

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Appropriations Committee on Criminal and Civil Justice

BILL: SB 1012

INTRODUCER: Senator Rouson

SUBJECT: Certified Peer Specialist Pilot Program

DATE: April 12, 2023

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Delia</u>	<u>Cox</u>	<u>CF</u>	Fav/CS
2.	<u>Atchley</u>	<u>Harkness</u>	<u>ACJ</u>	Favorable
3.	_____	_____	<u>FP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

SB 1012 creates the Certified Peer Specialist Pilot Program (Program) within the Department of Corrections (the DOC). The bill explains the purpose of the Program and specifies that the Program will be used to recruit and enroll qualified graduates of the Program into approved certified peer specialist training programs. The Program will provide the training and on-the-job experience required for peer specialist certification and assist in completion of the national certification exam, and will assist participants in obtaining employment upon release.

The bill allows inmates at participating facilities to apply for participation and requires the DOC to develop criteria for selecting program participants, and provides factors that the DOC may include in selection criteria.

The bill specifies that the Program will assist those that complete the Program in obtaining employment upon release by aiding potential employers to obtain bonds from the U.S. Department of Labor, if applicable, or may offer funding for initial hiring and retention costs dependent on securing grant funds.

The bill is likely to have an indeterminate workload impact on the DOC. See Section V. Fiscal Impact Statement.

The bill is effective July 1, 2023, and the Program expires June 30, 2029.

II. Present Situation:

Substance Use Disorder Treatment

Substance use disorder is the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.¹ According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), a diagnosis of substance use disorder (SUD) is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.² SUD occurs when an individual chronically uses alcohol or drugs, resulting in significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.³ Repeated drug use leads to changes in the brain's structure and function that can make a person more susceptible to developing a substance use disorder.⁴ Imaging studies of brains belonging to persons with SUD reveal physical changes in areas of the brain critical to judgment, decision making, learning and memory, and behavior control.⁵

In 2021, approximately 46.3 million people aged 12 or older had a SUD related to corresponding use of alcohol or illicit drugs within the previous year.⁶ The most common substance use disorders in the United States are from the use of alcohol, tobacco, cannabis, opioids, hallucinogens, and stimulants.⁷ Provisional data from the CDC's National Center for Health Statistics indicate there were an estimated 107,622 drug overdose deaths in the United States during 2021 (the last year for which there is complete data), an increase of nearly 15% from the 93,655 deaths estimated in 2020.⁸

Substance Use Disorder Treatment in Florida

In the early 1970s, the federal government enacted laws creating formula grants for states to develop continuums of care for individuals and families affected by substance use disorder.⁹ The

¹ The World Health Organization, *Mental Health and Substance Abuse*, available at <https://www.who.int/westernpacific/about/how-we-work/programmes/mental-health-and-substance-abuse>; (last visited March 15, 2023); the National Institute on Drug Abuse (NIDA), *The Science of Drug Use and Addiction: The Basics*, available at <https://www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics> (last visited February 8, 2023).

² The National Association of Addiction Treatment Providers, *Substance Use Disorder*, available at <https://www.naatp.org/resources/clinical/substance-use-disorder> (last visited March 15, 2023).

³ The Substance Abuse and Mental Health Services Administration (The SAMHSA), *Substance Use Disorders*, available at <http://www.samhsa.gov/disorders/substance-use> (last visited March 15, 2023).

⁴ The NIDA, *Drugs, Brains, and Behavior: The Science of Addiction*, available at <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction> (last visited March 15, 2023).

⁵ *Id.*

⁶ The SAMHSA, *Highlights for the 2021 National Survey on Drug Use and Health*, p. 2, available at <https://www.samhsa.gov/data/sites/default/files/2022-12/2021NSDUHFRHHighlights092722.pdf> (last visited March 15, 2023).

⁷ The Rural Health Information Hub, *Defining Substance Abuse and Substance Use Disorders*, available at <https://www.ruralhealthinfo.org/toolkits/substance-abuse/1/definition> (last visited March 15, 2023).

⁸ The Center for Disease Control and Prevention, National Center for Health Statistics, *U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 – But Are Still Up 15%*, available at https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm (last visited March 15, 2023).

