

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/CS/CS/HB 1065 Substance Abuse Treatment

SPONSOR(S): Health & Human Services Committee, Ways & Means Committee, Children, Families & Seniors Subcommittee, Caruso

TIED BILLS: **IDEN./SIM. BILLS:** SB 1180

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee	15 Y, 0 N, As CS	Curry	Brazzell
2) Ways & Means Committee	21 Y, 0 N, As CS	Rexford	Aldridge
3) Health & Human Services Committee	18 Y, 0 N, As CS	Curry	Calamas

SUMMARY ANALYSIS

The Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health prevention, treatment, and recovery. DCF provides treatment for substance abuse through a community-based provider system.

A recovery residence is a residential dwelling unit, or other form of group housing, that provides a peer-supported, alcohol-free, and drug-free living environment. Florida requires residence to meet certain quality standards to be certified. CS/CS/HB 1065 amends the definition of certified recovery residence to include standards regarding the level of care provided at those residences. The bill requires four levels of care that distinguish the residences based on their provided care. The levels of care include:

- Level I: These homes house individuals in recovery who are post-treatment, with a minimum of 9 months of sobriety. These homes are run by the members who reside in them.
- Level II: These homes provide oversight from a house manager. Residents are expected to follow rules outlined in a resident handbook, pay dues, and work toward achieving milestones.
- Level III: These homes offer 24-hour supervision by formally trained staff and peer-support services for residents.
- Level IV: These homes are dwelling offered, referred to, or provided to patients by licensed service providers. The patients receive intensive outpatient and higher levels of outpatient care. These homes are staffed 24 hours a day.

The bill authorizes the Department of Children and Families to issue one license for all eligible service components operated by a service provider. The bill prohibits any recovery residence from denying an individual access to the residence solely on the basis the individual has been prescribed federally approved medication for the treatment of substance use disorders.

The bill prohibits a local ordinance or regulation from regulating the duration or frequency of a resident's stay in a certified recovery residence located within a multifamily zoning district. The bill authorizes an increase in the number of residents actively managed in a recovery residence at any given time from 100 residents to 150 residents, if certain requirements are met.

The bill has no fiscal impact on state or local government.

The bill provides an effective date of July 1, 2024.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Substance Abuse

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.¹ Substance use disorders is the recurrent use of alcohol and/or drugs leading to clinically significant impairment, including health problems, disability, and failure to fulfil responsibilities.² Substance use disorders can happen with both legal substances such as alcohol, nicotine or prescription drugs and illicit or illegal drugs.³ In the United States, the most common substance use disorders are from alcohol, opioid, stimulants, hallucinogens, cannabis, and tobacco.⁴

Substance Abuse Treatment in Florida

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. DCF provides treatment for substance abuse through a community-based provider system that offers detoxification, treatment and recovery support for adolescents and adults affected by substance misuse, abuse or dependence.⁵

- **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.⁶
- **Treatment Services:** Treatment services⁷ include a wide array of assessment, counseling, case management, and support services that are designed to help individuals who have lost their abilities to control their substance use on their own and require formal, structured intervention and support. Some of these services may also be offered to the family members of the individual in treatment.⁸
- **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.⁹

Licensure of Substance Abuse Service Providers

DCF regulates substance abuse treatment, establishing licensure requirements and licensing service providers and individual service components under ch. 397, F.S., and rule 65D-30, F.A.C. Licensed

¹ World Health Organization, *Substance Abuse*, <https://www.afro.who.int/health-topics/substance-abuse> (last visited Feb 6, 2024).

² The Rural Health Information Hub, *Defining Substance Abuse and Substance Abuse Use Disorders*, <https://www.ruralhealthinfo.org/toolkits/substance-abuse/1/definition> (last visited Feb. 6, 2024).

³ *Id.*

⁴ *Id.*

⁵ Department of Children and Families, *Treatment for Substance Abuse* <https://www.myflfamilies.com/services/samh/treatment>, (last visited Feb. 6, 2024).

⁶ *Id.*

⁷ *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.

⁸ *Supra*, note 5.

⁹ *Id.*

service components include a continuum of substance abuse prevention,¹⁰ intervention,¹¹ and clinical treatment services.¹²

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.¹³ “Clinical treatment services” include, but are not limited to, the following licensable service components:¹⁴

- 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; and
- Residential treatment.

