.

²⁵ *Id.*

²⁶ Chapter 2015-100, L.O.F.

²⁷ Section 397.311(26)(a)2., F.S.

benefit from living independently in peer community housing while participating in treatment services for a minimum of 5 hours a day or 25 hours per week.²⁸

Day or night treatment with community housing is appropriate for individuals who do not require structured, 24-hours-a-day, 7-days-a-week residential treatment.²⁹ The housing must be provided and managed by the licensed service provider, including room and board and any ancillary services such as supervision, transportation, and meals. Activities for day or night treatment with community housing programs emphasize rehabilitation and treatment services using multidisciplinary teams to provide integration of therapeutic and family services.³⁰ This component allows individuals to live in a supportive, community housing location while participating in treatment. Treatment must not take place in the housing where the individuals live, and the housing must be utilized solely for the purpose of assisting individuals in making a transition to independent living.³¹ Individuals who are considered appropriate for this level of care:

- Would not have active suicidal or homicidal ideation or present a danger to self or others;
- Are able to demonstrate motivation to work toward independence;
- Are able to demonstrate a willingness to live in supportive community housing;
- Are able to demonstrate commitment to comply with rules established by the provider;
- Are not in need of detoxification or residential treatment; and
- Typically need ancillary services such as transportation, assistance with shopping, or assistance with medical referrals and may need to attend and participate in certain social and recovery oriented activities in addition to other required clinical services.³²

Services provided by such programs may include:

- Individual counseling;
- Group counseling;
- Counseling with families or support system;
- Substance-related and recovery-focused education, such as strategies for avoiding substance use or relapse, information regarding health problems related to substance use, motivational enhancement, and strategies for achieving a substance-free lifestyle;
- Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery management, decision-making, relationship skills, symptom management, and food purchase and preparation;
- Expressive therapies, such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the individual with alternative means of self-expression and problem resolution;
- Training or provision of information regarding health and medical issues;
- Employment or educational support services to assist individuals in becoming financially independent;
- Nutrition education; and
- Mental health services for the purpose of:

²⁸ Section 397.311(26)(a)3., F.S.

²⁹ Rule 65D-30.0081(1), F.A.C.

³⁰ *Id.*

³¹ *Id.*

³² *Id.*

- Managing individuals with disorders who are stabilized,
- Evaluating individuals' needs for in-depth mental health assessment,
- Training individuals to manage symptoms; and
- If the provider is not staffed to address primary mental health problems that may arise during treatment, the provider shall initiate a timely referral to an appropriate provider for mental health crises or for the emergence of a primary mental health disorder in accordance with the provider's policies and procedures.³³

Each enrolled individual must receive a minimum of 25 hours of service per week, including:

- Counseling;
- Group counseling; or
- Counseling with families or support systems.³⁴

Each provider is required to arrange for or provide transportation services, if needed and as appropriate, to clients who reside in community housing.³⁵ Each provider must have an awake, paid employee on the premises at all times at the treatment location when one or more individuals are present.³⁶ For adults, the provider must have a paid employee on call during the time when individuals are at the community housing location.³⁷ In addition, the provider must have an awake, paid employee at the community housing location at all times if individuals under the age of 18 are present.³⁸ No primary counselor may have a caseload that exceeds 15 individuals.³⁹ For individuals in treatment who are granted privilege to self-administer their own medications, provider staff are not required to be present for the self-administration.⁴⁰

Application for Licensure

Individuals applying for licensure as substance abuse service providers must submit applications on specified forms provided, and in accordance with rules adopted by the DCF.⁴¹ Applications must include, at a minimum:

- Information establishing the name and address of the applicant service provider and its director, and also of each member, owner, officer, and shareholder, if any.
- Information establishing the competency and ability of the applicant service provider and its director to carry out the requirements of ch. 397, F.S.
- Proof satisfactory to the DCF of the applicant service provider's financial ability and organizational capability to operate in accordance with ch. 397, F.S.
- Proof of liability insurance coverage in amounts set by the DCF by rule.
- Sufficient information to conduct background screening for all owners, directors, chief financial officers, and clinical supervisors as provided in s. 397.4073, F.S.

³³ Rule 65D-30.0081(2), F.A.C.

³⁴ Rule 65D-30.0081(4), F.A.C.

