

Multiple Agency Fiscal Note Summary

Bill Number: 5732 2S SB AMH HCW H2172.1	Title: Adult behavioral health
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Estimated Cash Receipts

NONE

Estimated Expenditures

Agency Name	2013-15			2015-17			2017-19		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Office of the Governor	.0	0	0	.0	0	0	.0	0	0
Office of Financial Management	.0	0	0	.0	0	0	.0	0	0
Washington State Health Care Authority	Fiscal note not available								
Department of Social and Health Services	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Department of Corrections	.0	0	0	.0	0	0	.0	0	0
University of Washington	Non-zero but indeterminate cost and/or savings. Please see discussion.								
The Evergreen State College	.0	0	0	.0	0	0	.0	0	0
Total	0.0	\$0	\$0	0.0	\$0	\$0	0.0	\$0	\$0

Estimated Capital Budget Impact

NONE

Prepared by: Richard Pannkuk, OFM	Phone: (360) 902-0539	Date Published: Preliminary 4/ 5/2013
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* See Office of the Administrator for the Courts judicial fiscal note

** See local government fiscal note

FNPID 35472

FNS029 Multi Agency rollup

Individual State Agency Fiscal Note

Bill Number: 5732 2S SB AMH HCW H2172.1	Title: Adult behavioral health	Agency: 075-Office of the Governor
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Part I: Estimates

☒ No Fiscal Impact

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:

- ☐ 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: Chris Blake	Phone: 360-786-7392	Date: 04/01/2013
Agency Preparation: Stephanie Lidren	Phone: 360-902-3056	Date: 04/01/2013
Agency Approval: Aaron Butcher	Phone: 360-902-0406	Date: 04/01/2013
OFM Review: Tristan Wise	Phone: (360) 902-0538	Date: 04/01/2013

Request # 032-1

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.

This version of SB 5732 eliminates the task force, therefore, no participation from the Governor's Office and continues to be no fiscal impact.

The difference between 2SSB 5732 and the PSSB 5732 is new Section 1(a)(iv) The governor shall request participation by a representative of tribal governments.

The participation on the task force to examine reform of the adult behavioral health system should only be a few hours a month and can be absorbed within existing resources, therefore, no fiscal impact to the Governor's Office.

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.

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.

Part III: Expenditure Detail

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.

Individual State Agency Fiscal Note

Bill Number: 5732 2S SB AMH HCW H2172.1	Title: Adult behavioral health	Agency: 105-Office of Financial Management
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Part I: Estimates

☒ No Fiscal Impact

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.

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- ☐ Capital budget impact, complete Part IV.
- ☐ Requires new rule making, complete Part V.

Legislative Contact: Chris Blake	Phone: 360-786-7392	Date: 04/01/2013
Agency Preparation: Stephanie Lidren	Phone: 360-902-3056	Date: 04/01/2013
Agency Approval: Aaron Butcher	Phone: 360-902-0406	Date: 04/01/2013
OFM Review: Tristan Wise	Phone: (360) 902-0538	Date: 04/01/2013

Request # 095-1

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.

This version of SB 5732 eliminates the task force, therefore, no participation from the Office of Financial Management and continues to be no fiscal impact.

The difference between 2SSB 5732 and the PSSB 5732 is new Section 1(a)(iv) The governor shall request participation by a representative of tribal governments.

The participation on the task force to examine reform of the adult behavioral health system should only be a few hours a month and can be absorbed within existing resources, therefore, no fiscal impact to the Office of Financial Management.

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.

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Part III: Expenditure Detail

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.

Individual State Agency Fiscal Note

Bill Number: 5732 2S SB AMH HCW H2172.1	Title: Adult behavioral health	Agency: 300-Dept of Social and Health Services
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Part I: Estimates

☐

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Expenditures from:

Non-zero but indeterminate cost. Please see discussion.

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.

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☐

Capital budget impact, complete Part IV.

☐

Requires new rule making, complete Part V.

Legislative Contact: Chris Blake	Phone: 360-786-7392	Date: 04/01/2013
Agency Preparation: Martha Brenna	Phone: 3609028194	Date: 04/04/2013
Agency Approval: Kelci Karl-Robinson	Phone: 360-902-8174	Date: 04/04/2013
OFM Review: Richard Pannkuk	Phone: (360) 902-0539	Date: 04/05/2013

Request # 132SSB5732-1

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.