⁹ The DCF, *Baker Act and Marchman Act Project Team Report for Fiscal Year 2016-2017*, p. 4-5. (on file with the Senate Committee on Children, Families, and Elder Affairs).

laws resulted in separate funding streams and requirements for alcoholism and drug abuse. In response to the laws, the Florida Legislature enacted chs. 396 and 397, F.S., relating to alcohol and drug abuse, respectively.¹⁰ Each of these laws governed different aspects of addiction, and thus had different rules promulgated by the state to fully implement the respective pieces of legislation.¹¹ However, because persons with substance use issues often do not restrict their misuse to one substance or another, having two separate laws dealing with the prevention and treatment of addiction was cumbersome and did not adequately address Florida's substance use disorder problem.¹² In 1993, legislation was adopted to combine chs. 396 and 397, F.S., into a single law, the Hal S. Marchman Alcohol and Other Drug Services Act (Marchman Act).¹³

The Marchman Act encourages individuals to seek services on a voluntary basis within the existing financial and space capacities of a service provider.¹⁴ However, denial of addiction is a prevalent symptom of SUD, creating a barrier to timely intervention and effective treatment.¹⁵ As a result, treatment typically must stem from a third party providing the intervention needed for SUD treatment.¹⁶

The DCF administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery for children and adults who are otherwise unable to obtain these services. Services are provided based upon state and federally-established priority populations.¹⁷ The DCF provides treatment for SUD through a community-based provider system offering detoxification, treatment, and recovery support for individuals affected by substance misuse, abuse, or dependence.¹⁸

- **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 use disorder.¹⁹
- **Treatment Services:** Treatment services²⁰ include a wide array of assessment, counseling, case management, and support 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.²¹

¹⁰ *Id.*

¹¹ *Id.*

¹² *Id.*

¹³ Chapter 93-39, s. 2, L.O.F., which codified current ch. 397, F.S.

¹⁴ See s. 397.601(1) and (2), F.S. An individual who wishes to enter treatment may apply to a service provider for voluntary admission. Within the financial and space capabilities of the service provider, the individual must be admitted to treatment when sufficient evidence exists that he or she is impaired by substance abuse and his or her medical and behavioral conditions are not beyond the safe management capabilities of the service provider.

¹⁵ Darran Duchene and Patrick Lane, *Fundamentals of the Marchman Act*, Risk RX, Vol. 6 No. 2 (Apr. – Jun. 2006) State University System of Florida Self-Insurance Programs, available at <http://fbog.sip.ufl.edu/risk-rx-article/fundamentals-of-the-marchman-act/> (last visited March 15, 2023) (hereinafter cited as “Fundamentals of the Marchman Act”).

¹⁶ *Id.*

¹⁷ See chs. 394 and 397, F.S.

¹⁸ The DCF, *Treatment for Substance Abuse*, available at <https://www.myflfamilies.com/service-programs/samh/substance-abuse.shtml> (last visited March 15, 2023).

¹⁹ *Id.*

²⁰ *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.

²¹ *Id.*

- **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.²²

Peer Specialists

Research has shown that social support provided by peers is beneficial to those in recovery from a SUD or mental illness.²³ Section 397.311(30), F.S., defines a peer specialist as “a person who has been in recovery from a SUD or mental illness for at least 2 years who uses his or her personal experience to provide services in behavioral health settings to support others in their recovery, or a person who has at least 2 years of experience as a family member or caregiver of an individual who has a SUD or mental illness. The term does not include a qualified professional or a person otherwise certified under ch. 394 or ch. 397.”²⁴

There are four primary types of social support provided by peers:

- **Emotional:** where a peer demonstrates empathy, caring or concern to bolster a person’s self-esteem (i.e., peer mentoring or peer-led support groups).
- **Informational:** where a peer shares knowledge and information to provide life or vocational skills training (i.e., parenting classes, job readiness training, or wellness seminars).
- **Instrumental:** where a peer provides concrete assistance to help others accomplish tasks (i.e., child care, transportation, and help accessing health and human services).
- **Affiliational:** where a peer facilitates contacts with other people to promote learning of social skills, create a sense of community, and acquire a sense of belonging (i.e., recovery centers, sports league participation, and alcohol or drug free socialization opportunities).²⁵

An individual seeking to become a certified peer specialist must have either been in recovery from a SUD or mental illness for at least two years, or must be a family member or caregiver of an individual suffering from a substance use disorder or mental illness.²⁶ The Department of Children and Families (the DCF) must approve one or more third-party credentialing entities for the purposes of certifying peer specialists, approving training programs for individuals seeking certification as peer specialists, approving continuing education programs, and establishing the minimum requirements and standards that applicants must achieve to maintain certification.²⁷ To obtain approval, the third-party credentialing entity must demonstrate compliance with nationally recognized standards for developing and administering professional certification programs to certify peer specialists.²⁸ All individuals providing DCF-funded recovery support services as a peer specialist must be certified; however, an individual who is not currently certified may work as a peer specialist for a maximum of one year if they are working toward certification and are

²² *Id.*

²³ Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, *What Are Peer Recovery Support Services?*, available at <https://store.samhsa.gov/system/files/sma09-4454.pdf> (last visited March 15, 2023).