³⁵ Rule 65D-30.0081(5), F.A.C.

³⁶ Rule 65D-30.0081(6), F.A.C.

³⁷ *Id.*

³⁸ *Id.*

³⁹ Rule 65D-30.0081(7), F.A.C.

⁴⁰ Rule 65D-30.0081(8), F.A.C.

⁴¹ Section 397.403(1), F.S.

- Proof of satisfactory fire, safety, and health inspections, and compliance with local zoning ordinances.⁴²
- A comprehensive outline of the proposed services, including sufficient detail to evaluate compliance with clinical and treatment best practices, for:
 - Any new applicant; or
 - Any licensed service provider adding a new licensable service component.
- Proof of the ability to provide services in accordance with the DCF rules.
- Any other information that the DCF finds necessary to determine the applicant's ability to carry out its duties under this chapter and applicable rules.
- The names and locations of any recovery residences to which the applicant service provider plans to refer patients or from which the applicant service provider plans to accept patients.⁴³

If the owner, director, or chief financial officer of a certified recovery residence is arrested for, or found guilty of, or enters a plea of guilty or nolo contendere to, regardless of adjudication, any offense prohibited under s. 435.04(2), F.S., while acting in that capacity, the certified recovery residence must immediately remove the person from the person's position and notify the credentialing entity within three business days after such removal. If the recovery residence fails to do so, the credentialing entity must revoke the recovery residence's certificate of compliance.

The DCF issues three types of licenses for substance abuse service providers: probationary, regular, and interim licenses.⁴⁴ A service provider can receive one license covering multiple types of services, but only for the specific locations and services listed on the license. If a provider wants to add new services, they must apply for approval before starting them, and if a provider relocates, they must inform the department and submit any required paperwork at least 30 days in advance. Offering services at an unapproved location is considered operating without a license, which can result in legal action and penalties. Licenses cannot be transferred to another organization. A transfer includes changes like selling a majority share of the business or handing over operations through a contract.

Probationary Licenses⁴⁵

Probationary licenses are issued when a new applicant's services are not yet fully operational, but they have met most requirements. Probationary licenses last 90 days and cannot be renewed. The department monitors service quality during this time. If a provider fails to meet standards, the department can order them to stop operating immediately without going through a lengthy legal process.

Regular Licenses⁴⁶

A provider can receive a regular license if they successfully complete the probationary period, are already licensed and applying for renewal, or are transitioning from an interim license after fixing compliance issues. To renew a regular license, an application must be submitted at least

⁴² Service providers operating under a regular annual license shall have 18 months from the expiration date of their regular license within which to meet local zoning requirements. Applicants for a new license must demonstrate proof of compliance with zoning requirements prior to the department issuing a probationary license. Section 397.403(1)(f), F.S.

⁴³ Section 397.403(1), F.S.

⁴⁴ Section 397.407, F.S., this paragraph.

⁴⁵ Section 397.407(7), F.S.

⁴⁶ Section 397.407(8), F.S.

60 days before the current license expires. If submitted less than 30 days before expiration, it may be denied.

Interim Licenses⁴⁷

These are temporary licenses issued for up to 90 days when a provider is not fully compliant with regulations. Reasons for an interim license include significant violations of licensing standards, failure to provide proof of compliance with fire, safety, or health codes, or a provider facing license suspension or revocation. Interim licenses apply only to the service area that is out of compliance. They can be extended once for another 90 days if the provider faces extreme hardship and the issues were not their fault.

Inspections and Classifications of Violations

The DCF has the right to enter and inspect a licensed provider at any time to determine statutory and regulatory compliance and may inspect suspected unlicensed providers.⁴⁸ The DCF is required to accept, in lieu of its own inspections for licensure, the survey or inspection of an accrediting organization, if the provider is accredited and the DCF receives the report of the accrediting organization.⁴⁹ A designated and authorized agent of the DCF may access the records of the individuals served by licensed service providers, but only for purposes of licensing, monitoring, and investigation.⁵⁰ The DCF's authorized agents may schedule periodic inspections of licensed service providers in order to minimize costs and the disruption of services, however they may inspect the facilities of any licensed service provider at any time.⁵¹

