

**Amended Agenda – March 19, 2025**  
**State Attorney Addiction Recovery Task Force**  
**(SAART)**

1. Introduction
2. Update Overdose statistics: PBC ME: Al Johnson
3. FARR Update: Michael Schlossman
4. Oxford House Update: Michael McKeough
5. MAT Best Practices Rollout: Michael Schossman
6. Drug Court Update: Judge Donald Hafele
7. PBSO MATS Program:
8. 2025 Legislative Proposals:
  - a. SB464:
  - b. SB954:
9. PBC Behavioral Health Master Plan/Notice of Funding Opportunities: John Hulick
10. SAART Comments.-Next Meeting is May 14th
11. Public comments.
12. Closing remarks.

# 2023/2024 PBCME Opiate OD Deaths

- **PBC Medical Examiner – 2023- January 1 – December 31 - no pending cases**
  - Total drug overdose cases 533
  - Total opioid OD deaths 440 (83% of total OD cases)
  - Total Fentanyl & Fentanyl analog cause or presence 381 (87%)\*\*
  - **Previous Decline in Opioid OD deaths - 2022/2023 (0%)**
- **PBC Medical Examiner –2024 - January 1 - December 31, 2024 - 18 pending cases**
  - Total drug overdose cases 336 – projected maximum cases 354\*\*
  - Total opioid OD deaths 221 (68% of total OD cases) – projected max 239
  - Total fentanyl & fentanyl analog cause or presence 200 (90%)- projected max 218
  - **Decline in Opioid OD deaths - 2023/2024 (<46%)**

Xylazine: “tranq” non-opioid animal tranquilizer – 2023-34/ 2024- 24

New Fentanyl analogues:

- Fleurofentanyl – similar potency to Fentanyl – 2023-66/ 2024-52
- Carfentanil – 2023-12/ 2024-3

**\* \*Assuming all 18 pending cases are drug ODs**



# PBCFR TRANSPORTS 2017-2024

## January 1 – December 31

YEAR	#CALLS	# PATIENTS	%CHANGE/CALLS
2017	2675	2785	
2018	1509	1541	< 44 %
2019	1483	1510	< 2 %
2020	1771	1806	> 16 %
2021	1702	1743	< 4%
2022	1446	1471	< 15%
2023	1283	1309	< 11%
2024	905	926	< 29%

Net change 2017-2024 66% reduction in transports



# Updates

Courtney Phillips, MD  
Sober Homes Task Force



# HCD updates

- Mangonia Park open 7 days per week, 7am-7pm for psychiatry and therapy, peds and adults, substance use and psychiatry
  - M-F Primary Care
  - 7 days per week full psychiatric and mental health care
  - Clinic administered medications including MOUD and withdrawal medication management
- More Law enforcement groups signing up for “Somewhere to go” pilot with MOU’s including
  - WPB Police
  - PBG Police
  - Riviera PD
  - Village of North Palm Beach PD
- Working on MOU with SCMRT to have brick and mortar psych clinic referral at the north end of the county
- Pediatric Behavioral Health with Pediatric psychiatrist
- Merged Lake worth and Lantana clinic to Atlantis that is currently open: includes adult and pediatric psychiatry, have a child psychologist starting in June, IBH in pediatrics started
- Workforce development for mental health
- Crisis Center (CRF 2028): Land determination and acquisition phase in progress.



# MAT Education & Outreach - Update

Presented by:  
Michael Schlossman, CEO/Chief Legal Officer

 [www.farronline.org](http://www.farronline.org)

 561-299-0405

 [info@farronline.org](mailto:info@farronline.org)



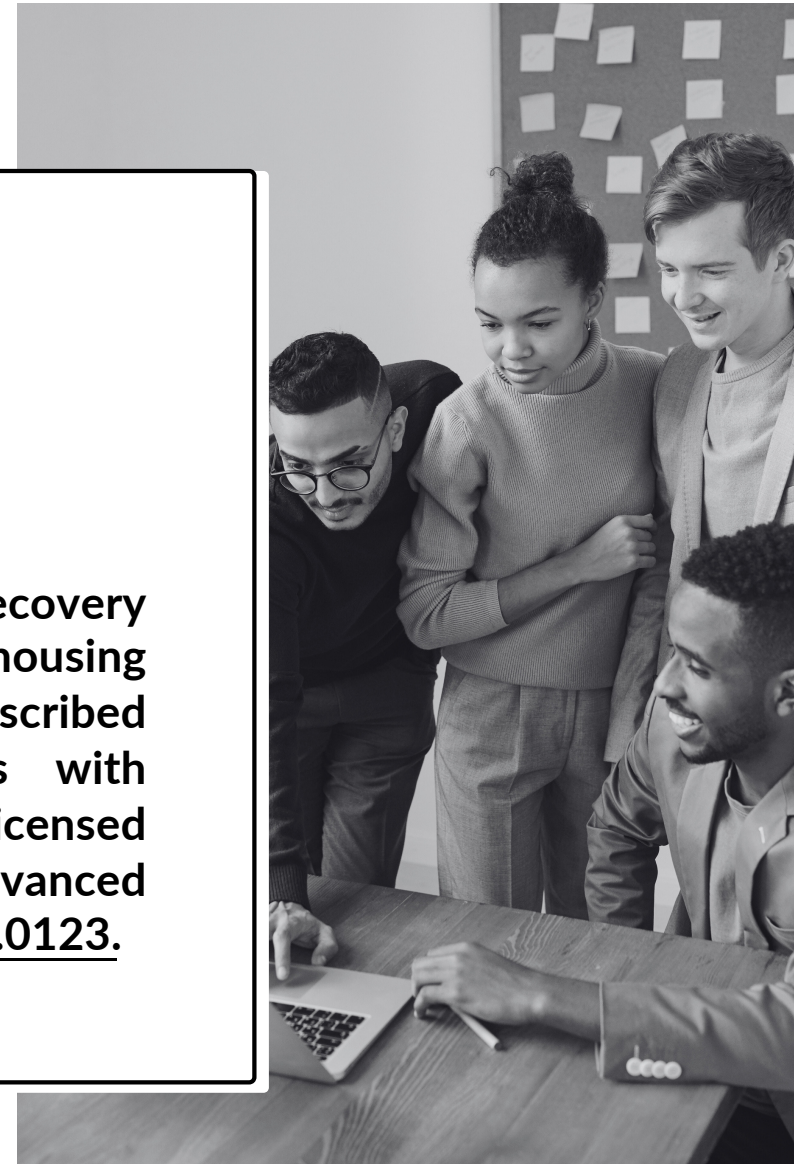


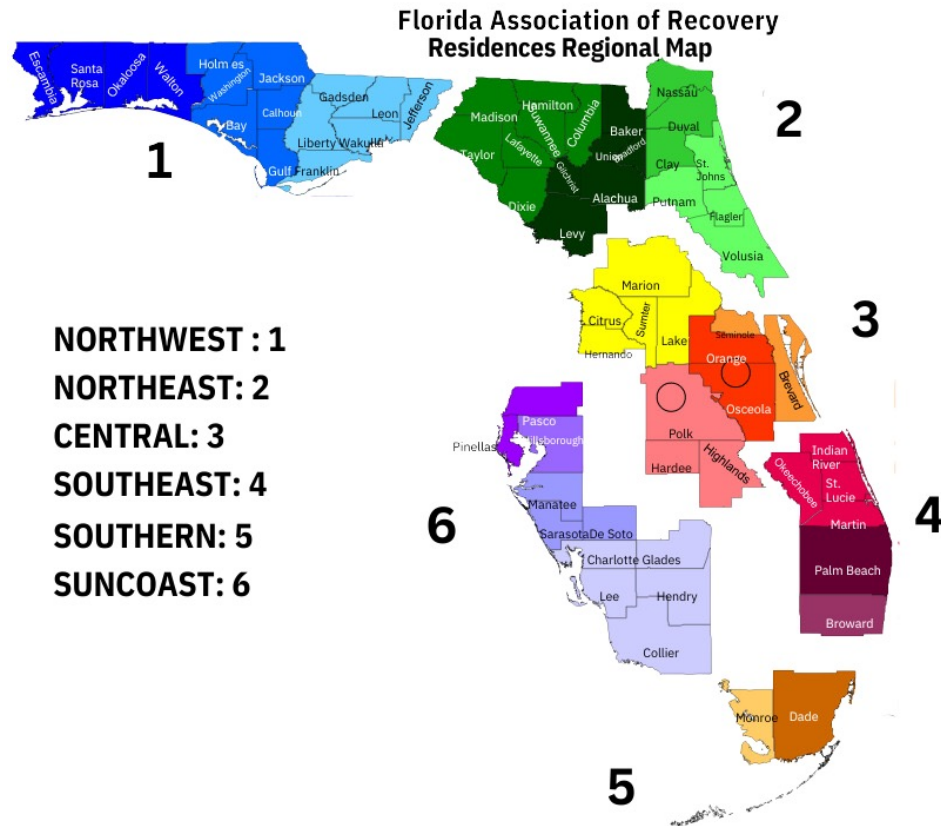


## **New Legislation – Jan 1, 2025**

*Fl Stat 397.487(13):*

Beginning January 1, 2025, a certified recovery residence may not deny an individual access to housing solely on the basis that he or she has been prescribed federally approved medication that assists with treatment for substance use disorders by a licensed physician, a physician's assistant, or an advanced practice registered nurse registered under s. 464.0123.