²⁴ Section 397.311(30), F.S.

²⁵ The DCF, *Florida Peer Services Handbook* at p. 4-5, 2016, available at https://www.myflfamilies.com/sites/default/files/2022-11/Peer%20Guidance_2016.pdf (last visited March 15, 2023).

²⁶ Section 397.417(2), F.S.

²⁷ Section 397.417(3)(b), F.S.

²⁸ *Id.*

supervised by a qualified professional or by a certified peer specialist with at least two years of full-time experience as a peer specialist at a licensed behavioral health organization.²⁹

In addition to completing a competency exam, a peer specialist, or a person who is working towards certification as a peer specialist, must have completed or been lawfully released from confinement, supervision, or any nonmonetary condition imposed by a court for any felony and must undergo a background screening.³⁰

A person may not be certified as a peer specialist if he or she has been arrested for and is awaiting final disposition of, found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or been adjudicated delinquent and the record has not been sealed or expunged for, any felony offense in the three years preceding the application for certification, or for a conviction at any time for committing, or attempting, conspiring, or soliciting another person to commit,³¹ the following offenses:

- Section 393.135, F.S., relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- Section 394.4593, F.S., relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- Section 409.920, F.S., relating to Medicaid provider fraud, if the offense was a felony of the first or second degree.
- Section 415.111, F.S., relating to adult abuse, neglect, or exploitation of vulnerable adults.
- Section 782.04, F.S., relating to murder.
- Section 782.07, F.S., relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- Section 782.071, F.S., relating to vehicular homicide.
- Section 782.09, F.S., relating to killing of an unborn child by injury to the mother.
- Chapter 784, F.S., relating to assault, battery, and culpable negligence, if the offense was a felony.
- Section 787.01, F.S., relating to kidnapping.
- Section 787.02, F.S., relating to false imprisonment.
- Section 787.025, F.S., relating to luring or enticing a child.
- Section 787.04(2), F.S., relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- Section 787.04(3), F.S., relating to leading, taking, enticing, or removing a minor beyond state limits, or concealing the location of a minor, with criminal intent pending dependency proceedings or proceedings concerning alleged abuse or neglect of a minor.
- Section 790.115(1), F.S., relating to exhibiting firearms or weapons within 1,000 feet of a school.
- Section 790.115(2)(b), F.S., relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- Section 794.011, F.S., relating to sexual battery.

²⁹ Section 397.417(3)(d), F.S.

³⁰ Section 397.417(4)(a), F.S.

³¹ See s. 397.417(4)(e)6., F.S.

- Former s. 794.041, F.S., relating to prohibited acts of persons in familial or custodial authority.
- Section 794.05, F.S., relating to unlawful sexual activity with certain minors.
- Section 794.08, F.S., relating to female genital mutilation.
- Section 796.07, F.S., relating to procuring another to commit prostitution, except for those offenses expunged pursuant to human trafficking victim expunction.
- Section 798.02, F.S., relating to lewd and lascivious behavior.
- Chapter 800, F.S., relating to lewdness and indecent exposure.
- Section 806.01, F.S., relating to arson.
- Section 810.02, F.S., relating to first degree felony burglary.
- Section 810.14, F.S., relating to felony voyeurism.
- Section 810.145, F.S., relating to felony video voyeurism.
- Chapter 812, F.S., relating to felony theft, robbery, and related crimes.
- Section 817.034, F.S., relating to first degree felony communications fraud.
- Section 817.234, F.S., relating to first or second degree felony false and fraudulent insurance claims.
- Section 817.50, F.S., relating to fraudulently obtaining goods or services from a health care provider and false reports of a communicable disease.
- Section 817.505, F.S., relating to patient brokering.
- Section 817.568, F.S., relating to first or second degree felony fraudulent use of personal identification.
- Section 825.102, F.S., relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- Section 825.1025, F.S., relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- Section 825.103, F.S., relating to felony exploitation of an elderly person or disabled adult.
- Section 826.04, F.S., relating to incest.
- Section 827.03, F.S., relating to child abuse, aggravated child abuse, or neglect of a child.
- Section 827.04, F.S., relating to contributing to the delinquency or dependency of a child.
- Former s. 827.05, F.S., relating to negligent treatment of children.
- Section 827.071, F.S., relating to sexual performance by a child.
- Section 831.30, F.S., relating to fraud in obtaining medicinal drugs.
- Section 831.31, F.S., relating to the felony sale; manufacture; delivery; or possession with intent to sell, manufacture, or deliver of any counterfeit controlled substance.
- Section 843.01, F.S., relating to resisting arrest with violence.
- Section 843.025, F.S., relating to depriving a law enforcement, correctional, or correctional probation officer of means of protection or communication.
- Section 843.12, F.S., relating to aiding in an escape.
- Section 843.13, F.S., relating to aiding in the escape of juvenile inmates in correctional institutions.
- Chapter 847, F.S., relating to obscenity.
- Section 874.05, F.S., relating to encouraging or recruiting another to join a criminal gang.
- Chapter 893, F.S., relating to drug abuse prevention and control, only if the offense was a second degree felony or higher.
- Section 895.03, F.S., relating to racketeering and collection of unlawful debts.