In an effort to coordinate inspections among agencies, the DCF is required to notify applicable state agencies of any scheduled licensure inspections of service providers jointly funded by the agencies.⁵² The DCF is required to maintain as public information, available to any person upon request and upon payment of a reasonable charge for copying, copies of licensure reports of licensed providers.⁵³

Rule violations are classified according to the nature of the violation and the gravity of its probable effect on an individual receiving substance abuse treatment.⁵⁴ Violations are classified on written notices as follows:

- Class "I" violations are those conditions or occurrences related to the operation and maintenance of a service component or to the treatment of an individual which the DCF determines present an imminent danger or a substantial probability of death or serious physical or emotional harm. The condition or practice constituting a class I violation must be abated or eliminated within 24 hours, unless a fixed period, as determined by the DCF, is required for correction. The DCF is required to impose an administrative fine for a cited class I violation. Fines are levied notwithstanding the correction of the violation.⁵⁵

⁴⁷ Section 397.407(9), F.S.

⁴⁸ Section 397.411(1)(a), F.S.

⁴⁹ Section 397.411(2), F.S.

⁵⁰ Section 397.411(3), F.S.

⁵¹ Section 397.411(4), F.S.

⁵² Section 397.411(5), F.S.

⁵³ Section 397.411(6), F.S.

⁵⁴ Section 397.411(7), F.S.

⁵⁵ Section 397.411(7)(a), F.S.

- Class “II” violations are those conditions or occurrences related to the operation and maintenance of a service component or to the treatment of an individual which the DCF determines directly threaten the physical or emotional health, safety, or security of the individual, other than class I violations. The DCF is required to impose an administrative fine for a cited class II violation. Fines are levied notwithstanding the correction of the violation.⁵⁶
- Class “III” violations are those conditions or occurrences related to the operation and maintenance of a service component or to the treatment of an individual which the DCF determines indirectly or potentially threaten the physical or emotional health, safety, or security of the individual, other than class I or class II violations. The DCF is required to impose an administrative fine for a cited class III violation. A citation for a class III violation must specify the time within which the violation is required to be corrected. If a class III violation is corrected within the time specified, the DCF may not impose a fine.⁵⁷
- Class “IV” violations are conditions or occurrences related to the operation and maintenance of a service component or to required reports, forms, or documents that do not have the potential of negatively affecting an individual. These violations are of a type that the DCF determines do not threaten the health, safety, or security of an individual. The DCF is required to impose an administrative fine for a cited class IV violation. A citation for a class IV violation must specify the time within which the violation is required to be corrected. If a class IV violation is corrected within the time specified, the DCF may not impose a fine.⁵⁸

Recovery Residences

Recovery residences (also known as “sober homes” or “sober living homes”) are alcohol- and drug-free living environments for individuals in recovery who are attempting to maintain abstinence from alcohol and drugs.⁵⁹ These residences offer no formal treatment and are, in some cases, self-funded through resident fees.

A recovery residence is defined as “a residential dwelling unit, the community housing component of a licensed day or night treatment facility with community housing, or other form of group housing, which is offered or advertised through any means, including oral, written, electronic, or printed means, by any person or entity as a residence that provides a peer-supported, alcohol-free, and drug-free living environment.”⁶⁰

Voluntary Certification of Recovery Residences and Administrators in Florida

Florida utilizes voluntary certification programs for recovery residences and recovery residence administrators, implemented by private credentialing entities.⁶¹ Under the voluntary certification program, the DCF has approved two credentialing entities to design the certification programs and issue certificates: the Florida Association of Recovery Residences certifies the recovery

⁵⁶ Section 397.411(7)(b), F.S.

⁵⁷ Section 397.411(7)(c), F.S.

⁵⁸ Section 397.411(7)(d), F.S.

⁵⁹ The SAMSHA, *Recovery Housing: Best Practices and Suggested Guidelines*, p. 2, available at <https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf> (last visited March 28, 2025).

⁶⁰ Section 397.311(38), F.S.