DCF must issue a separate license for each service component operated by a service provider. The license is only valid for the specific service components listed for each specific location identified on the license. A licensed service provider must apply for a new license at least 60 days before the addition of any service components or 30 days before the relocation of any service sites.¹⁵

Recovery Residences

Recovery residences (also known as “sober homes” or “sober living homes”) are non-medical residential settings designed to support recovery from substance use disorders, helping individuals transition from highly structured residential treatment programs back into their day-to-day lives. Most recovery residences require or encourage attendance in a 12-step, mutual-help organization and are self-funded through resident fees.¹⁶

In Florida, a recovery residence is a residential dwelling unit, 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. In 2019 the definition was amended to also include as a recovery residence a community housing component of a licensed day or night treatment facility with community housing.¹⁷

Recovery residences can be located in single-family and two-family homes, duplexes, and apartment complexes. Most recovery residences are located in single-family homes, zoned in residential neighborhoods.¹⁸ To live at a recovery residence, occupants may be required to pay a monthly fee or

¹⁰ S. 397.311(26)(c), F.S. Prevention is 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. See also, Department of Children and Families, *Substance Abuse: Prevention* <https://www.myflfamilies.com/services/samh/substance-abuse-prevention>, (last visited Feb. 6, 2024). Substance abuse prevention is best accomplished 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.

¹¹ S. 397.311(26)(b), F.S. Intervention is 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.

¹² S. 397.311(26), F.S.

¹³ S. 397.311(25)(a), F.S.

¹⁴ *Id.*

¹⁵ S. 397.407, F.S.

¹⁶ Douglas L. Polcin, Ed.D., MFT, and Diane Henderson, B.A., *A Clean and Sober Place to Live: Philosophy, Structure, and Purported Therapeutic Factors in Sober Living Houses*, 40(2) *J Psychoactive Drugs* 153–159 (June 2008).

¹⁷ Chapter 2019-159, Laws of Fla.

¹⁸ Hearing before the Subcommittee on the Constitution and Civil Justice of the Committee on the Judiciary, House of Representatives, One Hundred Fifteenth Congress, Sept. 28, 2018, <https://www.govinfo.gov/content/pkg/CHRG-115hrg33123/html/CHRG->

rent, which supports the cost of maintaining the home. Generally, recovery residences provide short-term residency, typically a minimum of at least 90 days. However, the length of time a person stays at a recovery residence varies based on the individuals' treatment needs.¹⁹

Day or Night Treatment: Community Housing Component

Community housing is a type of group home that provides supportive housing for individuals who are undergoing treatment for substance abuse.

Day or night treatment is one of the licensable service components of clinical treatment services. This service is provided in a nonresidential environment with a structured schedule of treatment and rehabilitative services.²⁰ Some day or night treatment programs have a community housing component, which is a program intended for individuals who can benefit from living independently in peer community housing while participating in treatment services at a day or night treatment facility for a minimum of 5 hours a day for a minimum of 25 hours per week.²¹

Prior to 2019, the community housing component of a licensed day or night treatment program was not included in the definition of "recovery residence". In 2019, after the Legislature amended the definition of "recovery residence" to include the community housing component, DCF addressed the statutory change to the definition of "recovery residence" in a memo. The department stated that as a result of the change in definition, providers licensed for day or night treatment with community housing must be certified as a recovery residence in order to accept or receive patient referrals from licensed treatment providers or existing recovery residences.²² The memo did not specifically address whether the community housing component requires certification if the only individuals residing there were clients of the licensed day or night treatment program.

