

Multiple Agency Fiscal Note Summary

Bill Number: 5480 P S SB	Title: Involuntary commitment
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Estimated Cash Receipts

Agency Name	2013-15		2015-17		2017-19	
	GF- State	Total	GF- State	Total	GF- State	Total
Department of Social and Health Services	0	7,196,000	0	14,314,000	0	14,314,000
Total \$	0	7,196,000	0	14,314,000	0	14,314,000

Estimated Expenditures

Agency Name	2013-15			2015-17			2017-19		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Administrative Office of the Courts	.0	0	0	.0	0	0	.0	0	0
Department of Social and Health Services	1.0	15,824,000	23,020,000	1.0	19,528,000	33,842,000	1.0	19,528,000	33,842,000
Total	1.0	\$15,824,000	\$23,020,000	1.0	\$19,528,000	\$33,842,000	1.0	\$19,528,000	\$33,842,000

Estimated Capital Budget Impact

NONE

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* See Office of the Administrator for the Courts judicial fiscal note

** See local government fiscal note

FNPID 34517

FNS029 Multi Agency rollup

Judicial Impact Fiscal Note

Bill Number: 5480 P S SB	Title: Involuntary commitment	Agency: 055-Admin Office of the Courts
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Part I: Estimates



No Fiscal Impact

The revenue and expenditure estimates on this page represent the most likely fiscal impact. Responsibility for expenditures may be subject to the provisions of RCW 43.135.060.

Check applicable boxes and follow corresponding instructions:

- ☐ If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- ☐ If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- ☐ Capital budget impact, complete Part IV.

Legislative Contact: Kevin Black	Phone: (360) 786-7747	Date: 02/18/2013
Agency Preparation: David Elliott	Phone: 360-705-5226	Date: 02/20/2013
Agency Approval: Dirk Marler	Phone: 360-705-5211	Date: 02/20/2013
OFM Review: David Dula	Phone: (360) 902-0547	Date: 02/20/2013

Request # mntl hlth-1

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact on the Courts

Changes from the previous version of the bill (SB 5480): the date changes are modified from January 1 to July 1 of 2014. This does not change the expected fiscal impact of the bill.

Summary of this version of the bill:

The bill changes the effective date of elements of S2.SL 3076 from the 2010 session related to involuntary commitment from 2015 to 2014.

That bill amended the definition of "likelihood of serious harm" to include an additional basis for commitment as follows:

"The person has taken an action or engaged in behavior, accompanied by signs of mental disorder that, when considered in light of past behavior of the respondent, is likely to be followed in the near future by an attempt to do physical harm or cause substantial property destruction;"

II. B - Cash Receipts Impact

none

II. C - Expenditures

The effect of the effective date change found on the bill is to move expenditure impacts from the 2010 bill forward by one year.

It is assumed that there will not be a substantial change to the number of petitions filed, or to the length of hearings, as a result of the provisions in the bill.

Part III: Expenditure Detail

Part IV: Capital Budget Impact

SOURCES:

2010 Fiscal note on 3076 2SHB

Individual State Agency Fiscal Note

Bill Number: 5480 P S SB	Title: Involuntary commitment	Agency: 300-Dept of Social and Health Services
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Part I: Estimates

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No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	FY 2014	FY 2015	2013-15	2015-17	2017-19
General Fund-Federal 001-2	39,000	7,157,000	7,196,000	14,314,000	14,314,000
Total \$	39,000	7,157,000	7,196,000	14,314,000	14,314,000

Estimated Expenditures from:

	FY 2014	FY 2015	2013-15	2015-17	2017-19
FTE Staff Years	1.0	1.0	1.0	1.0	1.0
Account					
General Fund-State 001-1	6,060,000	9,764,000	15,824,000	19,528,000	19,528,000
General Fund-Federal 001-2	39,000	7,157,000	7,196,000	14,314,000	14,314,000
Total \$	6,099,000	16,921,000	23,020,000	33,842,000	33,842,000

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

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If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.

☐

If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).

☐

Capital budget impact, complete Part IV.

☐

Requires new rule making, complete Part V.

Legislative Contact: Kevin Black	Phone: (360) 786-7747	Date: 02/18/2013
Agency Preparation: Martha Brenna	Phone: 3609028194	Date: 02/25/2013
Agency Approval: Kelci Karl-Robinson	Phone: 360-902-8174	Date: 02/25/2013
OFM Review: Richard Pannkuk	Phone: (360) 902-0539	Date: 02/25/2013

Request # 5480.PSSB-1

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Briefly describe by section number, the significant provisions of the bill, and any related workload or policy assumptions, that have revenue or expenditure impact on the responding agency.