⁶¹ Sections 397.487–397.4872, F.S.

residences and the Florida Certification Board (the FCB) certifies recovery residence administrators.⁶²

Credentialing entities must require prospective recovery residences to submit the following documents with a completed application and fee:

- A policy and procedures manual containing:
 - Job descriptions for all staff positions;
 - Drug-testing procedures and requirements;
 - A prohibition on the premises against alcohol, illegal drugs, and the use of prescribed medications by an individual other than the individual for whom the medication is prescribed;
 - Policies to support a resident's recovery efforts; and
 - A good neighbor policy to address neighborhood concerns and complaints.
- Rules for residents;
- Copies of all forms provided to residents;
- Intake procedures;
- Sexual predator and sexual offender registry compliance policy;
- Relapse policy;
- Fee schedule;
- Refund policy;
- Eviction procedures and policy;
- Code of ethics;
- Proof of insurance;
- Proof of background screening; and
- Proof of satisfactory fire, safety, and health inspections.⁶³

Patient Referrals

While certification is voluntary, Florida law incentivizes certification. Since 2016, Florida has prohibited licensed substance abuse service providers from referring patients to a recovery residence unless the recovery residence holds a valid certificate of compliance and is actively managed by a certified recovery residence administrator (CRRRA).⁶⁴ There are certain exceptions that allow referrals to or from uncertified recovery residences, including any of the following:

- A licensed service provider under contract with a behavioral health managing entity.
- Referrals by a recovery residence to a licensed service provider when the recovery residence or its owners, directors, operators, or employees do not benefit, directly or indirectly, from the referral.
- Referrals made before July 1, 2018, by a licensed service provider to that licensed service provider's wholly owned subsidiary.
- Referrals to, or accepted referrals from, a recovery residence with no direct or indirect financial or other referral relationship with the licensed service provider, and that is

⁶² The DCF, *Recovery Residence Administrators and Recovery Residences*, available at <https://www.myflfamilies.com/services/samh/recovery-residence-administrators-and-recovery-residences> (last visited March 28, 2025).

⁶³ Section 397.487(3), F.S.

⁶⁴ Section 397.4873(1), F.S.

democratically operated by its residents pursuant to a charter from an entity recognized or sanctioned by Congress, and where the residence or any resident of the residence does not receive a benefit, directly or indirectly, for the referral.⁶⁵

Service providers are required to record the name and location of each recovery residence that the provider has referred patients to or received referrals from in the DCF's Provider Licensure and Designations System.⁶⁶ Prospective service providers must also include the names and locations of any recovery residences which they plan to refer patients to, or accept patients from, on their application for licensure.⁶⁷

Residences managed by a certified recovery residence administrator approved for up to 100 residents and wholly owned or controlled by a licensed service provider may accommodate up to 150 residents under certain conditions.⁶⁸ These conditions include maintaining a service provider personnel-to-patient ratio of 1 to 8 and providing onsite supervision 24/7 with a personnel-to-resident ratio of 1 to 10. Additionally, administrators overseeing Level IV certified recovery residences with a personnel-to-resident ratio of 1 to 6 are not subject to limitations on the number of residents they may manage.

Privacy Rights of Individuals Receiving Substance Abuse Treatment

Section 397.501, F.S., establishes statutory rights for individuals receiving substance abuse services, including the right to dignity, non-discriminatory services, quality services, confidentiality, counsel, and habeas corpus. Current law protects individual records and prohibits records of service providers to be disclosed without the written consent of the individual to whom they pertain except to specific persons (i.e., medical personnel in a medical emergency and service provider personnel if they need to know the information to carry out duties) and for certain reasons (i.e., law enforcement if the records are related to an individual's commission of a crime or if they apply to the reporting of incidents of suspected child abuse and neglect).⁶⁹

Zoning and Land Use

The Growth Management Act requires every city and county to create and implement a comprehensive plan to guide future development.⁷⁰ All development, both public and private, and all development orders⁷¹ approved by local governments must be consistent with the local government's comprehensive plan unless otherwise provided by law.⁷² The Future Land Use Element in a comprehensive plan establishes a range of allowable uses and densities and

⁶⁵ Section 397.4873(2)(a)-(d), F.S.

⁶⁶ Section 397.4104(1), F.S.

⁶⁷ Section 397.403(1)(j), F.S.

⁶⁸ Section 397.4871(8)(c), F.S.

⁶⁹ Section 397.501(7), F.S.

⁷⁰ Section 163.3167(2), F.S.

⁷¹ "Development order" means any order granting, denying, or granting with conditions an application for a development permit. See s. 163.3164(15), F.S. "Development permit" includes any building permit, zoning permit, subdivision approval, rezoning, certification, special exception, variance, or any other official action of local government having the effect of permitting the development of land. See s. 163.3164(16), F.S.