Voluntary Certification of Recovery Residences and Recovery Residence Administrators

A certified recovery residence is a recovery residence that holds a valid certificate of compliance and is actively managed by a certified recovery residence administrator.²³ Florida has a voluntary certification program for recovery residences and recovery residence administrators, implemented by private credentialing entities.²⁴ Under the voluntary certification program, two DCF-approved credentialing entities administer certification programs and issue certificates: the Florida Association of Recovery Residences (FARR) certifies the recovery residences and the Florida Certification Board (FCB) certifies recovery residence administrators.²⁵

Certified Recovery Residences

As the credentialing entity for recovery residences in Florida, FARR is statutorily authorized to administer certification, recertification, and disciplinary processes as well as monitor and inspect recovery residences to ensure compliance with certification requirements. FARR is also authorized to

[115hhrg33123.htm](#). See also The National Council for Behavioral Health, *Building Recovery: State Policy Guide for Supporting Recovery Housing* (2017), https://www.thenationalcouncil.org/wp-content/uploads/2018/05/18_Recovery-Housing-Toolkit_5.3.2018.pdf?dof=375ateTbd56 (last visited Feb. 6, 2024).

¹⁹ American Addiction Center, *Length of Stay at a Sober Living Home*, (October 2022), available at <https://americanaddictioncenters.org/sober-living/length-of-stay>, (last visited Feb. 6, 2024).

²⁰ S. 397.311(26)(a)2., F.S.

²¹ S. 397.311(26)(a)3., F.S.

²² DCF Memo to the Substance Abuse Prevention, Intervention, and Treatment Providers, dated July 1, 2019 (on file with the House Children, Families, & Seniors Subcommittee).

²³ Ss. 397.487–397.4872, F.S.

²⁴ *Id.*

²⁵ The DCF, *Recovery Residence Administrators and Recovery Residences*, available at <https://www.myflfamilies.com/services/samh/recovery-residence-administrators-and-recovery-residences> (last visited January 25, 2024).

deny, revoke, or suspend a certification, or otherwise impose sanctions, if recovery residences are not in compliance or fail to remedy any deficiencies identified. However, any decision that results in an adverse determination is reviewable by the Department.²⁶

In order to become certified, a recovery residence must submit the following documents with an application fee to the credentialing entity:²⁷

- 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 prescription medications by an individual other than 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.

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 their position and notify the credentialing entity within 3 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. Current law does not address how the recovery residence should handle incidents in which such individuals are awaiting disposition or when adjudication has been withheld.

There are currently 675 certified recovery residences in Florida.²⁸ DCF publishes a list of all certified recovery residences and recovery residence administrators on its website.²⁹

Certified Recovery Residence Administrators

The FCB is statutorily authorized to administer certification, certification exams, recertification, code of ethics and disciplinary processes, continuing education requirements, and establish core competencies for certified recovery residence administrators.³⁰ FCB may also deny, suspend or revoke a recovery residence administrator's certification for noncompliance.³¹

Certified recovery residence administrators (CRRAs) are individuals responsible for the overall management of a recovery residence, as well as the supervision of residents and paid or volunteer

²⁶ S. 397.487, F.S.

²⁷ *Id.*

²⁸ DCF, 2023 *Agency Bill Analysis SB 1180*, on file with House Children, Families, and Seniors Subcommittee.

²⁹ S. 397.4872, F.S.

³⁰ S. 397.4871, F.S.

³¹ *Id.*

staff.³² Prior to obtaining certification, CRRA applicants must successfully undergo a level 2 background screening pursuant to ch. 435, F.S.³³ Additionally, the FCB currently requires CRRAs to:³⁴

- Hold at least a high school diploma, GED, or equivalent;
- Complete 100 total clock hours of content specific training divided as follows:
 - Recovery Residence Operations and Administration: 20 hours;
 - Maintaining the Physical Residence: 20 hours;
 - Resident Screening and Admission: 10 hours;
 - Resident Recovery Support: 30 hours; and
 - Legal, Professional and Ethical Responsibilities: 20 hours.
- Complete 1,000 hours of work and/or volunteer related experience providing recovery residence administrator, manager or closely aligned residential management services within a recovery residence setting;
- Undergo 10 hours of on-the-job supervision of the applicant's performance of related recovery residence administrator, manager, or residential management services within a recovery residence setting;
- Obtain three professional letters of recommendation;
- Pass an exam administered by the FCB;
- Complete 10 hours of continuing education annually; and
- Apply for certification renewal annually.

Current law requires a recovery residence to immediately remove a CRRA and notify the credentialing entity within three business days after the removal, if the CRRA is arrested for, 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 capacity. The recovery residence has 30 days to retain another CRRA, or have its certification revoked for failure to comply.³⁵ Current law does not address how the recovery residence should handle incidents where the CRRA is awaiting disposition or when adjudication has been withheld.

