## Fiscal Estimate - 2021 Session

☑ Original ☐ Updated	☐ Corrected ☐	Supplemental						
LRB Number <b>21-3634/1</b>	Introduction Number	SB-439						
Description expanding eligibility under the Medical Assistance program; funding infrastructure, land acquisition, and building projects; providing assistance and local government grants; maintaining an opioid and methamphetamine data system; transferring moneys to the budget stabilization fund; creating a University of Wisconsin System partnership program and admissions application fees; providing an exemption from rule-making procedures; and making an appropriation								
Fiscal Effect								
Appropriations Rever Decrease Existing Decre Appropriations Rever Create New Appropriations  Local: No Local Government Costs Indeterminate 1. Increase Costs 3. Increase Permissive Mandatory Perm 2. Decrease Costs 4. Decrease	ease Existing absorb within a							
Fund Sources Affected Affected Ch. 20 Appropriations								
GPR FED PRO PRS SEG SEGS								
Agency/Prepared By	Authorized Signature	Date						
DOC/ Michael Slana (608) 240-5414	   Paulina De Haan (608) 240-5056	8/13/2021						

## Fiscal Estimate Narratives DOC 8/13/2021

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## Description

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## Assumptions Used in Arriving at Fiscal Estimate

This bill requires the Department of Administration (DOA) to issue a request for proposals, subject to approval by the Joint Committee on Finance (JCF) under its passive review process, to establish and maintain an opioid and methamphetamine data system to collect, format, analyze, and disseminate information on opioid and methamphetamine use as specified in the bill.

This bill requires DOA to collaborate with and collect data from various state agencies, including the Department of Corrections (DOC), for the opioid and methamphetamine data system. The bill requires that the opioid and methamphetamine data system allow those state agencies that submit data to the system access to the system's data as appropriate for the agencies to fulfill their function and as allowed by state and federal confidentiality laws.

The bill specifies various categories of data that the opioid and methamphetamine data system must include. The following category is particularly relevant to DOC:

"The number of persons who are incarcerated and who are receiving naltrexone for extended-release in injectable suspension, the number of persons who are on extended supervision or probation or on parole and who are receiving extended-release naltrexone, the total number of doses of extended-release naltrexone administered to persons who are incarcerated, on extended supervision or probation, or on parole in this state, and the length of time that persons who are incarcerated, on extended supervision or probation, or on parole are receiving extended-release naltrexone."

DOC currently tracks those required data elements for DOC-funded naltrexone treatments for clients and persons in our (DOC's) care (PIOC), and this data could be transmitted in some form to the proposed opioid and methamphetamine data system. DOC does not currently track non-DOC-funded naltrexone treatment for clients and would likely be unable to do so, given strict federal privacy laws regarding substance use disorder (SUD) treatments.

DOC is unable to precisely estimate how much additional staff and resources would be needed to enter the required data into the proposed opioid and methamphetamine data system because DOC does not know (a) how this new system will operate, (b) whether DOC could automatically transfer data to it, and (c) how often DOC will need to provide updated data.

That said, assuming that DOC can (1) report the necessary data out of its existing systems for PIOCs at correctional facilities with a minimal amount of configuration and (2) build a solution to capture data for clients on community supervision, and assuming DOC is able to use a nightly backup job to send this data to the proposed opioid and methamphetamine data system, DOC estimates that roughly 4,000 hours of staff time would be required to implement a data transfer system. To avoid adversely impacting other departmental projects, DOC would need two additional contractors to help with the buildout of this data transfer system. Assuming an hourly rate of \$78, those contractors would cost \$312,000 for the estimated 4,000 hours of staff time needed for implementation. After implementation, DOC estimates that ongoing support for this data transfer system would amount to approximately 500 hours of staff time annually. DOC anticipates it would be able to absorb that ongoing support work without significant impacts on other projects.