## Visited

- Port St. Lucie
- Ft. Lauderdale
- Palm Beach Co.
- Tampa
- Jacksonville

## Coming Up

- Orlando
- Okaloosa
- Sarasota
- Boca Raton (FAU)
- Miami



# Additionally

- **Quarterly Provider Meetings**
- **Email Blasts**
- **Newsletters**
- **Website (new video)**
- **1:1 Meetings with Providers**
- **CEU Credits: FCB Provider #5521-SS**





Thursday, March 20th | Orlando, FL

**BUILDING BRIDGES**  
IN OUR COMMUNITY

A BRUNCH & LEARN EVENT

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*Complimentary brunch provided*  
2 CEU credits for CRRAs

The event poster is a vertical rectangle with a dark blue background. On the left side, there is a photograph of a smiling Black man in a dark blue shirt, with other people blurred in the background. The text is white and yellow. At the top, it says "Thursday, March 20th | Orlando, FL". Below that are two logos: "RECOVERY CONNECTIONS of Central Florida" and the "FARR" logo. The main title "BUILDING BRIDGES IN OUR COMMUNITY" is in large white letters, with a small bridge icon after "COMMUNITY". Below that is "A BRUNCH & LEARN EVENT" in yellow. A horizontal line separates this from the bottom text: "Complimentary brunch provided" in italics, and "2 CEU credits for CRRAs" in a standard font.



**More to come...**



## State Attorney Addiction Recovery Task Force March, 2025

### STATEWIDE PROGRAMS CERTIFIED - 253

#### March:

Units: 1,929		
Beds: 9,486		
Levels I, II & III:	Units: 1,019	Beds: 5,678
Level IV:	Units: 909	Beds: 3,795

- Broward County has 30.3% of the units and 30% of the beds.
- Palm Beach County has 39.5% of the units and 38.2% of the beds.

### **PALM BEACH COUNTY NUMBERS**

- 103 Certified Providers
- 762 Units, 3,627 Beds (Men: 1,810, Women: 587, Both: 1,206, LGBTQ+: 24)

**Level I: 2 Programs, 2 Units, 18 Beds**

**Level II: 64 Programs, 355 Units, 1,815 Beds**

**Level III: 1 Programs, 1 Units, 8 Beds**

**Level IV: 46 Programs, 404 Units, 1,786 Beds**

## FLORIDA COUNTIES

County	Units	Beds
Alachua	4	20
Brevard	18	196
Broward	585	2,558
Clay	1	8
Collier	9	63
Duval	47	309
Escambia	14	65
Flagler	10	74
Hillsborough	89	474
Indian River	21	112
Lee	49	337
Manatee	22	111
Marion	2	9

Martin	24	128
Miami-Dade	30	234
Orange	25	191
Okaloosa	1	6
Palm Beach	762	3,627
Pasco	39	188
Pinellas	91	324
Polk	3	19
Sarasota	28	144
Seminole	3	24
St. John's	1	9
St. Lucie	28	136
Volusia	23	120



**RUNNING TOTALS**  
**STATE CAPACITY TREND**  
February 2025

**FARR**

July	2017	3,280	beds
January	2018	4,153	beds
January	2019	5,786	beds
January	2020	5,781	beds
January	2021	6,715	beds
January	2022	6,872	beds
January	2023	8,122	beds
July	2024	9,497	beds
January	2025	9,440	beds
February	2025	9,486	beds



# OXFORD HOUSE FL STATE CONVENTION 2025



## Echoes of Resilience

*Highlights the enduring strength that reverberates through individuals and communities, turning pain into power*

### COME GROW WITH US

Join us at the 2025 Oxford House Florida State Convention! Connect with members statewide, explore the Oxford House model, traditions, and enhance your recovery through workshops, discussions, and activities. Build lasting friendships and enjoy a fun, enriching experience with your Oxford House family. Don't miss out—see you there!

May 9th - 11th, 2025



### Convention Mission

Learn The Model



Training In Oxford House Traditions



Have Fun & Build Lasting Relationships



Visit Our Website Site  
[www.oxfordhouse.org](http://www.oxfordhouse.org)

Avanti Palms Resort  
6515 International Dr,  
Orlando, FL, 32819





## FLORIDA STATE OXFORD HOUSES

<b>Total Houses</b>	<b>247</b>
<b>Total Beds</b>	<b>2215</b>
<b>Men Houses</b>	<b>150</b>
<b>Men Beds</b>	<b>1350</b>
<b>Women Houses</b>	<b>42</b>
<b>Women Beds</b>	<b>353</b>
<b>Women with Children Houses</b>	<b>48</b>
<b>Women with Children Beds</b>	<b>447</b>
<b>Men with Children Houses</b>	<b>5</b>
<b>Men with Children Beds</b>	<b>47</b>

## Cities that currently have Oxford Houses

West Palm Beach	Vero Beach	Lakeland	Bradenton
Lantana	Port St. Lucie	St. Petersburg	Ft. Myers
Riviera Beach	Ft. Lauderdale	Temple Terrace	Cape Coral
Lake Park	Lauderhill	Largo	Pensacola
Fort Pierce	Tampa	Clearwater	Panama City
Seminole	Winter Haven	Land O' Lakes	Panama City Beach
Tallahassee	Altamonte Springs	Apopka	Orlando
Winter Park	Jacksonville	Orange Park	St. Augustine
Palm Coast	Daytona	Port Orange	Ocala



Gainesville	Miami Gardens	Miami	Kissimmee	Deltona
New Port Richie	Jacksonville Beach	Ft. Walton	Sarasota	Deland
Palm Bay	Sanford	Crestview	Naples	Spring Hill
Maitland	Port Charlotte	Lady Lake		

Overdoses since the last meeting: n/a

### **MOUD Monthly Stats for January 2025**

75% of Oxford Houses in Florida had at least one member using medication for opioid use disorder (MOUD).

14.8% of Oxford House members in January were utilizing MOUD.

### **Oxford House Florida 2025**

So far in 2025, Oxford Houses in Florida continue to open new homes across the state while maintaining strong support systems. The voluntary service structure within Oxford House is expanding, providing essential support and opportunities for members to take on new roles:

- Three of Florida's five Oxford House regions have hosted regional training workshops, with the remaining two scheduled for March.
- The State Association is developing new subcommittees focused on Veterans, Spanish speakers, and individuals with children.
- The number of Oxford House chapters in Florida has grown to 35, fostering tighter-knit groups that can offer more direct support within their communities.
- All Oxford House, Inc. staff recently attended an annual training in Maryland. This multi-day event featured presentations, interactive seminars, and skill-building sessions to refine staff roles. Additionally, staff had the opportunity to meet with members of Congress to educate them about Oxford House.

Oxford House staff recognize that as the number of houses continues to grow, maintaining a strong focus on education, implementation, and follow-through is essential to sustaining long-term success.

Upcoming Oxford House Florida State Convention 9<sup>th</sup> – 11<sup>th</sup> May 2025

Please check out our newly updated National Website at  
[www.oxfordhouse.org](http://www.oxfordhouse.org)

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# SUNSHINE SCOOP

In 2024, Oxford Houses of Florida saw remarkable growth, adding numerous new beds to support more individuals struggling with alcohol and substance use disorders.



**OH Armadillo, Men W/ Children Pensacola**



**OH Oikos 8 Women, Cutler Bay**



**OH Pine Terrace, 8 Men, Panama City**



**OH Danny, 8 Men, Pensacola**

- 77 new oxford houses have been opened.
- 21 women w/ children homes
- 15 women homes
- 2 men w/ children homes
- 39 men homes
- totaling 670 new beds in 2024

OXFORD HOUSE  
50<sup>TH</sup>  
ANNIVERSARY  
1975 - 2025



# WORLD CONVENTION 2024

The Oxford House World Convention at Rosen Shingle Creek in Orlando marked a historic achievement, with Florida setting a significant milestone by sending the most members ever in the history of Oxford House conventions. This record-breaking attendance underscores the dedication and growth of the Oxford House community in Florida, demonstrating their strong commitment to recovery, fellowship, and the organization's mission. It highlights Florida's leadership and active engagement in fostering a supportive network for individuals striving for long-term sobriety, reflecting the state's impactful contribution to the Oxford House movement.