A CRRA is prohibited from actively managing more than 50 residents at any given time unless 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, to maintain residence standards, and to meet the residence certification requirements. However, a CRRA may not actively manage more than 100 residents at any given time.³⁶

National Alliance for Recovery Residences

The National Alliance for Recovery Residences (NARR) was established to develop and promote best practices in the operation of recovery residences.³⁷ The organization works with federal government agencies, national addiction and recovery organizations, state-level recovery housing organizations, and with state addiction services agencies to improve the effectiveness and accessibility of recovery housing.

In 2011, NARR established the national standard for all recovery residences. This standard defines the spectrum of recovery oriented housing and services and distinguishes four different types, which are known as "levels" or "levels of support." The standard was developed through a strength-based and collaborative approach that solicited input from all major regional and national recovery housing

³² The Florida Certification Board (The FCB), *Certified Recovery Residence Administrator (CRRA)*, available at <https://flcertificationboard.org/certifications/certified-recovery-residence-administrator/> (last visited February 22, 2024).

³³ Section 397.4871(5), F.S.

³⁴ The FCB, *Certification Guidelines: Credential Standards and Requirements Table: Certified Recovery Residence Administrator (CRRA)*, p. 4-5, available at <https://flcertificationboard.org/wp-content/uploads/CRRA-Standards-and-Requirements-Tables-January-2020.pdf> (last visited February 22, 2024).

³⁵ S. 397.4871(6)(b), F.S.

³⁶ *Id.*

³⁷ NARR, *About Us*, available at <https://narronline.org/about-us/>, (last visited Feb. 6, 2024).

organizations.³⁸ NARR's levels of support are included in the Substance Abuse and Mental Health Services Administration's Best Practices for Recovery Housing.³⁹

NARR Recovery Residence Levels of Support

A recovery residence is a broad term that describes safe and sober living environments that promote recovery from substance use disorders. These residences may also be referred to as halfway houses, three-quarter houses, transitional living facilities, or sober living homes. Since this is a broad term, to help categorize recovery residences into more specific groups, NARR distinguishes these residences based on their levels of care. There are four levels of care for recovery residences; peer-run, monitored, supervised, and service provider.

Level I – Peer-Run

A Peer-Run recovery residence is a home operated by the residents themselves. In this type of residence, there is no external management or oversight from outside sources such as an administrative director. The administration of these facilities is done democratically by the residents. Services may include house meetings for accountability, drug screenings, and self-help meetings. These residences are generally set up in single-family residences like a house.⁴⁰

Level II -Monitored

A monitored recovery residence has an external management structure, usually in the form of an administrative director. The director oversees operations, provides guidance and support, and ensures that all tenants are following rules. These facilities, provide a structured environment with documented rules, policies and procedures. These residences are typically managed by a house manager or senior resident and may offer peer-run groups, house meetings, drug screenings, and involvement in self-help treatment. These facilities are primarily single-family residences, but they may also be apartments or other dwelling types.⁴¹

Level III – Supervised

Supervised recovery residences have more intense levels of oversight than monitored residences and typically have an on-site staff member who provides 24/7 support to residents. The staff at a Level III residence includes a facility manager and certified staff or case managers. Staff members may also provide counseling services or facilitate group activities. Residents at Level III houses are expected to adhere to a strict set of rules and guidelines while living in this type of residence. Level III residences have an organizational hierarchy with administrative oversight for service providers, and documented policies and procedures. This type of residence emphasizes life skill development. In these residences, services may be utilized in the outside community while service hours may be provided in-house. The type of dwelling for Level III residences varies and may include all types of residential settings.⁴²

Level IV – Service Provider

Service provider recovery residences are typically operated by organizations or corporations. These residences offer a wide range of services and activities for residents. Staff levels in Level IV residences are higher than staff levels for Levels I-III residences, and the environments are more structured and institutionalized. These residences have an overseen organizational hierarchy. Level IV recovery residence employ credentialed staff and have both clinical and administrative supervision for residents. These residences also provide clinical services and programming in-house and may offer residents life

³⁸ NARR, *Standards and Certification Program*, available at <https://narronline.org/affiliate-services/standards-and-certification-program/>, (last visited Feb. 6, 2024).

