

Fiscal Note

State of Alaska
2018 Legislative Session

Bill Version:	CSSB 128(FIN)
Fiscal Note Number:	3
(S) Publish Date:	4/27/2018

Identifier: SB128-DHSS-BHTRG-4-25-18
Title: MARIJUANA EDU/TREATMENT
FUND/PROGRAM
Sponsor: GIESSEL
Requester: Senate FIN

Department: Department of Health and Social Services
Appropriation: Behavioral Health
Allocation: Behavioral Health Treatment and Recovery
Grants
OMB Component Number: 3099

Expenditures/Revenues

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

	FY2019	Included in	Out-Year Cost Estimates					
	Appropriation Requested	Governor's FY2019 Request	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
OPERATING EXPENDITURES	FY 2019	FY 2019						
Personal Services	7.0		14.0	14.0	14.0	14.0	14.0	14.0
Travel	8.0		78.0	78.0	78.0	78.0	78.0	78.0
Services	45.0		28.0	28.0	28.0	28.0	28.0	28.0
Commodities	5.0		70.0	70.0	70.0	70.0	70.0	70.0
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	65.0	0.0	190.0	190.0	190.0	190.0	190.0	190.0

Fund Source (Operating Only)

1252 DGF Temp (DGF)	65.0		190.0	190.0	190.0	190.0	190.0	190.0
Total	65.0	0.0	190.0	190.0	190.0	190.0	190.0	190.0

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues

1250 UGF Rev (UGF)	(65.0)		(190.0)	(190.0)	(190.0)	(190.0)	(190.0)	(190.0)
1252 DGF Temp (DGF)	65.0		190.0	190.0	190.0	190.0	190.0	190.0
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2018) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2019) 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If yes, by what date are the regulations to be adopted, amended or repealed?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/comments:

SB128 version "R" differs from version "A" by requiring the state community based program to include after-school based grants; and adding a workforce assessment and training plan for professionals. This fiscal note reflects that the after-school grants will receive half of the appropriation thereby reducing the amount available for the bill component (F), substance abuse screening, brief intervention, and referral to treatment.

Prepared By:	Randall Burns, Director	Phone:	(907)269-9548
Division:	Behavioral Health	Date:	04/24/2018 05:00 PM
Approved By:	Shawnda O'Brien, Assistant Commissioner	Date:	04/24/18
Agency:	Health and Social Services		

REPORTED OUT OF
SFC 04/25/2018

FISCAL NOTE ANALYSIS

STATE OF ALASKA
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Analysis

SB128 version R would create a new Marijuana Education & Treatment Fund (“Fund”) as an account within the general fund. The bill directs 25% of the marijuana excise tax proceeds levied under AS 43.61.010 to the fund. The remaining proceeds will be distributed 50% to the recidivism reduction fund (AS 43.61.010(c)) and 25% to the general fund. Currently 50% is distributed to the recidivism reduction fund and 50% to the general fund. This fiscal note assumes \$10 million in marijuana excise tax revenue per year based on monthly taxes collected for September to December 2017 (Department of Revenue <http://tax.alaska.gov/programs/programs/reports/index.aspx?60000>), and appropriations to DHSS of 25% or \$2.5 million annually.

The Department of Health and Social Services would administer a marijuana use education treatment program and the Division of Behavioral Health will be responsible for component (F), substance abuse screening, brief intervention, and referral to treatment while the Division of Public Health would be responsible for components enumerated in a separate fiscal note. Currently, the department does not have any funds to direct to these efforts.

The Division of Behavioral Health would promote health and behavioral health care provider awareness of substance use screening and increase provider capabilities through the use of Screening Brief Intervention, and Referral to Treatment (SBIRT) services. SBIRT aligns with prevention efforts in clinical settings for opioid and alcohol misuse by identifying clients who are engaging in risky substance use behaviors—even if their use does not meet criteria for a substance use disorder. SBIRT is a tool for clinicians and other service providers to identify at-risk clients and give immediate feedback and coaching regarding strategies to lower their risk behaviors. Effective use of SBIRT can offer healthcare providers an opportunity to efficiently intervene and curb high-risk substance use behaviors before they progress to substance use disorders.

Year 1 reflects costs associated with startup activities. Subsequent years' costs reflect training, fully implementing SBIRT services across the state, and evaluation. These are on-going costs as new professionals will continually enter into primary and behavioral health care services.

The Division will provide education of community behavioral health providers, pediatricians and primary care providers through in-person live trainings, teleconferences and webinars. The training may be integrated into child, adolescent and family behavioral health conferences. Training materials and trainers will be necessary costs to ensure proper skills-building of primary health and behavioral health care providers prior to SBIRT services being implemented. Travel will be needed to allow trainers and providers to fully participate in educational opportunities. Evaluation to ensure fidelity of the program and monitor outcomes will be included in the project.

The Division has one person on staff expert in SBIRT who will be available for the development and implementation of the training. In year 1, a Mental Health Clinician III will contribute 5% level of effort towards SBIRT. In year 2 and beyond the staff person will contribute 10% level of effort.

Personal Services

FY 2019

PCN 06-5128, JNU/GP range 21 Mental Health Clinician III, 5% level of effort towards SBIRT: \$7,000

FY 2020-2024

PCN 06-5128, JNU/GP range 21 Mental Health Clinician III, 10% level of effort towards SBIRT: \$14,000

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Analysis

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Travel

Year 1 : \$8,000 – 6 roundtrips by 1 staff from Juneau to various parts of the state to meet with stakeholders; evaluators and start SBIRT training(\$1,325 X 6= \$7,950)

Years 2-5: \$78,000 annually

Travel for out years will be determined during the first year startup planning. Funds are intended to

- *travel one DBH staff from Juneau to regional areas of the state to provide individualized SBIRT training for primary and behavioral health care practitioners;
- * travel non-state employees to in-state child, adolescent and family behavioral health conferences allowing professionals to join in those training opportunities, enhancing reach of the training;
- * travel educators to regional sites;
- * travel potential trainers to face-to-face skills building opportunities and
- *travel non-state employee trainers to communities within their regions to train practitioners.

Services

Year 1: \$45,000

Years 2-5: \$28,000

Service spending for out years will be determined during the first year startup planning.

The Division anticipates entering into contracts

- * for qualitative/quantitative evaluation of the five year project
- * to develop and film training videos
- * to develop web-based training materials
- * for translation services

There will also be opportunities for SBIRT experts outside of the state to provide consultation services when a population is unique or calls for a special set of skills (i.e. sex offenders, severely mentally ill).

Commodities

Year 1: \$5,000

Years 2-5: \$70,000

Startup expenditures will include a limited number of training manuals, handouts, and supplies (such as digital audio recorders, compact discs, thumb drives)

Out year expenses will include alcohol and drug screening tools, training manuals, videos, compact discs, paper handouts.