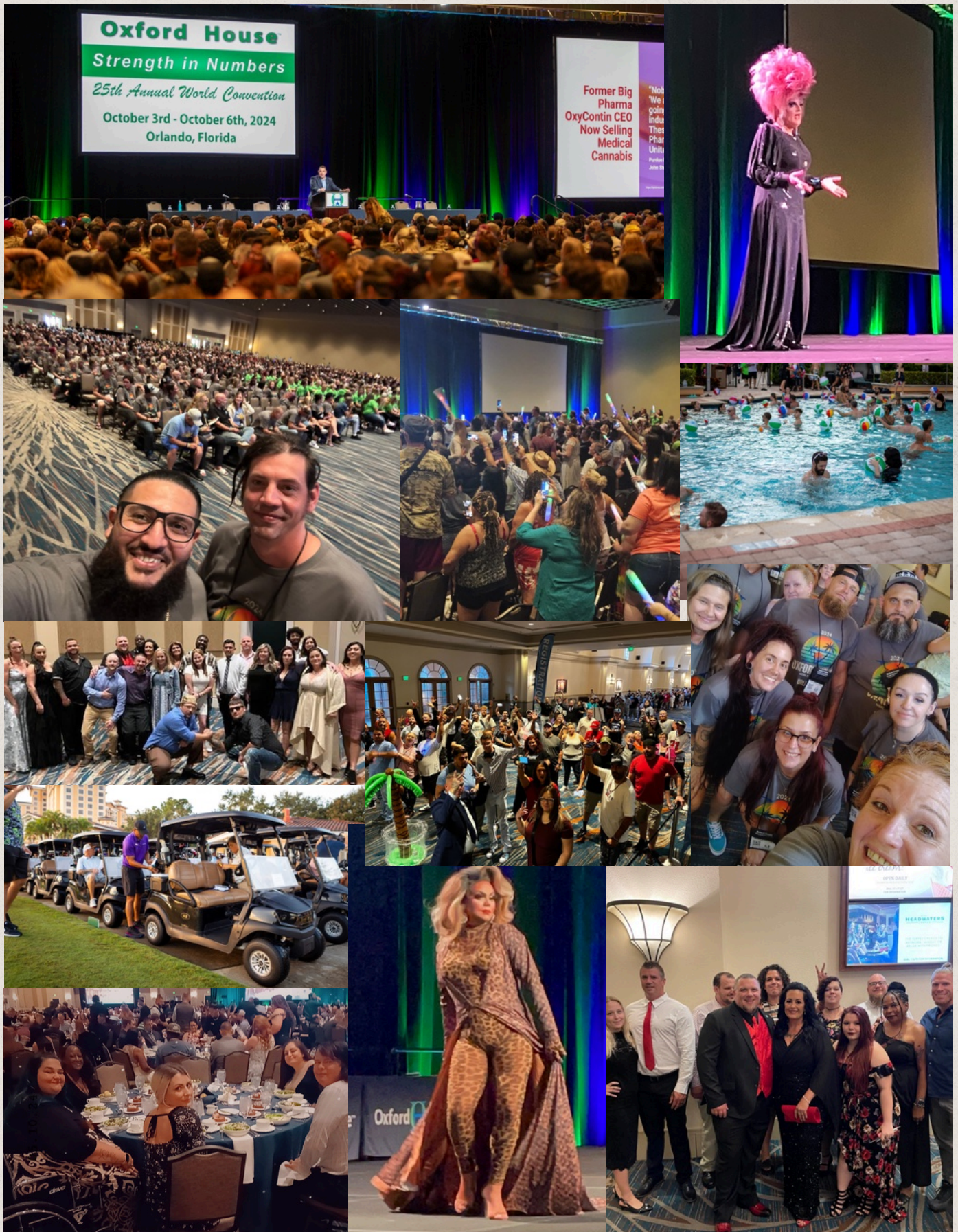


**pictured- Florida 400+ members and staff**





# WORLD CONVENTION 2024





# MEMBER SPOTLIGHT

## JESSICA MERCER



Hi, I'm Jessica, a member of Endless Summer, Chapter 1 Chair, and HSC Events Coordinator. I came to Florida on December 5, 2023, escaping the chaos of my life in Atlanta. After completing PHP, I moved into sober living, searching for acceptance. I remember attending a meeting where three women stood out—their camaraderie and genuine support inspired me. One spoke about Oxford House and how it changed her life, and I knew I wanted that too.

On February 13, 2024, I was interviewed and accepted into Oxford House. Hearing "Welcome home!" was life-changing. Moving in the next day, I was greeted by the same women I'd seen before, and for the first time, I felt hope. I dove into learning about Oxford House and its values, even though it was overwhelming. My housemates had what I wanted: a home, family, and belonging.

Balancing IOP, meetings, therapy, job hunting, and house responsibilities wasn't easy, especially with no money or transportation. But I stayed grateful and worked hard. When I faced expulsion over my EES balance, I focused on solutions and, by a miracle, raised \$1,000 in a week. That moment of pride from my housemates fueled my determination to keep growing.

Now, over a year clean, I'm still with Endless Summer. The family and love I've found are beyond what I imagined. Oxford isn't just a home—it's a community of thousands united by recovery. That's what makes Oxford House different and why I'm proud to be part of this family.

# MEMBER SPOTLIGHT

CAROLYN H.



**I got sober in April 2021. Lived in transitional living until I heard of Oxford House. I moved into OH Clusia in October 2022. In April 2024 I moved from Clusia and assisted in the transition of OH Hammock from a mens house to a womens house. I then moved to OH Sunrise City as a core member to help open the newest house in the area. I've held every house position, held multiple postions for my chapter. Oxford House has been a vital part of my recovery.**

# MEMBER SPOTLIGHT

JAMES S.



**I've battled addiction since my teens, convincing myself I had control while functioning as a "normal" person. I hit rock bottom after losing my mother, attempting suicide but surviving—a wake-up call from my higher power. I stayed clean for six years, but after a painful divorce, I relapsed for nearly nine years.**

**My turning point came when my fiancée became pregnant. Despite setbacks in getting into rehab, I got clean two weeks before my daughter's birth on 9/21/22, with my clean date being 9/3/22. Homeless at the time, I connected with Oxford House and was accepted into Glo the day my daughter left the hospital.**

**Since then, Oxford House has changed my life. I've held positions in my house and chapter, currently serving as HSC male chair. I've gained my driver's license at 35, rebuilt trust, and secured a great job with a supportive boss who trusts me with a take-home truck.**

**Most importantly, I've learned how to be a father and build a meaningful life without drugs or alcohol. I'm endlessly grateful to Oxford House for giving me the tools to grow into the person I always wanted to be.**



# REENTRY SPOTLIGHT

The Reentry Committee works closely with jails and institutions to help individuals transition smoothly into Oxford Houses, reducing recidivism across Florida. By streamlining the application process and providing tailored support, they ensure new residents are set up for success from day one. Through their dedication, the committee is giving second chances and helping to build stronger, healthier communities.



ROBERT OLIVER

"The Oxford House has been the best thing that could have happened to me after I was released from prison. I came straight to Oxford House Gator Cove and on day one found a support system and family. I immediately felt at home. It has helped me adjust to being free after doing so much time and is teaching me life skills I never had or knew I needed. I give all the glory to God for aligning my path to Oxford House and the journey of recovery. If it wasn't for this place, I'm not sure where I would be right now.





# Alumni Spotlight

## Sara Rivera, Cape Coral FL

Hi, my name is Sara. My journey with drugs started at a young age. Before drugs, I never imagined where my life would take me. I'm not going to go into my entire life story because I could write a book. At the end of my addiction, I often thought about getting clean, but I didn't know what that would look like or how to begin. Then, one day, I prayed to God. The next thing I knew, I was in jail, facing 36 months in prison. I still wasn't convinced that I was addicted to drugs or that my life had become unmanageable. I began talking to a lawyer, and he told me my best chance at a lesser sentence was to enter a program offered in jail. So I did. We attended classes and talked about addiction, but I still didn't believe I was an addict. Then, one day, a seed was planted. The counselor asked me if I thought I was an addict, and I told her no. She left me with something to think about: If you're not an addict, then where has that gotten you? That night, as I sat in jail, I started thinking—and I realized that I was an addict. I ended up avoiding prison and was placed in drug court. God began doing for me what I couldn't do for myself, and I didn't even realize it at the time. I was supposed to go to a sober living house, but when I called, they told me not to come because they had COVID. I panicked and let my negative thinking take over, but before it got too far, I called my drug court attorney. She told me she would call me back. When she did, she gave me a number to call for an interview.

I had no idea what I was walking into. What kind of place makes you interview? I thought being an addict was all it took. But I did the interview—and I got in. That was the beginning of my journey with Oxford House. At first, I wasn't sure about the place. The girls in the house acted like they cared, but in my head, I thought they were pretending—because who could love a person like me? But they did. They loved me before I could love myself. I wasn't completely sold on Oxford House, but I knew I had to stay for 90 days. Fake it till you make it, right? As my 90 days were coming up, an outreach worker named Tyler told me to give it three more months. I told him I'd think about it. That night, I really sat with my thoughts: Where do I truly have to go to stay safe and sober? And avoid prison? So, I decided to stay.

In the end, I lived in Oxford House for four and a half years—and it was exactly what I needed. I learned who I am, who I want to be, and how to become that person. During those years, I had incredible opportunities. I was part of starting the reentry program for the state, helping people like me who had been in jail and prison. I attended the World Convention in different states. They even trusted me to open not one, but two, Oxford Houses.

But my favorite part of it all? Helping the next person. Now, I have moved out of Oxford House, but I continue to be a part of it because they played a huge role in my recovery.





# THE BEST OXFORD HOUSE IN FLORIDA

**By obtaining this award you promise to uphold the Oxford House model and pass the torch to others.**



On Monday November 4th, 2024 Oxford House Sandy Bottom infiltrated Oxford House Banyan and obtained the trophy for the best house in the state.

**Do you want to win?**

## Requirements

1. No outstanding loans
2. 1 months surplus after bills
3. Savings account
4. Prove they are working a program of recovery
5. Owe less than \$350 in EES
6. Have their permanent charter
7. 2 or more members sit in on a house meeting before taking the trophy



# UNITY, EVENTS, AND FUNDRAISERS



**Orlando HSC Training**



**Ch 15 opening Monolith**



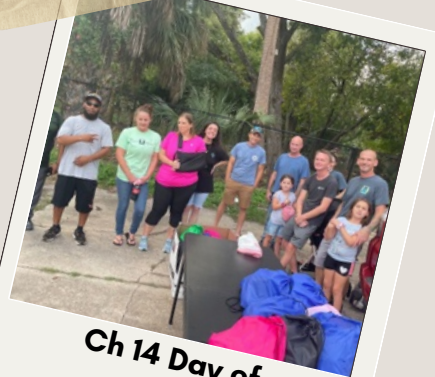
**Ch 15 Celebrating 1 yr Sober**



**Jacksonville July 4th Celebration**



**Regional Ruckus**



**Ch 14 Day of Service**



**Miami Chapter 23 Sober Rave**



**Palm Coast Chapter Meeting**



**Jacksonville Bingo Fundraiser**



# UNITY, EVENTS, AND FUNDRAISERS



Orlando OH Banyan Pool Party



SE Field Day



Orlando e Recovery Connections Anniversary



Polk County Day of Service



Chapter 16 Hurricane Clean-up



Chapter 8 Pride Festival



Halloween Party



Chapter 13 Beach Clean-up

By Senator Harrell

31-00455A-25

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A bill to be entitled  
An act relating to certified recovery residences;  
amending s. 397.311, F.S.; revising the definition of  
the term "certified recovery residence"; amending s.  
397.487, F.S.; requiring a credentialing entity to  
revoke a certified residence's certificate of  
compliance if the certified recovery residence  
willfully, knowingly, or intentionally provides false  
or misleading information to the credentialing entity;  
amending s. 397.4873, F.S.; revising applicability of  
provisions governing referrals to or from recovery  
residences; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (d) of subsection (5) of section  
397.311, Florida Statutes, is amended to read:

397.311 Definitions.—As used in this chapter, except part  
VIII, the term:

(5) "Certified recovery residence" means a recovery  
residence that holds a valid certificate of compliance and is  
actively managed by a certified recovery residence  
administrator.