³⁹ Substance Abuse and Mental Health Services Administration, *Best Practices for Recovery Housing*, available <https://store.samhsa.gov/sites/default/files/pep23-10-00-002.pdf>, (last visited Feb. 6, 2024).

⁴⁰ Isaiah House, *NARR Levels of Care for Addiction Recovery Residences*, (December 2022), available at <https://isaiah-house.org/narr-levels-of-care-for-addiction-recovery-residences/>, (last visited Feb. 7, 2024).

⁴¹ *Id.*

⁴² *Id.*

skill development. While Level IV residences may have a more institutionalized environment, all types of residence may be included as a client moves through the care continuum of a treatment center.⁴³

NARR Recovery Residence Levels of Support⁴⁴

		RECOVERY RESIDENCE LEVELS OF SUPPORT			
		LEVEL I Peer-Run	LEVEL II Monitored	LEVEL III Supervised	LEVEL IV Service Provider
STANDARDS CRITERIA	ADMINISTRATION	<ul style="list-style-type: none"> • Democratically run • Manual or P&P 	<ul style="list-style-type: none"> • House manager or senior resident • Policy and Procedures 	<ul style="list-style-type: none"> • Organizational hierarchy • Administrative oversight for service providers • Policy and Procedures • Licensing varies from state to state 	<ul style="list-style-type: none"> • Overseen organizational hierarchy • Clinical and administrative supervision • Policy and Procedures • Licensing varies from state to state
	SERVICES	<ul style="list-style-type: none"> • Drug Screening • House meetings • Self help meetings encouraged 	<ul style="list-style-type: none"> • House rules provide structure • Peer run groups • Drug Screening • House meetings • Involvement in self help and/or treatment services 	<ul style="list-style-type: none"> • Life skill development emphasis • Clinical services utilized in outside community • Service hours provided in house 	<ul style="list-style-type: none"> • Clinical services and programming are provided in house • Life skill development
	RESIDENCE	<ul style="list-style-type: none"> • Generally single family residences 	<ul style="list-style-type: none"> • Primarily single family residences • Possibly apartments or other dwelling types 	<ul style="list-style-type: none"> • Varies – all types of residential settings 	<ul style="list-style-type: none"> • All types – often a step down phase within care continuum of a treatment center • May be a more institutional in environment
	STAFF	<ul style="list-style-type: none"> • No paid positions within the residence • Perhaps an overseeing officer 	<ul style="list-style-type: none"> • At least 1 compensated position 	<ul style="list-style-type: none"> • Facility manager • Certified staff or case managers 	<ul style="list-style-type: none"> • Credentialed staff

FARR Recovery Residence Levels of Support

FARR recognizes four distinct support levels for recovery residences which were developed based on the NARR standards.⁴⁵ The levels are not a rating scale regarding the efficacy of valuation of any individual certified recovery residence, but instead offer a unique service structure most appropriate for a particular resident.⁴⁶ FARR recovery residence levels of support include:⁴⁷

Level I

Level I residences are structured after the Oxford House model.⁴⁸ Individuals who enter FARR Level I homes have a high recovery capital with a minimum of 9 months of sobriety and the length of stay is

⁴³ *Id.*

⁴⁴ NARR, *Recovery Residence Levels of Support*, available at https://narronline.org/wp-content/uploads/2016/12/NARR_levels_summary.pdf, (last visited Feb. 7, 2024).

⁴⁵ FARR, *Levels of Support*, available at <https://www.farronline.org/levels-of-support-1>, (last visited Feb. 7, 2024).

⁴⁶ *Id.*

⁴⁷ *Id.*

⁴⁸ Oxford House Model is a concept and a system of operation in recovery from drug and alcohol addiction. The concept is that recovering individuals can live together and democratically run an alcohol and drug-free living environment which supports the recovery of every resident. Oxford Houses are the one of the largest self-help residential programs in the US. See Oxford House, *The Purpose and Structure of Oxford House*, available at https://oxfordhouse.org/purpose_and_structure, and the National Library of Medicine, *Oxford House Recovery Homes: Characteristics and Effectiveness*, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2888149/>, (last visited Feb. 7, 2024).

determined by the resident. Level I homes are democratically run by the members who reside in the home through a guided policy and procedure manual or charter.