⁷² Section 163.3194(3), F.S.

intensities over large areas, and the specific use and intensities for specific parcels within that range are decided by a more detailed, implementing zoning map.⁷³

III. Effect of Proposed Changes:

Section 1 amends s. 397.403, F.S., to remove zoning pre-approval requirements for substance abuse provider licensing. Currently license applicants must demonstrate compliance with local zoning ordinances: for new licenses, proof of zoning compliance is mandatory before the Department of Children and Families can issue a probationary license; for service providers operating under a regular annual license, the statute allows an 18-month period from the expiration date of their regular license to meet local zoning requirements.

Section 2 amends s. 397.407, F.S., regarding the issue of licenses. The section provides that a license may be transferred to a new owner, while clarifying that transfer means either an event where a privately held licensee sells or otherwise transfers its ownership to a different individual or entity, or an event in which 51 percent or more of the ownership, shares, membership, or controlling interest in a licensee is transferred or otherwise assigned.

The section redefines the types of licenses to provide, generally, that a probationary license is what a new applicant receives between application and full operation, while an interim license is issued to an existing licensed service provider seeking to add services or additional levels of care at an existing or new location.

Section 3 amends s. 397.415, F.S. to provide that, rather than immediately removing service provider personnel arrested or found guilty of prohibited offenses, a service operator must simply notify the department within two days that a service provider no longer meets the level 2 screening standards set forth in s. 435.04, F.S., in order to avoid having their license denied, suspended, or revoked.⁷⁴

⁷³ Richard Grosso, A Guide to Development Order "Consistency" Challenges Under Florida Statutes Section 163.3215, 34 J. Envtl. L. & Litig. 129, 154 (2019) citing *Brevard Cty. v. Snyder*, 627 So. 2d 469, 475 (Fla. 1993).

⁷⁴ Crimes that would result in no longer meeting level 2 screening standards reference herein, for which a provider would no longer need to immediately remove the service provider personnel, include failure to report child abuse, abandonment, or neglect, sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct, sexual misconduct with certain mental health patients and reporting of such sexual misconduct, fraud if the offense was a felony, adult abuse, neglect, or exploitation of aged persons or disabled adults, attempts, solicitation, and conspiracy to commit an offense listed in this subsection, murder, manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child, vehicular homicide, killing of an unborn child by injury to the mother, assault, battery, and culpable negligence if the offense was a felony, assault if the victim of the offense was a minor, aggravated assault, battery if the victim of the offense was a minor, aggravated battery, battery on staff of a detention or commitment facility or on a juvenile probation officer, kidnapping, false imprisonment, luring or enticing a child, taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings, carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person, human trafficking, human smuggling, exhibiting firearms or weapons within 1,000 feet of a school, possessing an electric weapon or device, destructive device, or other weapon on school property, sexual battery, prohibited acts of persons in familial or custodial authority, unlawful sexual activity with certain minors, female genital mutilation, prostitution, lewd and lascivious behavior, lewdness and indecent exposure and offenses against students by authority figures, arson, burglary, voyeurism if the offense is a felony, digital voyeurism if the offense is a felony, theft, robbery, and related crimes if the offense is a felony, fraudulent sale of controlled substances only if the offense was a felony, abuse, aggravated abuse, or neglect of an elderly person or disabled adult, lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult, exploitation of an elderly person or disabled adult if the offense was a felony, incest, child abuse, aggravated child

Section 4 amends s. 397.487, F.S., to preempt local governments such that certified recovery residences are deemed residential use for all local zoning ordinances, no local ordinance may prohibit or regulate recovery residences in a multifamily structure, and the establishment of recovery residences in all districts zoned multifamily residential must be permitted without zoning or land use change, and administratively approved without further action or hearing by the governing body.

The preemption does not apply where the recovery residence is adjacent to on two or more sides a parcel zoned for single family residential use within a development with at least 25 homes. The preemption does not apply to a provider that was not voluntarily certified on or before July 1, 2025; however the bill elsewhere provides for the transfer of license and certification.

The preemption includes a provision that a local government must reduce parking requirements for a proposed certified recovery residence by fifty percent if the property is located within one-quarter mile of an accessible transit stop.

