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 Rules

BILL:	CS/CS/CS/SB 954
INTRODUCER:	Rules Committee; Appropriations Committee on Health and Human Services; Community Affairs Committee; Senators Gruters and Rouson
SUBJECT:	Certified Recovery Residences
DATE:	April 22, 2025 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Hackett	Fleming	CA	**Fav/CS**
2.	Sneed	McKnight	AHS	**Fav/CS**
3.	Hackett	Yeatman	RC	**Fav/CS**

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/CS/SB 954 requires local governments to adopt an ordinance, subject to certain restrictions, to formalize and streamline the process for applicants seeking reasonable accommodations from land use regulations in order to open a certified recovery residence.

For certain Level IV certified recovery residences, the bill also eliminates staffing requirements when patients are not present, and increases the number of residents that a recovery residence administrator can oversee from 150 to 300 if the operator maintains a minimum 1:6 personnel-to-resident ratio when residents are present.

The bill has no fiscal impact on state revenues or expenditures. **See Section V., Fiscal Impact Statement.**

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] Substance Abuse and Mental Health Services Administration (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] 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] 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).

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 Department of Children and Families (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 services[18] 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 Department of Children and Families, *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] The Department of Children and Families, *Treatment for Substance Abuse*, available at https://www.myflfamilies.com/services/samh/treatment (last visited March 28, 2025).

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.[21] Day or night treatment programs with community housing are intended for individuals who can 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.[22]

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.[23] 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.[24] 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.[25] 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.[26]

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;

[21] Section 397.311(26)(a)2., F.S.
[22] Section 397.311(26)(a)3., F.S.
[23] Rule 65D-30.0081(1), F.A.C.
[24] *Id*.
[25] *Id*.
[26] *Id*.

- 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:
  - 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.[27]

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.[28]

Each provider is required to arrange for or provide transportation services, if needed and as appropriate, to clients who reside in community housing.[29] 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.[30] For adults, the provider must have a paid employee on call during the time when individuals are at the community housing location.[31] 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.[32] No primary counselor may have a caseload that exceeds 15 individuals.[33] 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.[34]

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.[35] These residences offer no formal treatment and are, in some cases, self-funded through resident fees.

---

[27] Rule 65D-30.0081(2), F.A.C.
[28] Rule 65D-30.0081(4), F.A.C.
[29] Rule 65D-30.0081(5), F.A.C.
[30] Rule 65D-30.0081(6), F.A.C.
[31] *Id*.
[32] *Id*.
[33] Rule 65D-30.0081(7), F.A.C.
[34] Rule 65D-30.0081(8), F.A.C.
[35] 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).

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."[36]

Staffing Requirements for Certified Recovery Residences

A certified recovery residence administrator (CRAA) may actively manage up to 50 residents at any given time, though may manage up to 100 residents if written justification is provided to, and approved by, the credentialing entity as to how the administrator is able to effectively and appropriately respond to the needs of the residents, maintain residence standards, and meet the residence certification requirements.[37] CRRAs at certain Level IV certified recovery residences (those operating as community housing as defined in s. 397.311(9), F.S., which residence is actively managed by a certified recovery residence administrator approved for 100 residents under this section and is wholly owned or controlled by a licensed service provider) are allowed to actively manage up to 150 residents provided certain conditions are met:

- Maintains a personnel-to-patient ratio of 1 to 8;
- Maintains onsite supervision at the residence 24 hours a day, 7 days a week; and
- Has a personnel-to-resident ratio of 1 to 10.[38]

Recovery Residence Levels of Support

Section 397.311(5), F.S., establishes a four level-classification of certified recovery residences, including:

- Level I—houses individuals in recovery who have completed treatment, with a minimum of 9 months of sobriety. A Level I certified recovery residence is democratically run by the members who reside in the home.
- Level II—encompasses the traditional perspectives of sober living homes. There is oversight from a house manager who has experience with living in recovery. Residents are expected to follow rules outlined in a resident handbook provided by the certified recovery residence administrator. Residents must pay dues, if applicable, and work toward achieving realistic and defined milestones within a chosen recovery path.
- Level III—offers higher supervision by staff with formal training to ensure resident accountability. Such residences are staffed 24 hours a day, 7 days a week, and offer residents peer-support services, which may include, but are not limited to, life skill mentoring, recovery planning, and meal preparation. Clinical services may not be performed at the residence. Such residences are most appropriate for persons who require a more structured environment during early recovery from addiction.
- Level IV—is a residence offered, referred to, or provided by, a licensed service provider to its patients who are required to reside at the residence while receiving intensive outpatient and higher levels of outpatient care. Such residences are staffed 24 hours a day and combine outpatient licensable services with recovery residential living. Residents are required to follow a treatment plan and attend group and individual sessions, in addition to developing a

[36] Section 397.311(38), F.S.
[37] Section 397.4871(6)(b), F.S.
[38] Section 397.4871(8)(b) and (c), F.S.

recovery plan within the social model of living in a sober lifestyle. No clinical services are provided at the residence and all licensable services are provided offsite.