Level II

Level II residences encompass the traditional perspective of sober living homes. Oversight is provided from a house manager with lived experience, typically a senior resident. Residents are expected to follow the rules outlined in the resident handbook, pay dues, and work on achieving milestones within a chosen recovery path. This level of support is a resident-driven length of stay, while providers may suggest a minimum commitment length.

Level III

Level III residences offer higher supervision by staff with formal training to ensure resident accountability. Level III homes offer peer-support services and are staffed 24 hours a day. No clinical services are performed at the residence. The services offered usually include life skills, mentoring, recovery planning, and meal preparation. This support structure is most appropriate for residents who require a more structured environment during early recovery from addiction. Length of stay is determined by the resident; however, providers may ask for a minimum commitment length of stay to fully complete programming.

Level IV

A Level IV residence is any recovery residence offered or provided by a licensed service provider that provides housing to patients who are required to reside at the residence while receiving intensive outpatient and higher levels of outpatient care at facilities that are operated by the same licensed service provider or a recovery residence used as the housing component of a day or night treatment with community housing, license issued pursuant to Rule 65D-30.0081, Florida. Administrative Code.

Effect of the Bill

Licensure of Substance Abuse Service Providers

The bill authorizes the DCF to issue one license for all service components operated by a service provider, as opposed to current law which requires the agency to issue a separate license for each service component. The bill requires the service provider to obtain approval for DCF before adding additional service components. If the service provider intends to relocate any of its service sites, the service provider must notify DCF and provide any required documentation, at least 30 days before such relocation.

Certified Recovery Residences

CS/CS/HB 1065 requires certified recovery residence to meet additional standards regarding the levels of care offered within those residences. This amendment will help to better align recovery residences in Florida with industry best practices. The levels of care are as follows:

- Level I: these homes house individuals in recovery who are post-treatment, with a minimum of 9 months of sobriety. These homes are run by the members who reside in them.
- Level II: in these homes, there is oversight from a house manager (typically a senior resident). Residents are expected to follow rules outlines in a resident handbook, pay dues, and work toward achieving milestones.
- Level III: these homes offer 24-hour supervision by staff with formal training with peer-support services
- Level IV: these homes are offered, referred to, or provided to patients by licensed service providers. The patients receive intensive outpatient and higher levels of outpatient care. These homes are staffed 24 hours a day.

CS/CS/HB 1065 makes community housing a Level IV recovery residence. To be classified as Level IV, a recovery residence must be a certified recovery residence, offered, referred to, or provided by a licensed service provider that provides housing to its patients who are required to reside at the residence while receiving intensive outpatient and higher levels of outpatient care. Community housing provides the highest level of oversight and access to recovery services. Classifying community housing as Level IV aligns with the level of care provided in this type of residence.

The bill prohibits any recovery residence, on or after January 1, 2025, from denying an individual access to the residence solely on the basis the individual has been prescribed federally approved medication that assists with treatment for substance use disorders by a licensed physician, physician's assistant, or advanced practice registered nurse.

The bill also prohibits a local ordinance or regulation from regulating the duration or frequency of a resident's stay in a certified recovery residence located within a multifamily zoning district after June 30, 2024. However, this provision will expire on July 1, 2026.

The bill authorizes an increase in the number of residents actively managed in a recovery residence at any given time from 100 residents to 150 residents if the following criteria are met:

- The certified recovery residence is a Level IV resident with a community housing component;
- The residence is actively managed by a certified recovery residence administrator, approved for 100 residents;
- The licensed service provider maintains a service provider personnel-to-patient ratio of 1:8; and
- Maintains onsite supervision at the residences 24 hours a day, 7 days a week, with a personnel-to-resident ratio of 1:10.