(d) A Level IV certified recovery residence 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 required to be staffed  
24 hours a day and combine outpatient licensable services with



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30 recovery residential living. Residents are required to follow a  
31 treatment plan and attend group and individual sessions, in  
32 addition to developing a recovery plan within the social model  
33 of living in a sober lifestyle. No clinical services are  
34 provided at the residence, and all licensable services are  
35 provided offsite.

36 Section 2. Paragraph (e) of subsection (8) of section  
37 397.487, Florida Statutes, is amended to read:

38 397.487 Voluntary certification of recovery residences.—

39 (8) Onsite followup monitoring of a certified recovery  
40 residence may be conducted by the credentialing entity to  
41 determine continuing compliance with certification requirements.  
42 The credentialing entity shall inspect each certified recovery  
43 residence at least annually to ensure compliance.

44 (e) A credentialing entity must ~~shall~~ revoke a certified  
45 recovery residence's certificate of compliance if the certified  
46 recovery residence willfully, knowingly, or intentionally  
47 provides false or misleading information to the credentialing  
48 entity at any time.

49 Section 3. Paragraph (a) of subsection (2) of section  
50 397.4873, Florida Statutes, is amended to read:

51 397.4873 Referrals to or from recovery residences;  
52 prohibitions; penalties.—

53 (2) Subsection (1) does not apply to:

54 ~~(a) A licensed service provider under contract with a~~  
55 ~~managing entity as defined in s. 394.9082.~~

56 Section 4. This act shall take effect July 1, 2025.

By Senator Gruters

22-00993-25

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A bill to be entitled

An act relating to recovery residences; amending s. 397.403, F.S.; revising requirements for applicants for certified recovery residence licenses; amending s. 397.407, F.S.; providing that interim licenses may be issued by the Department of Children and Families to a new owner of a recovery residence; revising the definition of the term "transfer"; requiring the department to issue an interim license within a specified timeframe; providing that the department has a specified timeframe after receiving an application to review it for completeness; prohibiting the department from issuing an interim license when doing so would place the health, safety, or welfare of individuals at risk; prohibiting the expiration of an interim license; requiring that an interim license be converted to a regular license with a specified timeframe; authorizing the department to issue a probationary license to an existing licensed service provider if the department makes specified findings; providing applicability; providing that a probationary license, rather than an interim license, expires 90 days after it is issued; amending s. 397.415, F.S.; revising conditions under which the department may deny, suspend, or revoke the license of a service provider or the operation of any service component or location identified on the license; amending s. 397.487, F.S.; requiring that Level IV certified recovery residence providers undergo a recertification

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audit at a certain interval, subject to annual dues payments being made; providing that only the department may suspend or revoke a Level IV certified recovery residence provider's license; deleting a requirement that a certified recovery residence must immediately remove a person who is arrested for or convicted of a certain criminal offense; providing that a recovery residence is deemed a nontransient residential use of land for a specified purpose; prohibiting a local law, ordinance, or regulation from prohibiting or regulating a recovery residence in a multifamily structure; requiring a county or a municipality to allow certain certified recovery residences in specific zoned districts, without the need to obtain changes in certain zoning or land use; providing that certified recovery residences in multifamily structures are administratively approved and no further action by the governing body of the municipality or county is required under certain circumstances; authorizing a municipality or a county to deny the establishment of a certified Level IV recovery residence if the proposed use is adjacent to, or on two or more sides of, a parcel zoned for a specified use and within a certain single-family residential development; defining the term "adjacent to"; requiring that a municipality or a county reduce any local parking requirements for a proposed certified recovery residence by a specified percentage under certain circumstances; providing applicability;

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59 providing that certified recovery residences that  
60 provide housing to patients must maintain such  
61 patients' confidential records; amending s. 397.4871,  
62 F.S.; providing that the personnel-to-resident ratio  
63 for a certified recovery residence must be met only  
64 when the residents are at the residence; providing  
65 that a certified recovery residence administrator for  
66 Level IV certified recovery residences which maintains  
67 a specified personnel-to-patient ratio has no  
68 limitation on the number of residents it may manage;  
69 amending s. 397.501, F.S.; prohibiting an agency or a  
70 division from transmitting certain records to any  
71 other agency, division, or third party; providing an  
72 exception; revising liability for licensed service  
73 providers; amending s. 509.032, F.S.; providing  
74 construction; creating the Substance Abuse and  
75 Recovery Residence Efficiency Committee within the  
76 Department of Children and Families; requiring the  
77 department to provide the committee with  
78 administrative and staff support services; providing  
79 the purpose of the committee; providing the membership  
80 of the committee; requiring that appointments to the  
81 committee be made by a specified date; providing that  
82 each member serves at the pleasure of the person or  
83 body that appointed the member; requiring the  
84 committee to select a chair; requiring the committee  
85 to convene by a specified date and to meet monthly or  
86 upon the call of the chair; providing the duties of  
87 the committee; requiring the committee to submit a

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88 report to the Governor and the Legislature by a  
89 specified date; providing for future legislative  
90 review and repeal; reenacting s. 397.4104(2), F.S.,  
91 relating to record of recovery residences used by  
92 service providers, to incorporate the amendment made  
93 to s. 397.415, F.S., in a reference thereto;  
94 reenacting s. 397.4873(1) and (7), F.S., relating to  
95 referrals to or from recovery residences,  
96 prohibitions, and penalties, to incorporate the  
97 amendments made to ss. 397.415, 397.487, and 397.4871,  
98 F.S., in references thereto; reenacting ss.  
99 397.47891(12)(c), 394.47892(8)(c), 395.3025(3),  
100 397.334(10)(c), 397.752, and 400.494(1), F.S.,  
101 relating to veterans treatment court programs; mental  
102 health court programs; patient and personnel records,  
103 copies, examination; treatment-based drug court  
104 programs; scope of part; and information about  
105 patients confidential, respectively, to incorporate  
106 the amendment made to s. 397.501, F.S., in references  
107 thereto; providing an effective date.

108  
109 Be It Enacted by the Legislature of the State of Florida:

110  
111 Section 1. Paragraph (f) of subsection (1) of section  
112 397.403, Florida Statutes, is amended to read:

113 397.403 License application.—

114 (1) Applicants for a license under this chapter must apply  
115 to the department on forms provided by the department and in  
116 accordance with rules adopted by the department. Applications

22-00993-25

2025954\_\_

117 must include at a minimum:

118 (f) Proof of satisfactory fire, safety, and health  
119 inspections, ~~and compliance with local zoning ordinances.~~  
120 ~~Service providers operating under a regular annual license shall~~  
121 ~~have 18 months from the expiration date of their regular license~~  
122 ~~within which to meet local zoning requirements. Applicants for a~~  
123 ~~new license must demonstrate proof of compliance with zoning~~  
124 ~~requirements prior to the department issuing a probationary~~  
125 ~~license.~~

126 Section 2. Subsections (6), (7), and (9) of section  
127 397.407, Florida Statutes, are amended to read:

128 397.407 Licensure process; fees.—

129 (6) The department may issue probationary, regular, and  
130 interim licenses. The department may issue one license for all  
131 service components operated by a service provider and defined  
132 pursuant to s. 397.311(27). The license is valid only for the  
133 specific service components listed for each specific location  
134 identified on the license. The licensed service provider shall  
135 apply for the addition of any service components and obtain  
136 approval before initiating additional services. The licensed  
137 service provider must notify the department and provide any  
138 required documentation at least 30 days before the relocation of  
139 any of its service sites. Provision of service components or  
140 delivery of services at a location not identified on the license  
141 may be considered an unlicensed operation that authorizes the  
142 department to seek an injunction against operation as provided  
143 in s. 397.401, in addition to other sanctions authorized by s.  
144 397.415. Probationary, interim, and regular licenses may be  
145 issued only after all required information has been submitted. A



22-00993-25

2025954\_\_

license may ~~not~~ be transferred to a new owner consistent with  
the procedures set forth in s. 408.807. As used in this  
subsection, the term "transfer" means: includes, but is not  
~~limited to, the transfer of a majority of the ownership interest~~  
~~in the licensed entity or transfer of responsibilities under the~~  
~~license to another entity by contractual arrangement.~~

(a) An event in which a privately held licensee sells or  
otherwise transfers its ownership to a different individual or  
entity, as evidenced by a change in federal employer  
identification number or taxpayer identification number; or

(b) An event in which 51 percent or more of the ownership,  
shares, membership, or controlling interest of a licensee is in  
any manner transferred or otherwise assigned. A change solely in  
the management company or board of directors is not a change of  
ownership.

(7) Upon receipt of a complete application, payment of  
applicable fees, and a demonstration of substantial compliance  
with all applicable statutory and regulatory requirements, the  
department may issue a probationary license to a new service  
provider applicant with services that are not yet fully  
operational. The department shall ~~may not~~ issue an interim  
license within 30 calendar days after receipt of a complete  
application from an existing licensed service provider seeking  
to add services or one or more additional levels of care at an  
existing licensed location or at a new location. The department  
has 15 calendar days after receiving an application to review it  
for completeness. The department may not issue a probationary or  
an interim license when doing so would place the health, safety,  
or welfare of individuals at risk. A probationary license

22-00993-25

2025954\_\_

175 expires 90 days after issuance and may not be reissued. An  
176 interim license issued pursuant to this part may not expire and  
177 must be converted to a regular license within 80 days after  
178 issuance. During the ~~probationary~~ period of time a licensee is  
179 providing services under a probationary license, the department  
180 shall monitor the delivery of services. Notwithstanding s.  
181 120.60(5), the department may order a probationary licensee to  
182 cease and desist operations at any time it is found to be  
183 substantially out of compliance with licensure standards. This  
184 cease-and-desist order is exempt from the requirements of s.  
185 120.60(6).