Voluntary Certification of Recovery Residences and Administrators in Florida

Florida has a voluntary certification programs for recovery residences and recovery residence administrators, conducted by private credentialing entities.[39] 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 (FARR) certifies recovery residences and the Florida Certification Board (FCB) certifies recovery residence administrators.[40] Under the voluntary certification program, recovery residences are classified into four levels of care, with Level IV being the most intense level.[41]

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.[42]

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

[39] Sections 397.487 through 397.4872, F.S.
[40] The Department of Children and Families, *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).
[41] Section 397.311, F.S., and sections 397.487 through 397.4873, F.S.
[42] Section 397.487(3), F.S.

managed by a certified recovery residence administrator (CRRA).[43] 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 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.[44]

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 Provider Licensure and Designations System.[45] 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.[46]

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.[47] 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.

Zoning and Land Use

The Growth Management Act requires every city and county to create and implement a comprehensive plan to guide future development.[48] All development, both public and private, and all development orders[49] approved by local governments must be consistent with the local government's comprehensive plan unless otherwise provided by law.[50] The Future Land Use Element in a comprehensive plan establishes a range of allowable uses and densities and

[43] Section 397.4873(1), F.S.
[44] Section 397.4873(2)(a)-(d), F.S.
[45] Section 397.4104(1), F.S.
[46] Section 397.403(1)(j), F.S.
[47] Section 397.4871(8)(c), F.S.
[48] Section 163.3167(2), F.S.
[49] "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.
[50] 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.[51]

III. Effect of Proposed Changes:

Section 1 amends s. 397.487, F.S., to require counties and municipalities, by January 1, 2026, to adopt an ordinance establishing procedures for the review and approval of certified recovery residences, including a process for requesting reasonable accommodations from land use regulations that otherwise prohibit such establishment. The bill requires that the ordinance:

- Be consistent with state and federal law;
- Establish a written application process;
- Require the local government to date-stamp each application upon receipt, and request additional information within 30 days if required, giving 30 days for such response;
- Require final written determination within 60 days which either approves in whole or part, with or without conditions, or denies the request, stating with specificity the objective reasons for denial and process for reconsideration;
- Provide that an application which does not receive final determination within 60 days is deemed approved unless the parties agree to extension; and
- Require the application to include the name and contact information of the applicant, the property address and parcel identification number, and a description of any accommodation requested.

The ordinance may establish additional requirements for the review or approval of reasonable accommodation requests, but may not require public hearings beyond the minimum required by law to grant the requested accommodation. The ordinance may include provisions for the revocation of a granted accommodation for cause such as a violation of conditions or failure to maintain certification.

The bill also clarifies that the ordinance does not supersede covenants and restrictions related to condominium or homeowners' associations.

Section 2 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 may manage up to 300 residents. Currently the maximum allowed is 150 residents with a 1 to 8 ratio. The bill also amends the 24/7 onsite supervision requirement to only apply during times when residents are at the residence.

The bill takes effect July 1, 2025.

[51] 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).

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

Article VII, s. 18(a) of the Florida Constitution provides, in part, that a county or municipality may not be bound by a general law requiring a county or municipality to spend funds or take an action that requires the expenditure of funds unless certain specified exemptions or exceptions are met. The bill requires counties and municipalities to expend funds associated with the requirement to enact an ordinance for the review and approval of certified recovery residences. However, the mandate requirement does not apply to laws having an insignificant impact,[52] which for Fiscal Year 2025-2026 is forecast at approximately $2.4 million.[53] The aggregate cost for local governments to implement this provision is likely insignificant.

However, if the bill does qualify as a mandate, in order to be binding upon cities and counties, the bill must contain a finding of important state interest and be approved by a two-thirds vote of the membership of each house.

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.

---

[52] FLA. CONST. art. VII, s. 18(d).

[53] An insignificant fiscal impact is the amount not greater than the average statewide population for the applicable fiscal year times $0.10. See Fla. Senate Comm. On Cmty. Affairs, Interim Report 2012-115: Insignificant Impact (Sept. 2011), available at: http://www.flsenate.gov/PublishedContent/Session/2012/InterimReports/2012-115ca.pdf.

C. Government Sector Impact:

Counties and municipalities will likely incur administrative expenses associated with the development and noticing of the ordinance required in section 1 of the bill.

The bill has no fiscal impact on state revenues or expenditures.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 397.487 and 397.4871.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS/CS/CS by Rules on April 21, 2025:
The committee substitute revises the mechanic for local approval of certified recovery residences to require that local governments adopt an ordinance outlining procedures for approving certified recovery residences within their jurisdiction, with certain conditions on the nature and scope of the ordinance.

CS/CS by Appropriations Committee on Health and Human Services on April 15, 2025:
The committee substitute changes the maximum number of residents that can be actively managed by a certified recovery residence administrator for Level IV certified recovery residence to 300 residents.

CS by Community Affairs on March 31, 2025:
The committee substitute removes all provisions of the bill except:

- The provisions of section 4 declaring a certified recovery residence is deemed a nontransient residential use of land for the purposes of all local zoning ordinances. The provisions requiring administrative approval and a reduction of parking requirements are removed.
- Section 5, adjusting bed limits by personnel-to-resident ratio. This provision is modified to provide a 500 resident limit.

B. Amendments:

None.