The implementation date of 2SHB 3076, passed during the 2010 Legislative Session is moved from July 1, 2015 to July 1, 2014. 2SHB 3076 broadens the criteria for involuntary commitment under the state's Involuntary Treatment Act (ITA).

Section 2 is added requiring the Department of Social and Health Services to consult with stakeholders and legislative staff to ensure that moneys appropriated for this legislation are spent in a way that increases involuntary commitment capacity consistent with findings published by the Washington Institute of Public Policy.

II. B - Cash receipts Impact

Briefly describe and quantify the cash receipts impact of the legislation on the responding agency, identifying the cash receipts provisions by section number and when appropriate the detail of the revenue sources. Briefly describe the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explain how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

Cash receipts are Federal Medicaid.

II. C - Expenditures

Briefly describe the agency expenditures necessary to implement this legislation (or savings resulting from this legislation), identifying by section number the provisions of the legislation that result in the expenditures (or savings). Briefly describe the factual basis of the assumptions and the method by which the expenditure impact is derived. Explain how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

The bill moves the date of implementation of the changes made to RCW 71.05, Mental Illness, in the 2010 legislative session (2SHB 3076) from July 1, 2015 to July 1, 2014. The changes broaden the criteria for involuntary commitment under the state's Involuntary Treatment Act (ITA).

A preliminary report published in July 2011 by the Washington Institute for Public Policy (WSIPP) indicated that full implementation of the law would significantly increase the number of civil commitments, usage of community beds, and workload of Designated Mental Health Professionals (DHMP). WSIPP estimates the need to be:

- 42 to 168 additional beds in the community at evaluation and treatment (E&T) centers or community hospitals;
- 6 to 25 additional inpatient psychiatric beds at the state hospitals for increased ITA commitments.

The legislation assumes a start date of July 1, 2014. As an alternative to opening the two wards anticipated in the original bill with the start date of January 1, 2014, the department is proposing community options to manage the increased admissions expected as a result of the legislation. Once a person is detained in the state hospital, it is often difficult to discharge the person because of a lack of appropriate beds in the community. This translates into longer stays, and consequently higher costs for the state. Overall costs for the state would likely be less using more diversion type interventions, and evidence points towards better outcomes. Also, community based treatment is more likely to leverage federal Medicaid dollars.

DSHS anticipate that interested RSN's would be provided an opportunity to submit applications describing proposed

diversion, intervention, and recovery models best suited to their own communities. Contract terms would be specified towards outcomes related to diverting persons from admission to state hospitals, or providing the resources to allow transition back to the community sooner, and consequently shortening the number of state hospital bed days.

The following are the programmatic components that make up this fiscal note, however for implementation we want the RSNs to propose the exact types of services needed for their respective communities:

Program for Assertive Community Treatment (PACT)

PACT is an evidence-based practice for people with the most severe and persistent mental illnesses, and who are most likely to be at risk for hospitalization, including involuntary commitments. This model has substantial empirical support for reducing psychiatric hospitalizations, facilitating community living, and enhancing recovery. \$325,000 GF-S in start-up funds are assumed to hire and train staff. Training will cost \$100,000 GF-S. Start-up will occur for three months in FY 2014. Ongoing costs for a full team is \$1,300,000 (\$825,000 GF-S) beginning in FY 2015.

Peer Support

Peer Support provides one-on-one support designed to help individuals who are hospitalized become connected to the community services reducing hospitalizations. There are a number of evidence-based practice models and emerging best practices that have been demonstrated to help individuals avoid the hospital, avoid becoming institutionalized, find their way to recovery more quickly, while still effectively managing safety concerns. Costs in this request are based on OPTUM Health's (Pierce County) Peer Bridgers program. This effort will begin in FY 2015 at a cost of \$736,000 (\$466,000 GF-S) for two Peer Support teams.