186 (9) The department may issue a probationary ~~an interim~~  
187 license to an existing licensed a service provider for a period  
188 established by the department which does not exceed 90 days if  
189 the department finds that:

190 (a) A service component of the provider is in substantial  
191 noncompliance with licensure standards;

192 (b) The service provider has failed to provide satisfactory  
193 proof of conformance to fire, safety, or health requirements; or

194 (c) The service provider is involved in license suspension  
195 or revocation proceedings.

196  
197 A probationary ~~An interim~~ license applies only to the licensable  
198 service component of the provider's services which is in  
199 substantial noncompliance with statutory or regulatory  
200 requirements. A probationary ~~An interim~~ license expires 90 days  
201 after it is issued; however, it may be reissued once for an  
202 additional 90-day period in a case of extreme hardship in which  
203 the noncompliance is not attributable to the licensed service

22-00993-25

2025954\_\_

provider. If the service provider is appealing the final disposition of license suspension or revocation proceedings, the court before which the appeal is taken may order the extension of the probationary ~~interim~~ license for a period specified in the order.

Section 3. Paragraph (d) of subsection (1) of section 397.415, Florida Statutes, is amended to read:

397.415 Denial, suspension, and revocation; other remedies.—

(1) If the department determines that an applicant or licensed service provider or licensed service component thereof is not in compliance with all statutory and regulatory requirements, the department may deny, suspend, revoke, or impose reasonable restrictions or penalties on the license or any portion of the license. In such case:

(d) The department may deny, suspend, or revoke the license of a service provider or may suspend or revoke the license as to the operation of any service component or location identified on the license for:

1. False representation of a material fact in the license application or omission of any material fact from the application.

2. An intentional or negligent act materially affecting the health or safety of an individual receiving services from the provider.

3. A violation of this chapter or applicable rules.

4. A demonstrated pattern of deficient performance.

5. Failure to timely notify the department of ~~immediately remove~~ service provider personnel subject to background

22-00993-25

2025954\_\_

screening pursuant to s. 397.4073 who no longer meet the Level 2  
screening standards set forth in s. 435.04 ~~are arrested or found~~  
~~guilty of, regardless of adjudication, or have entered a plea of~~  
~~nolo contendere or guilty to any offense prohibited under the~~  
~~screening standard and notify the department~~ within 2 days after  
an event or circumstance that causes such personnel to fail to  
meet such standards ~~such removal~~, excluding weekends and  
holidays.

Section 4. Subsection (7) and paragraphs (a) and (d) of  
subsection (8) of section 397.487, Florida Statutes, are  
amended, and subsections (15) and (16) are added to that  
section, to read:

397.487 Voluntary certification of recovery residences.—

(7) A credentialing entity shall issue a certificate of  
compliance upon approval of the recovery residence's application  
and inspection. The certification shall automatically terminate  
1 year after issuance if not renewed. A Level IV certified  
recovery residence provider must undergo a recertification audit  
once every 3 years, subject to annual dues to the Florida  
Association of Recovery Residences.

(8) Onsite followup monitoring of a certified recovery  
residence may be conducted by the credentialing entity to  
determine continuing compliance with certification requirements.  
The credentialing entity shall inspect each certified recovery  
residence at least annually to ensure compliance.

(a) A credentialing entity may suspend or revoke a  
certification if the recovery residence is not in compliance  
with ~~any provision of~~ this section or has failed to remedy any  
deficiency identified by the credentialing entity within the



22-00993-25

2025954\_\_

time period specified, except for a Level IV certified recovery residence provider, for which only the department is authorized to suspend or revoke a certification following the licensure procedures pursuant to chapter 120.

(d) If any owner, director, or chief financial officer of a certified recovery residence is arrested and awaiting disposition for or found guilty of, or enters a plea of guilty or nolo contendere to, regardless of whether adjudication is withheld, any offense listed in s. 435.04(2) while acting in that capacity, the certified recovery residence must ~~immediately remove the person from that position and~~ notify the credentialing entity within 3 business days after such event or circumstance removal. The credentialing entity must revoke the certificate of compliance of a certified recovery residence that fails to meet these requirements.

(15) (a) A certified recovery residence is deemed a nontransient residential use of land for purposes of all local zoning ordinances. A local law, ordinance, or regulation may not prohibit certified recovery residences or regulate the duration or frequency of use of a certified recovery residence in a multifamily structure.

(b) Notwithstanding any other law or local ordinance or regulation to the contrary, a municipality or county must allow the establishment of a certified recovery residence in all districts zoned multifamily residential as an allowable use and must allow a structure originally constructed and permitted for multifamily purposes to be used as a certified recovery residence, allowing up to two residents per bedroom, without the need to obtain a zoning or a land use change, a special

22-00993-25

2025954\_\_

exception, a conditional use approval, a variance, or a comprehensive plan amendment for the zoning and densities authorized under this subsection.

(c) All certified recovery residences in multifamily structures are administratively approved and no further action by the governing body of the municipality or county is required if the use satisfies this section.

(d) A municipality or a county may deny the establishment of a Level IV certified recovery residence if the proposed use is adjacent to, or on two or more sides of, a parcel zoned for single-family residential use and is within a single-family residential development with at least 25 contiguous single-family homes. For the purposes of this paragraph, the term "adjacent to" means those properties sharing more than one point of a property line, but the term does not include properties separated by a public road.

(e) A municipality or a county must reduce any local parking requirements for a proposed certified recovery residence by 50 percent if the property is located within one-quarter mile of a transit stop and the transit stop is accessible from the residence.

(f) This section does not apply to any certified recovery residence provider that was not voluntarily certified by the certifying entity in s. 397.487 on or before July 1, 2025.

(16) Certified recovery residences that provide housing to patients undergoing treatment must comply with and be subject to s. 397.501(7) regarding confidential information pertaining to such patients.

Section 5. Paragraph (c) of subsection (8) of section

22-00993-25

2025954\_\_

397.4871, Florida Statutes, is amended to read:

397.4871 Recovery residence administrator certification.—  
(8)

(c) Notwithstanding paragraph (b), a Level IV certified recovery residence operating as community housing as defined in s. 397.311(9), 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, may actively manage up to 150 residents so long as the licensed service provider maintains a service provider personnel-to-patient ratio of 1 to 8 and maintains onsite supervision at the residence 24 hours a day, 7 days a week, during times when residents are at the residence and with a personnel-to-resident ratio of 1 to 10. A certified recovery residence administrator for Level IV certified recovery residences which maintains a personnel-to-resident ratio of 1 to 6, pursuant to this section, has no limitation on the number of residents it may manage. A certified recovery residence administrator who has been removed by a certified recovery residence due to termination, resignation, or any other reason may not continue to actively manage more than 50 residents for another service provider or certified recovery residence without being approved by the credentialing entity.

Section 6. Paragraph (a) of subsection (7) and subsection (10) of section 397.501, Florida Statutes, are amended to read:

397.501 Rights of individuals.—Individuals receiving substance abuse services from any service provider are guaranteed protection of the rights specified in this section, unless otherwise expressly provided, and service providers must

22-00993-25

2025954\_\_

ensure the protection of such rights.

(7) RIGHT TO CONFIDENTIALITY OF INDIVIDUAL RECORDS.—

(a) The records of service providers which pertain to the identity, diagnosis, and prognosis of and service provision to any individual are confidential in accordance with this chapter and with applicable federal confidentiality regulations and are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Such records may not be disclosed without the written consent of the individual to whom they pertain except that appropriate disclosure may be made without such consent:

1. To medical personnel in a medical emergency.

2. To service provider personnel if such personnel need to know the information in order to carry out duties relating to the provision of services to an individual.

3. To the secretary of the department or the secretary's designee, for purposes of scientific research, in accordance with federal confidentiality regulations, but only upon agreement in writing that the individual's name and other identifying information will not be disclosed.

4. In the course of review of service provider records by persons who are performing an audit or evaluation on behalf of any federal, state, or local government agency, or third-party payor providing financial assistance or reimbursement to the service provider; however, reports produced as a result of such audit or evaluation may not disclose names or other identifying information and must be in accordance with federal confidentiality regulations. When an agency or a division of the state comes into possession of such records under its regulatory authority, such records may not be transmitted to any other

22-00993-25

2025954\_\_

government agency or third party for any purpose except for the purpose of the agency or division collecting such records.

5. Upon court order based on application showing good cause for disclosure. In determining whether there is good cause for disclosure, the court shall examine whether the public interest and the need for disclosure outweigh the potential injury to the individual, to the service provider and the individual, and to the service provider itself.

(10) LIABILITY AND IMMUNITY.—

(a) A licensed service provider or a service provider personnel who violate or abuse any right or privilege of an individual under this chapter are liable for damages as determined by law.

(b) All persons acting in good faith, reasonably, and without negligence in connection with the preparation or execution of petitions, applications, certificates, or other documents or the apprehension, detention, discharge, examination, transportation, or treatment of a person under the provisions of this chapter shall be free from all liability, civil or criminal, by reason of such acts, except for the illegal use or disclosure of trade secrets as defined in s. 812.081 and chapter 688.

Section 7. Paragraph (d) is added to subsection (7) of section 509.032, Florida Statutes, to read:

509.032 Duties.—

(7) PREEMPTION AUTHORITY.—

(d) This chapter may not be construed to authorize the department to regulate certified recovery residences pursuant to ss. 397.311 and 397.487. A recovery residence is deemed a

22-00993-25

2025954\_\_

nontransient residential use of land for purposes of all local zoning ordinances.

Section 8. Substance Abuse and Recovery Residence Efficiency Committee.—

(1) CREATION.—The Substance Abuse and Recovery Residence Efficiency Committee, a committee as defined in s. 20.03(5), Florida Statutes, is created within the Department of Children and Families. The department shall provide administrative and staff support services relating to the functions of the committee.

(2) PURPOSE.—The purpose of the committee is to quickly identify and remedy issues related to the treatment, reimbursement, certification, and licensure of substance abuse treatment facilities licensed under chapter 397, Florida Statutes, and operating in this state.

