

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version:	CSSSSB 91(FIN)
Fiscal Note Number:	28
(S) Publish Date:	4/8/2016

Identifier: SB091CSSS(FIN)-DHSS-BHMS-4-7-16
 Title: OMNIBUS CRIM LAW & PROCEDURE;
 CORRECTIONS
 Sponsor: COGHILL
 Requester: Senate Finance

Department: Department of Health and Social Services
 Appropriation: Medicaid Services
 Allocation: Behavioral Health Medicaid Services
 OMB Component Number: 2660

Expenditures/Revenues

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

	FY2017	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2017 Request	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES	FY 2017	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits				1,500.0	1,500.0	1,500.0	1,500.0
Miscellaneous							
Total Operating	0.0	0.0	0.0	1,500.0	1,500.0	1,500.0	1,500.0

Fund Source (Operating Only)

1002 Fed Rcpts				1,125.0	1,125.0	1,125.0	1,125.0
1246 RecidReduc				375.0	375.0	375.0	375.0
Total	0.0	0.0	0.0	1,500.0	1,500.0	1,500.0	1,500.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

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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? no
 If yes, by what date are the regulations to be adopted, amended or repealed? n/a

Why this fiscal note differs from previous version:

Corrected fund source references in analysis.

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Division:	Behavioral Health	Date:	04/07/2016 11:00 AM
Approved By:	Sana Efird, Asst. Commissioner, Finance and Management Services	Date:	04/07/16
Agency:	Health and Social Services		

REPORTED OUT OF
SFC 04/07/2016

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2016 LEGISLATIVE SESSION

Analysis

Section 156 of SB 91 requires that the Recidivism Reduction Program administered by the department increase access to evidence-based rehabilitation programs and support offender transition and re-entry.

The department will reinvest a portion of the savings from the criminal justice reforms implemented under SB 91 to fund grants for reentry support services for returning offenders. The strategies and services that will be supported are documented to reduce recidivism, and are based on the Alaska Prisoner Reentry Initiative and the Mental Health Trust Authority's Alaska Prisoner Reentry Initiative Framework. Reentry services are based on an assessment and prioritization of each individual's needs, and can include:

- Substance use, alcohol, and/or mental health treatment, including medication assisted therapy
- Housing
- Job readiness and employment services
- Primary health care
- Peer and recovery support services
- Case management
- Life skills training
- Moral Reconciliation Therapy (a SAMHSA approved treatment strategy to increase moral reasoning)
- Other support services, such as birth certificates, driver's licenses or state IDs, bus passes, etc.

There is currently just one reentry center operating in Alaska, but there are also reentry coalitions in a number of communities that work together to connect transitioning offenders to needed services. Grant funds for this reinvestment will support expansion of the operations of the current reentry center, technical assistance and center design and development for communities seeking to establish a reentry center, and services provided through reentry coalitions.

By FY2019 the department will redesign the behavioral health system such that a portion of reentry center services will be billable to Medicaid.

Grants, Benefits: \$1,500.0 (75% Fed/25% Recidivism Reduction Fund) in FY2019 and beyond

Reentry centers will bill Medicaid beginning in FY2019 for Medicaid-billable referral and case management services to expand access to treatment and support services.

The FMAP (federal match) assumes a blended rate of 75%.