Mobile Crisis Outreach Teams

Crisis response is often simply focused on commitment decisions under the ITA. The Designated Mental Health Professional (DMHP) responds and commits, and if commitment criteria are not met, there is often no follow-up on treatment. The mobile crisis team is there to address the crisis, but then stays involved, seeks to provide safe, less restrictive alternatives to hospitalization and only if necessary undertakes involuntary detention to a hospital or evaluation and treatment facility. Funding is requested for approximately 15 teams, at a cost of \$133,000 annually per team. This service is Medicaid reimbursable to the extent that the population is covered by Medicaid. Start-up costs are \$333,000 GF-S for two months in FY 2014. The annual cost begins in FY 2015 and is \$2,000,000 (\$1,270,000 GF-S).

Crisis Triage Centers

For the crisis response teams to be effective they would need local resources such as one of the existing E&Ts or a stabilization center with some residential capacity. Effective triage programming involves pooling and co-locating the crisis response resources in a community. The pooling of resources and cooperation provides an increased array of tools to engage difficult or dangerous persons in treatment. Funding is requested for two facilities for a total cost of \$2,266,000 (\$1,439,000 GF-S) beginning in FY 2015. Start-up costs are \$500,000 GF-S for two months in FY 2014.

Evaluation and Treatment Centers and RSN Incentive:

Forty-eight residential E&T beds at three 16-bed facilities are needed. It will take 12-months to get these beds on-line. Start-up in FY14 is \$1,728,000 GF-S. On-going costs start in FY15 for a total cost of \$10,512,000 (\$5,694,000). RSN incentive funding is needed for planning, citing and licensing the facilities. Funding the RSN incentive will be

\$3,000,000 GF-S in FY14.

A mental health program manager is needed to manage this process. The cost is 113,000 (\$74,000) in FY 2014 and \$107,000 (\$70,000 GF-S) in FY 2015 and ongoing.

The total request for the 2013-15 biennium is \$15,824,000 GF-S; \$23,020,000 total funds.

The attached document provides the detailed cost assumptions.

Part III: Expenditure Detail

III. A - Expenditures by Object Or Purpose

	FY 2014	FY 2015	2013-15	2015-17	2017-19
FTE Staff Years	1.0	1.0	1.0	1.0	1.0
A-Salaries and Wages	70,000	70,000	140,000	140,000	140,000
B-Employee Benefits	21,000	21,000	42,000	42,000	42,000
C-Professional Service Contracts					
E-Goods and Other Services	14,000	14,000	28,000	28,000	28,000
G-Travel					
J-Capital Outlays	6,000		6,000		
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services	5,986,000	16,814,000	22,800,000	33,628,000	33,628,000
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements	2,000	2,000	4,000	4,000	4,000
9-					
Total:	\$6,099,000	\$16,921,000	\$23,020,000	\$33,842,000	\$33,842,000

III. B - Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2014	FY 2015	2013-15	2015-17	2017-19
WMS BAND 2	69,900	1.0	1.0	1.0	1.0	1.0
Total FTE's	69,900	1.0	1.0	1.0	1.0	1.0

III. C - Expenditures By Program (optional)

Program	FY 2014	FY 2015	2013-15	2015-17	2017-19
Divison of Mental Health (030)	6,099,000	16,921,000	23,020,000	33,842,000	33,842,000
Total \$	6,099,000	16,921,000	23,020,000	33,842,000	33,842,000

Part IV: Capital Budget Impact

NONE

Part V: New Rule Making Required

Identify provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.

New rules are not anticipated.

Community Alternatives - PSSB 5480

Service	FY 2014			FY 2015			Biennial Total		
	GF- State	Other	Total	GF-State	Other	Total	GF-State	Other	Total
PACT Team	425,000	-	425,000	825,000	475,000	1,300,000	1,250,000	475,000	1,725,000
Peer Support	-	-	-	466,000	270,000	736,000	466,000	270,000	736,000
Mobile Crisis Teams	333,000	-	333,000	1,270,000	730,000	2,000,000	1,603,000	730,000	2,333,000
Crisis Stabilization Centers	500,000	-	500,000	1,439,000	827,000	2,266,000	1,939,000	827,000	2,766,000
Evaluation and Treatment Centers	1,728,000	-	1,728,000	5,694,000	4,818,000	10,512,000	7,422,000	4,818,000	12,240,000
RSN Incentive	3,000,000		3,000,000				3,000,000	-	3,000,000
1.0 FTE Mental Health Program Manager	74,000	39,000	113,000	70,000	37,000	107,000	144,000	76,000	220,000
Grand Total	6,060,000	39,000	6,099,000	9,764,000	7,157,000	16,921,000	15,824,000	7,196,000	23,020,000

PSSB 5480 Community Alternatives Attachment