(3) MEMBERSHIP; MEETINGS.—

(a) The committee is composed of the following members:

1. A member of the Senate, appointed by the President of the Senate.

2. A member of the House of Representatives, appointed by the Speaker of the House of Representatives.

3. A member appointed by the secretary of the Department of Children and Families.

4. A member appointed by the secretary of the Agency for Health Care Administration.

5. The deputy secretary of the Agency for Health Care Administration or other member of the agency tasked with oversight of the Division of Medicaid, or his or her designee.

6. A member appointed by the Commissioner of Insurance



22-00993-25

2025954\_\_

436 Regulation.

437 7. A representative of a Level IV certified recovery  
438 residence, as defined in s. 397.311, Florida Statutes, appointed  
439 by the Secretary of the Agency for Health Care Administration.

440 8. The President of the Florida Association of Recovery  
441 Residences, upon approval by the association board.

442 (b) Appointments to the committee must be made by August 1,  
443 2025. Each member serves at the pleasure of the official or body  
444 that appointed the member. A vacancy on the committee must be  
445 filled in the same manner as the original appointment.

446 (c) The committee shall select a member as chair at its  
447 first meeting.

448 (d) The committee shall convene no later than August 15,  
449 2025. The committee shall meet monthly or upon the call of the  
450 chair. The committee may hold its meetings through  
451 teleconference or other electronic means.

452 (4) DUTIES.—The duties of the committee include all of the  
453 following:

454 (a) Analyzing the current regulatory framework to determine  
455 areas of inefficiency.

456 (b) Identifying issues that impede the effective treatment  
457 of individuals who have a substance use disorder.

458 (c) Assessing the relationship between substance abuse  
459 treatment providers and public and private payors.

460 (d) Assessing the comprehensiveness and effectiveness of  
461 existing policies and procedures for oversight of licensed  
462 substance abuse treatment providers.

463 (e) Evaluating the state's approaches to agency  
464 jurisdiction over substance abuse treatment and its

22-00993-25

2025954\_\_

reimbursement, and specifically whether it is appropriate for the Department of Children and Families to maintain jurisdiction over substance abuse programs or treatment and recovery residence providers.

(f) Determining actions that can be taken under the respective agencies' existing rulemaking authority to alleviate any issues that the committee has identified.

(g) Determining legislative action that must be taken to alleviate issues that the committee has identified for which the respective agencies do not have the necessary rulemaking authority.

(h) Determining legislative action that would transfer licensure and regulation of substance abuse treatment to the Agency for Health Care Administration.

(5) REPORT.—By October 1, 2025, the committee shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives a report that compiles the findings and recommendations of the committee.

(6) REPEAL.—This section is repealed December 31, 2025, unless reviewed and saved from repeal through reenactment by the Legislature.

Section 9. For the purpose of incorporating the amendment made by this act to section 397.415, Florida Statutes, in a reference thereto, subsection (2) of section 397.4104, Florida Statutes, is reenacted to read:

397.4104 Record of recovery residences used by service providers.—

(2) Beginning July 1, 2022, a licensed service provider that violates this section is subject to an administrative fine

22-00993-25

2025954\_\_

of \$1,000 per occurrence. The department may suspend or revoke a service provider's license pursuant to s. 397.415 for repeat violations of this section.

Section 10. For the purpose of incorporating the amendments made by this act to sections 397.415, 397.487, and 397.4871, Florida Statutes, in references thereto, subsections (1) and (7) of section 397.4873, Florida Statutes, are reenacted to read:

397.4873 Referrals to or from recovery residences; prohibitions; penalties.—

(1) A service provider licensed under this part may not make a referral of a prospective, current, or discharged patient to, or accept a referral of such a patient from, a recovery residence unless the recovery residence holds a valid certificate of compliance as provided in s. 397.487 and is actively managed by a certified recovery residence administrator as provided in s. 397.4871.

(7) A licensed service provider that violates this section is subject to an administrative fine of \$1,000 per occurrence. If such fine is imposed by final order of the department and is not subject to further appeal, the service provider shall pay the fine plus interest at the rate specified in s. 55.03 for each day beyond the date set by the department for payment of the fine. If the service provider does not pay the fine plus any applicable interest within 60 days after the date set by the department, the department shall immediately suspend the service provider's license. Repeat violations of this section may subject a provider to license suspension or revocation pursuant to s. 397.415. The department shall establish a mechanism no later than January 1, 2024, for the imposition and collection of

22-00993-25

2025954\_\_

523 fines for violations under this section.

524       Section 11. For the purpose of incorporating the amendment  
525 made by this act to section 397.501, Florida Statutes, in a  
526 reference thereto, paragraph (c) of subsection (12) of section  
527 394.47891, Florida Statutes, is reenacted to read:

528       394.47891 Veterans treatment court programs.—

529       (12) PUBLIC RECORDS EXEMPTION.—

530       (c) If such confidential and exempt information is a  
531 substance abuse record of a service provider that pertains to  
532 the identity, diagnosis, or prognosis of or provision of  
533 services to a person, such information may be disclosed pursuant  
534 to s. 397.501(7).

535       Section 12. For the purpose of incorporating the amendment  
536 made by this act to section 397.501, Florida Statutes, in a  
537 reference thereto, paragraph (c) of subsection (8) of section  
538 394.47892, Florida Statutes, is reenacted to read:

539       394.47892 Mental health court programs.—

540       (8)

541       (c) If such confidential and exempt information is a  
542 substance abuse record of a service provider that pertains to  
543 the identity, diagnosis, and prognosis of or provision of  
544 services to a person, such information may be disclosed pursuant  
545 to s. 397.501(7).

546       Section 13. For the purpose of incorporating the amendment  
547 made by this act to section 397.501, Florida Statutes, in a  
548 reference thereto, subsection (3) of section 395.3025, Florida  
549 Statutes, is reenacted to read:

550       395.3025 Patient and personnel records; copies;  
551 examination.—

22-00993-25

2025954\_\_

(3) This section does not apply to records of substance abuse impaired persons, which are governed by s. 397.501.

Section 14. For the purpose of incorporating the amendment made by this act to section 397.501, Florida Statutes, in a reference thereto, paragraph (c) of subsection (10) of section 397.334, Florida Statutes, is reenacted to read:

397.334 Treatment-based drug court programs.—

(10)

(c) Records of a service provider which pertain to the identity, diagnosis, and prognosis of or provision of service to any person shall be disclosed pursuant to s. 397.501(7).

Section 15. For the purpose of incorporating the amendment made by this act to section 397.501, Florida Statutes, in a reference thereto, section 397.752, Florida Statutes, is reenacted to read:

397.752 Scope of part.—An inmate's substance abuse service records are confidential in accordance with s. 397.501(7). No other provision of parts I-VII of this chapter applies to inmates except as indicated by the context or specified.

Section 16. For the purpose of incorporating the amendment made by this act to section 397.501, Florida Statutes, in a reference thereto, subsection (1) of section 400.494, Florida Statutes, is reenacted to read:

400.494 Information about patients confidential.—

(1) Information about patients received by persons employed by, or providing services to, a home health agency or received by the licensing agency through reports or inspection shall be confidential and exempt from the provisions of s. 119.07(1) and shall only be disclosed to any person, other than the patient,

22-00993-25

2025954\_\_

as permitted under the provisions of 45 C.F.R. ss. 160.102,  
160.103, and 164, subpart A, commonly referred to as the HIPAA  
Privacy Regulation; except that clinical records described in  
ss. 381.004, 384.29, 385.202, 392.65, 394.4615, 395.404,  
397.501, and 760.40 shall be disclosed as authorized in those  
sections.

Section 17. This act shall take effect July 1, 2025.



## **News Release**

For immediate release: Friday, March 7, 2025

For More Information: 561-355-4718

### **Palm Beach County Community Services Department Accepting Notice of Funding Opportunity (NOFO) Applications**

Palm Beach County Board of County Commissioners (BCC), Community Services Department (CSD) invites eligible entities to submit proposals for the FY 2026 – 2028 Opioid Settlement Funds (OSF) and Financially Assisted Agencies (FAA) Behavioral Health and Substance Use Disorder (BHSUD) NOFO. Proposed FY 206-2028 OSF and FAA BHSUD NOFO programs and services should address strategies and best practices that demonstrate positive change toward the Department's goal of stabilizing clients in crisis and moving clients along the recovery-oriented system of care toward building resilient and recovery-ready individuals and communities.

**Funding will be distributed for each Category/Subcategory as follows:**

#### **I. OSF Program Service**

1. Recovery Supports
2. Community Education and Engagement
  - Family Supports
  - Community Engagement/Recovery Ready Communities
  - SBIRT
  - Community Drug Disposal
3. Deep-End Treatment Category

#### **II. FAA BHSUD Services**

1. Support Services
  - Crisis Support
  - Case Management/Care Coordination
  - Peer Support
  - Housing Supportive Services
  - Supportive Employment
2. Community-Based Treatment and Services Category
  - Outpatient Services:
  - In-home or Onsite Day Treatment
3. Deep-End Treatment Category
  - Crisis Stabilization
  - Medical Detox
  - Inpatient/ Residential Services

#### **IV. Continuous Quality Improvement / Management**

Proposers may submit an application for funding of more than one service/program. The Notice of Funding Opportunity (NOFO) will be available on March 7, 2025. The Information Guide and FAQ can be found on the following webpage:

<https://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx>.

The deadline to submit a proposal is 12 p.m. April 7, 2025. The Technical Assistance Conference will be held in-person and virtually on March 12, 2025.

For more information or to create a Vendor Account, please visit:

<https://pbcvssp.co.palm-beach.fl.us/webapp/vssp/AltSelfService>

For questions or more information pertaining to the notice of funding or the Palm Beach County Community Services Department (CSD) Financially Assisted Agencies (FAA), please email: [CSD-FAARFP@PBC.GOV](mailto:CSD-FAARFP@PBC.GOV).