Section 5 amends s. 397.4871, F.S., to provide that a certified recovery residence administrator for level IV certified recovery residence which maintains a personnel-to-resident ratio of 1 to 6 has no limitation on the number of residents it may manage. Currently the maximum allowed is 150 residents with a 1 to 8 ratio. The section also amends the 24/7 onsite supervision requirement to only apply during times when residents are at the residence.

Section 6 amends s. 397.501, F.S., to provide that an agency or division of the state may not transmit confidential names or identifying information it comes into possession of under its regulatory authority. It also provides that the freedom from liability afforded to persons acting in good faith, reasonably, and without negligence in connection with the preparation or execution of official documents as it relates to privacy and confidentiality does not extend to the illegal use or disclosure of trade secrets.

Section 7 amends s. 509.032, F.S., to provide that a recovery residence is deemed a nontransient use of land for purposes of all local zoning ordinances.

Section 8 establishes the Substance Abuse and Recovery Residence Efficiency Committee within the Department of Children and Families (DCF). This committee is tasked with evaluating current practices, identifying challenges, and recommending improvements related to substance abuse treatment and the operation of recovery residences. The goal is to ensure that recovery residences operate effectively, supporting individuals in recovery while integrating seamlessly

abuse, or neglect of a child, contributing to the delinquency or dependency of a child, negligent treatment of children, sexual performance by a child, unlawful sale, manufacture, alteration, delivery, uttering, or possession of counterfeit-resistant prescription blanks for controlled substances, written or electronic threats to kill, do bodily injury, or conduct a mass shooting or an act of terrorism, resisting arrest with violence, depriving a law enforcement, correctional, or correctional probation officer means of protection or communication, aiding in an escape, aiding in the escape of juvenile inmates in correctional institutions, obscene literature, poisoning food or water, prohibition on the purchase or sale of human organs and tissue, encouraging or recruiting another to join a criminal gang, drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor, sexual misconduct with certain forensic clients and reporting of such sexual misconduct, inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm, escape, harboring, concealing, or aiding an escaped prisoner, introduction of contraband into a correctional facility, sexual misconduct in juvenile justice programs, and contraband introduced into detention facilities. Section 435.04, F.S.

into the broader healthcare system. To facilitate its work, the DCF will provide administrative and staff support services, including organizing meetings and maintaining records.

Membership and Structure

The committee consists of representatives from various stakeholders, including:

- A member of each house of the legislature,
- A member appointed by DCF,
- A member appointed by the Agency for Health Care Administration,
- The deputy secretary of the Agency for Health Care Administration tasked with oversight of the Division of Medicaid,
- A member appointed by the Commissioner of Insurance Regulation,
- A representative of a Level IV certified recovery residence, and
- The president of the Florida Association for Recovery Residences.

Members are appointed by the Secretary of the DCF based on their expertise and experience. To maintain continuity, initial appointments are staggered, with future appointments following standard terms. Committee members serve on a voluntary basis without compensation, though they may be reimbursed for travel expenses.

Duties and Responsibilities

The committee is responsible for reviewing existing regulations and standards for recovery residences, identifying barriers to effective integration, and recommending policy changes to improve quality and accessibility. Additionally, it aims to foster collaboration between recovery residences and substance abuse treatment providers by promoting best practices. The committee must meet at least quarterly, adhering to Florida's Sunshine Laws to ensure transparency and public participation.

Reporting and Oversight

By October 1, 2025, the committee must submit an annual report to the Governor, the President of the Senate, and the Speaker of the House of Representatives. This report details the committee's findings, recommendations, and any proposed legislative or regulatory changes. Furthermore, a sunset provision is included, meaning the committee will be dissolved after December 31, 2025, unless renewed by legislative action.

Sections 9 to 16 reenact various statutes for the purpose of incorporation.

Section 17 provides that the bill takes effect July 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The overall effect of the bill may be to simplify the establishment and maintenance of a recovery residence, providing an indeterminate positive impact.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The sections related to recovery residences as approved use in residential zoned areas subject to administrative approval fail to detail the nature of that approval and how a local government is required to treat such a proposed action.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 397.403, 397.407, 397.415, 397.487, 397.4871, 397.501, 509.032, 397.4104, 397.4873, 394.47891, 394.47892, 395.3025, 397.334, 397.752, and 400.494.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