Certified Recovery Residence Administrators

The bill increases the timeframe in which a certified recovery residence has to retain a certified recovery residence administrator (CRRRA) from 30 days to 90 days. If the previous CRRRA was removed due to termination, resignation, or any other reason and had previously been approved to actively manage more than 50 residents, the bill also requires the recovery residence to retain another CRRRA within 90 days. Should the certified recovery residence fail to obtain CRRRA within the 90 day timeframe, the bill requires the credentialing agency to revoke the recovery residence's certificate of compliance. The bill prohibits a certified recovery residence administrator who has been removed due to termination, resignation, or any other reason from continuing to actively manage more than 50 residents for another service provider or certified recovery residence without being approved by the credentialing entity.

The bill also requires the recovery residence to immediately remove the owner, director, chief financial officer, or a CRRRA of a recovery residence, and notify the credentialing entity if such individuals have been arrested and are awaiting disposition for or found guilty of, or enters a plea of guilty or nolo contendere to regardless of whether adjudication is withheld.

The bill makes conforming changes to implement the provisions of the bill.

The bill provides an effective date of July 1, 2024.

B. SECTION DIRECTORY:

- Section 1:** Amends s. 397.311, F.S., relating to definitions.
- Section 2:** Amends s. 397.407 F.S., relating to licensure process; fees.
- Section 3:** Amends s. 397.487, F.S., relating to voluntary certification of recovery residences.
- Section 4:** Amends s. 397.4871, F.S., relating to recovery residence administrator certification.
- Section 5:** Amends s. 119.071, F.S., relating to general exemptions from inspection or copying of public records.

- Section 6:** Amends s. 381.0038, F.S., relating to education; sterile needle and syringe exchange programs.
- Section 7:** Amends s. 394.4573, F.S., relating to coordinated system of care; annual assessment; essential elements; measures of performance; system improvement grants; reports.
- Section 8:** Amends s. 394.9085, F.S., relating to behavioral provider liability.
- Section 9:** Amends s. 397.4012, F.S., relating to exemptions from licensure.
- Section 10:** Amends s. 397.407, F.S., relating to licensure process; fees.
- Section 11:** Amends s. 397.410, F.S., relating to licensure requirements; minimum standards; rules.
- Section 12:** Amends s. 397.416, F.S., relating to substance abuse treatment services; qualified professional.
- Section 13:** Amends s. 893.13, F.S., relating to prohibited acts; penalties.
- Section 14:** Provides an effective date of July 1, 2024.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to require counties or municipalities to spend funds or take action requiring the expenditures of funds; reduce the authority that counties or municipalities have to raise revenues in the aggregate; or reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill does not provide rulemaking authority to implement the bill. However, the Department of Children and Families has sufficient rulemaking authority to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

On February 8, 2024, the Ways & Means Committee adopted one amendment and reported the bill favorably as a committee substitute. The amendment removes language relating to substance abuse treatment centers being exempt from the taxes imposed on transient accommodations including state sales tax, convention development tax, tourist development taxes, and the tourist impact tax.

On February 22, 2024, the Health and Human Services Committee adopted a strike all amendment and reported the bill favorably as a committee substitute. The amendment:

- Authorizes DCF to issue one license for all service components operated by a service provider that offers a continuum of accessible and quality substance abuse prevention, intervention, and clinical treatment services, rather than an individual license for each service component.
- Increases the amount of time a certified recovery residence has to retain a certified residence administrator from 30 days to 90 days.
- Requires a recovery residence to retain another administrator within 90 days if the previous administrator was removed, due to termination, resignation, or any other reason and had been approved to actively manage more than 50 residents.
- Prohibits a recovery residence from denying an individual access to the residence solely on the basis the individual has been prescribed federally approved medication that assists with treatment for substance use disorders by a licensed physician, physician's assistant, or advanced practice registered nurse.
- Prohibits a local ordinance or regulation from regulating the duration or frequency of a resident's stay at a certified recovery residence located within a multifamily zoning district.
- Authorizes an increase in the number of residents actively managed in a recovery residence at any time from 100 to 150 if:
 - The certified recovery residence is a Level IV resident with a community housing component;
 - The residence is actively managed by a certified recovery residence administrator, approved for 100 residents;
 - The licensed service provider maintains a service provider personnel-to-patient ratio of 1:8; and
 - The residence maintains supervision at the residences 24 hours a day, 7 days a week, with a personnel-to-resident ratio of 1:10.

This analysis is drafted to the bill as amended by the Health and Human Services Committee.