**Opioid Settlement Funds  
&  
Financially Assisted Agencies  
Behavioral Health & Substance Use Disorders  
Notice of Funding Opportunity**

**FY 2026 – 2028**

**State Attorney's Addiction Recovery Task Force**

**March 19, 2025**



## ADVANCING A RESILIENCE AND RECOVERY ECOSYSTEM OF CARE ONE INITIATIVE, ONE INDICATOR AT A TIME

### Behavioral Health and Substance Use Disorder Plan 2024

Palm Beach County  
Advisory Committee on  
Behavioral Health, Substance Use  
and Co-Occurring Disorders

It is time we ... stopped focusing on brief episodes of biopsychosocial stabilization. It is time for national, state, and local initiatives to create recovery-oriented systems of care that can promote this model of sustained recovery management.

William L. White, MA  
*Recovery Management and Recovery Oriented  
Systems of Care: Scientific Rationale and  
Promising Approaches*

BCC approved the establishment of the Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorders  
(November 1, 2022)

- Charged with enhancing the County's capacity and effectiveness in formulating behavioral health and substance use disorder policies as well as to offer recommendations regarding the County's provision of services to its citizens
- Submit Annual Plan to BCC that evaluates mechanisms for behavioral health and substance use disorder services and recommend any changes that may improve the quality, long-term recovery outcomes, and coordination of these services.
- Responsible for making recommendations on responding to the opioid epidemic, as provided in section 17.42 of the Florida Statutes (2022), entitled "Opioid Settlement Clearing Trust Fund".

ADVANCING A RESILIENCE AND RECOVERY ECOSYSTEM OF CARE  
ONE INITIATIVE, ONE INDICATOR AT A TIME

Behavioral Health  
and Substance Use  
Disorder Plan  
2024

Palm Beach County  
Advisory Committee on  
Behavioral Health, Substance Use  
and Co-Occurring Disorders

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William L. White, MA  
*Recovery Management and Recovery Oriented  
Systems of Care: Scientific Rationale and  
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A. Overarching Priority Recommendations			
2022		Status	
1.	BCC enactment of ordinance designating lead entity granting it leadership, budget, planning and monitoring authority.	1.	C
2.	Advocate for policies and legislation which advance person-centered, recovery-oriented systems of care and essential services that meet individual's needs and are readily accessible and integrated.	2.	IP
		3.	IP
		4.	IP
3.	Identify and provide sustainable resources (essential services) for individuals re-entering the community such as those provided through the Community Services Department's federal grant research project, Comprehensive Opioid, Stimulant, Substance Abuse Program (COSSAP). (Housing and peer support, care coordination, flex funds).		
4.	Implement person-centered, recovery-oriented system of care that is readily accessible and integrated inclusive of Neutral Care Coordination; Care Provider Network and Recovery Supports to ease transitions and continuity of care, remove barriers and improve long-term recovery outcomes.		
2024			
1.	Recommendation to BCC that the County lead and/or support comprehensive planning process between SEFBHN, HCD and other community partners to drive alignment, coordination, shared commitments, shared accountability, and clarify roles and responsibilities.		

# ADVANCING A RESILIENCE AND RECOVERY ECOSYSTEM OF CARE ONE INITIATIVE, ONE INDICATOR AT A TIME

## Behavioral Health and Substance Use Disorder Plan 2024

Palm Beach County  
Advisory Committee on  
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Systems of Care: Scientific Rationale and  
Promising Approaches*

### Mission

To ensure access to individualized person-centered, recovery-oriented care and supports through integrated and coordinated services using a “no-wrong door” approach for all Palm Beach County residents in need.

### Vision

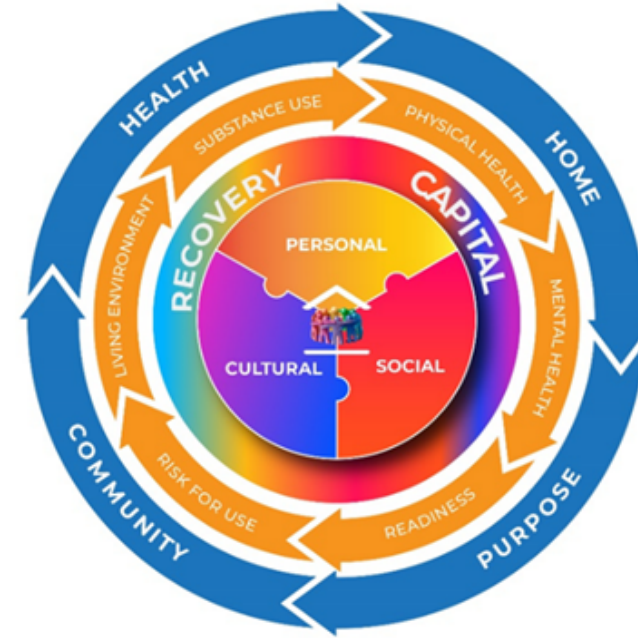
To have a fully integrated and coordinated person-centered, recovery-oriented system of care that employs neutral care coordination and recovery as well as peer supports that focus on:

- Individual needs and assessment of each person holistically.
- Evaluation of personal resiliency and risk factors utilizing recovery capital indexing.
- Strength-based, accessible and available services to any person seeking improved outcomes for mental illness, substance use and/or co-occurring disorders.



# ADVANCING A RESILIENCE AND RECOVERY ECOSYSTEM OF CARE ONE INITIATIVE, ONE INDICATOR AT A TIME

- Programs and services provided within the County's Resilience and Recovery Ecosystem of Behavioral Health and Substance Use Disorder Care
- Emphasizes resilience and social determinants of health with the aim toward building resilient and recovery-ready individuals and communities
- Clear system of care path that is person-centered and recovery-oriented care.
- Focused on improved long-term recovery outcomes and increased resiliency rather than solely on acute- and crisis-centric care.



- **Macro level** is concerned with interaction and interdependence of individuals with their surrounding physical, social, and cultural systems.
- **Meso level** provides a non-conflicted entity serving as a single point of contact providing assessment, level of care determination.
- **Micro level** aims to increase an individual's recovery capital through network of "recovery hubs" and other support services providing nonclinical resources.



# ADVANCING A RESILIENCE AND RECOVERY ECOSYSTEM OF CARE

## ONE INITIATIVE, ONE INDICATOR AT A TIME



Measure initiatives through a resilience and recovery capital framework because of its ability to capture resilience, health, well-being, social determinants of health, and risk factors.

- Social Capital domain shows the highest correlation with changes in Total RCI scores, suggesting that improvements in social relationships and support systems are strongly linked to overall recovery capital growth.
  - "Social Network" indicator is particularly influential,
- Personal Capital domain shows a high correlation with Total RCI changes, emphasizing the role of personal well-being, including mental and emotional health, education, and employment.

5 Indicators of Resilience	Avg.	5 Indicators of Risk	Avg.	Domains	Avg.
Sense of Purpose	79.0	Financial Wellbeing	39.87	Cultural Capital	71.73
Beliefs	74.36	Employment	48.46	Social Capital	62.96
Safety	70.27	Housing/Living Situation	50.42	Personal Capital	55.26
Healthy Lifestyle	70.06	Transportation	53.75		
Values	69.64	Access to Healthcare	54.98	Total RCI	63.32

# **Overview of Behavioral Health & Substance Use Disorders Categories & Sub-Categories**

**Opioid Settlement Funds**



# OSF

## Behavioral Health and Substance Use Disorders Categories

- Recovery Supports Category
- Community-Education and Engagement Category
  - Family Supports
  - Community Engagement/Recovery Ready Communities
  - SBIRT
  - Community Drug Disposal
- Deep-End Treatment

### Priority Population:

- Marginalized communities will receive priority consideration within the following areas: Tri-city Glades, Riviera Beach, West Palm Beach, Lake Worth Beach, Delray Beach. Marginalized groups include racial and ethnic communities, LGBTQIA+ individuals, those living in poverty, and people with disabilities who face disproportionately high rates of substance use and behavioral health disorders.
- Entering into collaborative partnerships through MOUs or MOAs that are directly connected to the proposal and that start at the beginning with planning and developing the proposal will be given more weight within this prioritized population. This type of collaborative partnership would include joint planning and mentoring throughout the process of preparation and implementation.

The initial contract period is August 1, 2025 – September 30, 2025

2 CFR applies and Admin Expenses are limited to 5%

## STRATEGIES – OSF / RECOVERY SUPPORTS

Expand interventions deployed by County's COSSUP project to populations beyond criminal-justice involved individuals to include peer support, care coordination as well as financial support for situational-related expenses

.

- Focus on Social Determinants of Health, resilience and risk factors

## **STRATEGIES – OSF / COMMUNITY EDUCATION & ENGAGEMENT / FAMILY SUPPORTS**

Provide community-based supports to families experiencing a family members' substance use or co-occurring disorder, particularly for parents or grandparents who face a variety of emotional, legal and daily living challenges as they unexpectedly find themselves in the position of raising a second family.



# **STRATEGIES – OSF / COMMUNITY EDUCATION & ENGAGEMENT / COMMUNITY ENGAGEMENT/ RECOVERY READY COMMUNITIES**

Provide community education and engagement activities that develop relationships, strategic partnerships, and collaborative agreements which will enable diverse groups to work together to address substance use and co-occurring disorder-related issues.

- Strengthen community member and community resilience and capacity at addressing substance use or co-occurring disorder and enable community members and local residents to make informed choices.
- Needs led and provided in a manner that builds community members and local residents strengths.



# **STRATEGIES – OSF / COMMUNITY EDUCATION & ENGAGEMENT / SCREENING, BRIEF INTERVENTION, REFER TO TREATMENT (SBIRT)**

Implement the SBIRT public health model for individuals in various primary and behavioral health settings to identify and treat those who use alcohol and other drugs at risky levels.

## **COMMUNITY EDUCATION & ENGAGEMENT / COMMUNITY DRUG DISPOSAL**

Enhance and expand drug disposal programs in order to accept expired, unwanted, or unused medicines from designated users and dispose of them responsibly.

