

# Fiscal Note

State of Alaska  
2016 Legislative Session

Bill Version:	CSSSSB 91(FIN)
Fiscal Note Number:	26
(S) Publish Date:	4/8/2016

Identifier: SB091CSSS(FIN)-DHSS-ASAP-4-6-16  
 Title: OMNIBUS CRIM LAW & PROCEDURE;  
 CORRECTIONS  
 Sponsor: COGHILL  
 Requester: Senate Finance

Department: Department of Health and Social Services  
 Appropriation: Behavioral Health  
 Allocation: Alcohol Safety Action Program (ASAP)  
 OMB Component Number: 305

## Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2017 Appropriation Requested	Included in Governor's FY2017 Request	Out-Year Cost Estimates					
			FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
<b>OPERATING EXPENDITURES</b>								
Personal Services								
Travel								
Services								
Commodities	30.3		29.2	29.2	29.2	29.2	29.2	29.2
Capital Outlay								
Grants & Benefits								
Miscellaneous								
<b>Total Operating</b>	<b>30.3</b>	<b>0.0</b>	<b>29.2</b>	<b>29.2</b>	<b>29.2</b>	<b>29.2</b>	<b>29.2</b>	<b>29.2</b>

## Fund Source (Operating Only)

1004 Gen Fund	30.3		29.2	29.2	29.2	29.2	29.2	29.2
<b>Total</b>	<b>30.3</b>	<b>0.0</b>	<b>29.2</b>	<b>29.2</b>	<b>29.2</b>	<b>29.2</b>	<b>29.2</b>	<b>29.2</b>

## Positions

Full-time								
Part-time								
Temporary								

## Change in Revenues

--	--	--	--	--	--	--	--	--

**Estimated SUPPLEMENTAL (FY2016) cost:** 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

**Estimated CAPITAL (FY2017) cost:** 0.0 (separate capital appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

## ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes  
 If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/17

## Why this fiscal note differs from previous version:

Responsive to draft CS version "F".

Prepared By:	Randall Burns, Director	Phone:	(907)269-5948
Division:	Behavioral Health	Date:	04/06/2016 05:00 PM
Approved By:	Sana Efird, Asst. Commissioner, Finance and Management Services	Date:	04/06/16
Agency:	Health and Social Services		

REPORTED OUT OF  
SFC 04/07/2016

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2016 LEGISLATIVE SESSION

Analysis

**Sections 151, 152, and 153** of the bill change the criteria used for the courts and the Division of Motor Vehicles (DMV) to refer offenders to an ASAP provider. The Division of Behavioral Health anticipates that referrals to the ASAP providers would decrease by an estimated 30-40% if the referrals to ASAP are confined to specific offenses ordered by the court under AS 28.35.028, AS 28.35.030, or AS 28.35.032, or referred by the DMV in connection with a driver's license action involving the use of alcohol or a controlled substance only.

**Sections 152 and 153:** Require the department to develop ASAP regulations that ensure:

- screenings are conducted using a validated risk tool, and
- both public and private ASAP programs monitor ASAP participants appropriate to the level of risk of reoffense as determined by the screening conducted.

The reduction in referrals would allow ASAP providers the additional time necessary to screen ASAP participants for their risk to reoffend. Based on the screening, ASAP providers would be responsible for making the appropriate referrals for needed substance use treatment/education, and be responsible to assist offenders in identifying additional service needs for mental health, co-occurring disorders, or other cognitive behavioral services. The ASAP providers would be responsible for an appropriate level of monitoring of each offender, based on the results of the offender's screening for risk.

It is assumed that the majority of these misdemeanor offenders would meet the criteria for a *low risk to offend* and require only a referral and minimal monitoring. There will be a portion of offenders who would meet the *medium to high level of risk to offend* and they would require a more intensive level of monitoring by the ASAP Offices.

Assuming the adoption of regulations that limit the ASAP-monitored referrals to just those individuals ordered by the court under statute, we believe the bill requires 1) both the public and private ASAP providers to be trained on the use of the screening tool, and 2) the purchase of a validated screening tool.

**ASSUMPTIONS**

All Public and Private ASAP Offices - The Anchorage Adult ASAP office received 3,969 new cases in FY2015 while the private grantee ASAP offices received another 3,079 new adult cases in FY2015. With the referral criteria limited by newly proposed statute and the development of administrative regulations, there should be closer to 4,000 referrals per year, total, under that scenario.

The anticipated cost would be for the following screening tools and associated training:

Screening tool	FY2017	FY2018-FY2022
14 Manuals @ \$80.00 =	\$ 1,120	\$ 0
Interview Guides = \$ 1.80 @ 4,000 =	\$ 7,200	\$ 7,200
Quickscore Forms = \$ 3.00 @ 4,000 =	\$12,000	\$12,000
Training	<u>\$10,000</u>	<u>\$10,000</u>
<b>Total Cost:</b>	<b>\$30,320</b>	<b>\$29,200</b>