- Section 896.101, F.S., relating to the Florida Money Laundering Act.
- Section 916.1075, F.S., relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- Section 944.35(3), F.S., relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- Section 944.40, F.S., relating to escape.
- Section 944.46, F.S., relating to harboring, concealing, or aiding an escaped prisoner.
- Section 944.47, F.S., relating to introduction of contraband into a correctional facility.
- Section 985.701, F.S., relating to sexual misconduct in juvenile justice programs.
- Section 985.711, F.S., relating to contraband introduced into detention facilities.³²

If a person seeking certification as a peer specialist is disqualified due to a pending arrest, conviction, plea of nolo contendere, or adjudication of delinquency for one or more of the disqualifying offenses, the person may seek an exemption under s. 435.07, F.S., which authorizes the Secretary of either the DCF or the Agency for Health Care Administration (AHCA), as applicable, to grant exemptions under limited circumstances.³³

Department of Corrections

The DOC is the third largest state prison system in the country with a budget of \$2.7 billion, approximately 80,000 inmates incarcerated and nearly 146,000 offenders on active community supervision (probation).³⁴ The DOC has 143 facilities statewide, including 50 correctional institutions, seven private partner facilities, 16 annexes, 33 work camps, three re-entry centers, 12 DOC-operated work release centers, 18 private work release centers, two road prisons, one forestry camp and one basic training camp.³⁵ The DOC is the largest state agency in Florida, and over 80% of its staff are either certified correctional officers or probation officers.³⁶

Custody Classification

Section 944.1905, F.S., requires each inmate placed in the custody of the DOC to be classified or reclassified based upon the inmate's risk level. An inmate's initial classification is determined by a number of factors including, but not limited to, length of sentence, criminal history, any history

³² Section 397.417(4)(e), F.S.

³³ Under s. 435.07(1), F.S., the DCF/AHCA Secretary may grant a person seeking certification as a peer specialist but who is otherwise disqualified from employment an exemption from disqualification for:

- A felony conviction, if at least three years have elapsed since the person has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court for the disqualifying felony;
- A misdemeanor conviction, if a person has completed or been lawfully released from confinement, supervision, or nonmonetary conditions imposed by the court;
- Offenses that were felonies when committed but that are now misdemeanors and for which the person has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court; or
- A finding of delinquency.

³⁴ The DOC, *About the Florida Department of Corrections*, available at <http://www.dc.state.fl.us/about.html> (last visited March 29, 2023).

³⁵ *Id.*

³⁶ *Id.*

of violence, and escape history.³⁷ Classification levels impact the facility placement and programming that an inmate is eligible to participate in while incarcerated.³⁸

Gain-time

Gain-time awards, which result in deductions to the court-ordered sentences of specified eligible inmates, are used to encourage satisfactory prisoner behavior or to provide incentives for prisoners to participate in productive activities while incarcerated.³⁹ An inmate is not eligible to earn or receive gain-time in an amount that results in his or her release prior to serving a minimum of 85 percent of the sentence imposed.⁴⁰ The only forms of gain-time that can currently⁴¹ be earned are incentive gain-time,⁴² meritorious gain-time,⁴³ and educational achievement gain-time.⁴⁴

The procedure for applying gain-time awards to an inmate's sentence is dependent upon the calculation of a "maximum sentence expiration date" and a "tentative release date." The tentative release date may not be later than the maximum sentence expiration date.⁴⁵ The maximum sentence expiration date represents the date when the sentence or combined sentences imposed on a prisoner will expire. To calculate the maximum sentence expiration date, the DOC reduces the total time to be served by any time lawfully credited.⁴⁶

The tentative release is the date projected for the prisoner's release from custody after gain-time is granted or forfeited in accordance with s. 944.275, F.S.⁴⁷ Gain-time is applied when granted or restored to make the tentative release date proportionately earlier; and forfeitures of gain-time, when ordered, are applied to make the tentative release date proportionately later.⁴⁸

³⁷ The DOC, *Inmate Orientation Handbook*, at p. 9, available at <http://www.dc.state.fl.us/pub/files/InmateOrientationHandbook.pdf> (last visited March 29, 2023) (hereinafter cited as, "Inmate Handbook"); See also Section 944.1905(1)-(3), F.S.