# STRATEGIES – OSF / DEEP-END TREATMENT

Deep-End Treatment includes:

Inpatient, Residential, Residential-Levels 1, 2, and 4,  
Room and Board-Levels 2 and 3.

Priority population: Women, pregnant and parenting women.



# Opioid Settlement Funds

## Funding Allocation

Category	Sub Category	Estimated Funds Available
<b>Recovery Supports</b>		
<b>Focus Population:</b> Young Adults, Adults, and Families		\$1,000,000.00
<b>Community Education and Engagement Category</b>		
<b>Focus Population:</b> Young Adults, Adults, and Families	Family Supports	\$1,000,000.00
	Community Engagement/Recovery Ready Communities	\$1,000,000.00
	SBIRT	\$350,000.00
	Community Drug Disposal	\$150,000.00
	<b>Subtotal</b>	<b>\$3,500,000.00</b>
<b>Deep-End Treatment Category</b>		
<b>Focus Population:</b> Women, pregnant and parenting women	Inpatient, Residential, Residential-Levels 1, 2, and 4, Room and Board-Levels 2 and 3	\$775,745.00
	<b>Subtotal</b>	\$775,745.00
	<b>TOTAL</b>	<b>\$4,275,745.00</b>

\* Funding availability/recommendations are subject to BCC approval



# **Overview of Behavioral Health & Substance Use Disorders Categories & Sub Categories**

**Financially Assisted Agencies**

# FAA Behavioral Health and Substance Use Disorders Category

Substance Use and Behavioral Health Disorders Service Category for FAA funding includes services and interventions necessary to assist young adults (ages 19-24), adults, and families who are experiencing behavioral health, mental health, substance use disorder, co-occurring psychiatric and substance use disorders that impair overall functioning and affect quality of life. Services within the Substance Use and Behavioral Health Disorders Service Category are:

- Support Services
- Community-Based Treatment and Services
- Deep-End Treatment

## **Priority Population:**

- Marginalized communities will receive priority consideration within the following areas: Tri-city Glades, Riviera Beach, West Palm Beach, Lake Worth Beach, Delray Beach. Marginalized groups include racial and ethnic communities, LGBTQIA+ individuals, those living in poverty, and people with disabilities who face disproportionately high rates of substance use and behavioral health disorders.
- Entering into collaborative partnerships through MOUs or MOAs that are directly connected to the proposal and that start at the beginning with planning and developing the proposal will be given more weight within this prioritized population. This type of collaborative partnership would include joint planning and mentoring throughout the process of preparation and implementation.

# Support Services Category

- Intervention methods incorporating and emphasizing the **Social Determinants of Health (SDoH)**
- Providing non-clinical supportive services is an integral part of supporting clients through recovery, improving health outcomes, and reducing the likelihood of relapse or recidivism.
- This service category aims to provide support services to individuals who may have substance use and/or behavioral health disorders through nonclinical services, including peer support, linkages to housing, employment and job training, and social and recreational activities intended for people in or seeking recovery.

## Support Services Subcategories

- Crisis Support (i.e., Mobile Support)
- Case Management/Care Coordination
- Peer Support
- Housing Supportive Services (Support Services Only, Not dwelling)
- Supportive Employment

**Population-** Young Adults, Adults, Families

# Community-Based Treatment & Services Category

This service category aims to provide community-based treatment & Services to individuals who may have substance use and/or behavioral health disorders through clinical services

## Community-Based Treatment & Services Subcategories

- Outpatient Services (Counseling/Therapy Services, Non-Residential\*, Psychiatric care & Medication Management, Support groups, MAT/MAR)
- In-home or Onsite Day Treatment (including Partial Hospitalization Programs (PHP), Intensive Outpatient Programs (IOPs))

**Population-** Young Adults, Adults, Families

\*Includes Adolescents ages 15-18



# Deep-End Treatment Services

This service category aims to provide community-based treatment & Services to individuals who may have substance use and/or behavioral health disorders through clinical services

## Deep-end Treatment

- Crisis Stabilization\*
- Medical Detox\*
- Inpatient/Residential\*

**Population-** Young Adults, Adults, Families

\*Includes Adolescents ages 15-18

# Financially Assisted Agencies

## Funding Allocation

Category	Sub Category	Estimated Funds Available
Support Services Category  <b>Focus Population:</b> Young Adults, Adults, and Families	Crisis Support	
	Case Management/Care Coordination	
	Peer Support	
	Housing Supportive Services	
	Supportive Employment	
Community-Based Treatment and Services Category  <b>Focus Population:</b> Young Adults, Adults, and Families	Outpatient Services (Counseling/Therapy Services, Non-Residential (this service only includes adolescents age 15-18 in the focus population), Psychiatric care & Medication Management, Support groups, Medication Assisted Therapy)	
	In-home or Onsite Day Treatment	
Deep-End Treatment Category  <b>Focus Population:</b> Adolescents, Young Adults, Adults, and Families	Crisis Stabilization	
	Medical Detox	
	Inpatient/ Residential Services	
CQM Projects (5% of program budget)		
<b>FAA TOTAL</b>		<b>\$5,439,539</b>

\* Funding availability/recommendations are subject to BCC approval

# Trump county residents worry Medicaid cuts could throw them back into opioid spiral

Cleve R. Wootson Jr. :: 3/16/2025

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The president has said entitlement programs like Medicaid, Medicare and Social Security will remain untouched, even as he pushes for a contraction of federal spending.



Candice Fee at a recovery house in Harlan County, Kentucky, on Friday.  
(Allison Joyce)



By [Cleve R. Wootson Jr.](#)

HARLAN, Ky. — Candice Fee isn't sure who's right in the debate over the future of Medicaid: the Republican president whose party says it will leave federal health funding intact as it seeks to slice billions in government spending or the Democrats who warn that the broadcuts the president has promised can't happen without carving into one of the government's most costly programs.

But if Medicaid is axed, Fee knows exactly what will happen to the life she has pieced back together after decades of addiction.

“If it were to go away today, I would be homeless tomorrow. I would lose everything. All my counseling, all my treatment. I would absolutely be homeless tomorrow,” said Fee, 42, who has lived in Harlan all her life, most of it spent in a cycle of addiction and rehabilitation. A Medicaid-funded treatment program she entered last year has her feeling, for the first time, optimistic about not living a life dominated by substance abuse.

In group meetings, she and other recovering addicts talk about the benefits of an injection that reduces the desire for opioids. They mull the role of talk therapy in their rehabilitation. And, increasingly, they worry over a Washington funding debate that has left their future uncertain.

“I am stepping out onto my own, getting my house with my kids sooner or later. But if I lost [Medicaid-funded treatment] today, I would lose my job, I would lose everything that I’ve worked so hard to rebuild over the last year,” said Fee, who can’t vote because she has a felony conviction, but is not a supporter of President Donald Trump. “If [Trump] takes the things that they’re saying, it’s going to be devastation for eastern Kentucky for sure. We’re scraping off the bottom already.”

Almost 90 percent of voters in this Appalachian county in Kentucky’s southeastern corner voted for Trump, who has said his party’s effort to eradicate waste, fraud and abuse will culminate in a “big, beautiful bill” that will lay the groundwork for slicing at least \$1.5 trillion from the federal budget in the next decade. The president has repeatedly said entitlement programs such as Medicaid, Medicare and Social Security will remain untouched, even as he pushes for a contraction of broader federal spending.



Fee chats with Keiley Harrison at a recovery house in Harlan County.  
(Allison Joyce/For The Washington Post)





Fee and Harrison chat with other people. Medicaid subsidizes rehabilitation facilities and treatment centers in a state with one of the country's highest rates of opioid abuse. (Allison Joyce/For The Washington Post)

But Democrats, including the governor of Kentucky, warn that the kind of cuts the GOP is considering are impossible without cutting essential services like Medicaid, which provides health care to low-income people. [The Congressional Budget Office agreed](#), saying this month that Republicans cannot cut their desired amount of federal spending without cutting Medicaid or Medicare benefits.

And despite Trump's assurances that the programs are safe, some Republicans have advocated that reform is needed.

Three members of the ultraconservative House Freedom Caucus recently [penned an op-ed for Fox News](#) saying, "lawmakers must reform Medicaid. To do anything less borders on malfeasance."

"Medicaid was never meant to be this expansive," the opinion piece says, echoing concerns that have been expressed by other Republicans.

The intensifying debate hangs over Harlan County and illustrates a disconnect — even a contradiction — in Trump's efforts to remake the federal government. He has vowed to reduce waste, fraud and abuse, and to extend a suite of tax cuts he signed into law in 2017. But reducing federal funding, particularly in places with large percentages of Medicaid users like Harlan, can threaten the livelihoods and even the lives of some of Trump's most ardent supporters.

Containing the opioid epidemic has featured prominently in the political rhetoric of the Trump administration. Trump justified high tariffs on Mexico, Canada and China by saying

the three countries didn't do enough to stem the flow of opioids, particularly fentanyl, across American borders. "They've allowed fentanyl to come into our country at levels never seen before," he said during his address to a joint session of Congress, "killing hundreds of thousands of our citizens and many very young, beautiful people, destroying families."



A view of Cumberland, Kentucky, which is in Harlan County. Almost 90 percent of voters in this Appalachian county in Kentucky's southeastern corner voted for Donald Trump. (Allison Joyce/For The Washington Post)

Almost half of people in Harlan County receive Medicaid, which is administered by the state of Kentucky but funded largely by the federal government. Those funds help pay for doctor visits and prescriptions, but Medicaid also subsidizes a burgeoning industry of rehabilitation facilities and treatment centers in a state that has one of the country's highest rates of opioid abuse.

"The substance abuse treatment industry in eastern Kentucky employs more people than the coal mines ever thought about," said the owner of one facility, who spoke on the condition of anonymity to avoid fraying professional relationships. "With [Medicaid expansion](#), if you need help, you can get it now. You can get medication, you can get counseling, you can get therapy. Basically, you can get almost any service that you need, more services than you ever could have before."