³⁸ Inmate Handbook at p.8.

³⁹ Section 944.275(1), F.S. Section 944.275(4)(f), F.S., further provides that an inmate serving a life sentence is not able to earn gain-time. Additionally, an inmate serving the portion of his or her sentence that is included in an imposed mandatory minimum sentence or whose tentative release date is the same date as he or she achieves service of 85 percent of the sentence is not eligible to earn gain-time. Section 944.275(4)(e), F.S., also prohibits an inmate committed to the DOC for specified sexual offenses committed on or after October 1, 2014, from earning incentive gain-time.

⁴⁰ Section 944.275(4)(f), F.S.

⁴¹ Basic gain-time, which automatically reduced an inmate's sentence by a designated amount each month, was eliminated for offenses committed on or after January 1, 1994. Chapter 93-406, L.O.F.

⁴² Section 944.275(4)(b), F.S, provides incentive gain-time is a total of up to ten days per month that may be awarded to inmates for institutional adjustment, performing work in a diligent manner, and actively participating in training and programs. The amount an inmate can earn is stable throughout the term of imprisonment and is based upon the date an offense was committed.

⁴³ Section 944.275(4)(c), F.S., provides that meritorious gain-time is awarded to an inmate who commits an outstanding deed or whose performance warrants additional credit, such as saving a life or assisting in recapturing an escaped inmate. The award may range from one day to 60 days and the statute does not prohibit an inmate from earning meritorious gain-time on multiple occasions if warranted.

⁴⁴ Section 944.275(4)(d), F.S., provides that educational gain-time is a one-time award of 60 days that is granted to an inmate who receives a General Education Development (GED) diploma or a certificate for completion of a vocational program.

⁴⁵ Section 944.275(3)(c), F.S.

⁴⁶ Section 944.275(2)(a), F.S.

⁴⁷ Section 944.275(3)(a), F.S.

⁴⁸ *Id.* See also s. 944.275(4)(b), F.S.

III. Effect of Proposed Changes:

The bill creates an unnumbered section of law to establish the “Certified Peer Specialist Pilot Program” (Program) within the DOC. The purpose of the Program is to provide participating inmates with a path to become certified peer specialists by offering such inmates the necessary training hours and experience needed for certification while incarcerated and assisting inmates who complete the Program with post-incarceration employment.

The Program will be used to:

- Recruit and enroll graduates of the pilot program into statutorily-approved certified peer specialist training programs;
- Provide core educational training and on-the-job work experience during each participant’s incarceration which meets all of the requirements for peer specialist certification;
- Assist with completing the national certification exam before each participant’s release; and
- Assist in placing participants in employment as certified peer specialist professionals upon their release.

The bill allows inmates at participating facilities to apply to participate in the Program. The bill directs the DOC to develop criteria for selecting qualified applicants for the Program, which may include, but is not limited to, requiring that participants:

- Have the appropriate custody classification;
- Meet certain discipline criteria;
- Have an expected release date within a specified timeframe;
- Be housed at the institution providing training;
- Have served as a positive role model during their incarceration;
- Express a desire to work in the behavioral health treatment field after release; and
- Not have any offenses that would prohibit them from becoming a certified peer specialist.

The bill exempts a person who completed the Program from the background screening requirements for certified peer specialists.

Under the bill, the Program must assist persons who have completed the Program with post-incarceration employment by:

- Assisting potential employers with acquiring bonds from the United States Department of Labor’s Federal Bonding Program, if applicable; and
- Offering funding to a potential employer to cover the costs of initially hiring and retaining such person.

The bill provides the DOC with rulemaking authority to implement provisions of the bill.

The bill is effective July 1, 2023, and the Program expires June 30, 2029.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill will have a negative indeterminate workload impact on the DOC associated with the educational training and on-the-job work experience provisions. The DOC will implement the pilot program to the extent possible within existing resources.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates an undesignated section of law.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

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

None.

B. Amendments:

None.

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