NEW SECTION 1:

(1) The systems responsible for financing, administration, and delivery of publicly funded mental health and chemical dependency services to adults must be designed and administered to achieve improved outcomes for adult clients served by those systems through increased use and development of evidence-based, research-based, and promising practices, as defined in RCW 71.24.025.

(2) (a) The Department must establish a steering committee that includes an extensive list of stakeholders.

(b) The adult behavioral health system improvement strategy must include:

- An assessment of the capacity of the current publicly funded behavioral health services system,
- Identification, development, and increased use of evidence-based, research-based, and promising practices,
- Design and implementation of a transparent quality management system,
- Identification of behavioral health services delivery and financing mechanisms,
- Identification of effective methods for promoting workforce capacity, efficiency, and safety.

(c) The Department must seek private foundation and federal grant funding to support the adult behavioral health system improvement strategy.

(d) By May 15, 2014, the Washington State Institute for Public Policy, in consultation with the Department and other key organizations shall prepare an inventory of evidence-based, research-based, and promising practices for prevention and intervention services. The Department shall use the inventory in preparing the behavioral health improvement strategy.

(e) By August 1, 2014, the Department must report to the governor and the relevant fiscal and policy committees of the legislature on the status of implementation of the behavioral health improvement strategy, including strategies developed or implemented to date, timelines, and costs to accomplish phased implementation of the adult behavioral health system improvement strategy.

(3) The Department must contract for the services of an independent consultant to review the provision of forensic mental health services and provide recommendations as to whether and how the state's forensic mental health system should be modified. By August 1, 2014, the Department must submit a report regarding the recommendations of the independent consultant to the governor and the relevant fiscal and policy committees.

NEW SECTION 2 added to 70.97 RCW: Contingent on funding, the Department must issue a request for proposal for Enhanced Services Facilities (ESF) by June 1, 2014 and complete the procurement process by January 1, 2015.

NEW SECTION 3 added to 71.05 RCW: Stipulates that persons committed for 90 or 180 days of involuntary treatment must be discharged to the community in accordance with an individualized discharge plan within 21 days after the hospital determines that the person no longer requires active psychiatric treatment at an inpatient level of care.

SECTION 4: Amends the definitions of ‘evidence-based practice’, ‘emerging and promising practice’ and ‘research-based practice’.

NEW SECTION 5: An applicant for registration as an agency affiliated counselor who applies to the Department within seven days of employment may work for up to sixty days while the application is being processed. The applicant may not provide unsupervised counseling prior to the completion of a criminal background check performed by either the employer or the secretary.

NEW SECTION 6: By November 30, 2013, the Department and Health Care Authority must report to the Governor and Legislative fiscal committees a plan that includes a tribal-centric behavioral health system for mental health and chemical dependency services. The plan is described.

NEW SECTION 7: Section 3 is effective July 1, 2018.

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.

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.

NEW SECTION 1

(2)(a): Behavioral Health and Service Integration Administration (BHSIA) anticipates that appropriate staff will participate on the steering committee. There is no fiscal impact for their participation.

(2)(d) requires Washington State Institute for Public Policy (WSIPP), in consultation with the Department and the University of Washington Evidence Based Practice Institute (EBPI) to prepare an inventory of evidence-based, research-based, and promising practices for prevention and intervention services. This work is estimated to cost \$50,000 GF-S, \$100,000 total funds.

(2)(e): In order to implement the behavioral health improvement strategy, the BHSIA requires additional FTEs for rule making, provider development, steering committee related activities and for data management. A project manager, a program manager and an ITS 4 are needed. The cost is \$335,000 (\$218,000 GF-S) in FY 2014, and \$317,000 (\$206,000 GF-S) in FY 2015. These FTEs would be ongoing.

(3): BHSIA requires \$80,000 total (\$52,000 GF-State) in FY 2014 to contract for the services of an independent consultant to review the provision of forensic mental health services.

NEW SECTION 2:

Long Term Care (LTC) costs are to develop a new category of licensed residential facility, Enhanced Service Facility (ESFs). The ESFs will use higher staffing ratios and behavioral and environmental interventions to serve individuals who do not need active treatment at the state psychiatric hospitals. These individuals require a higher level of staffing than is

generally provided in adult family homes, assisted living facilities, or other community residential settings due to client behaviors.

The additional staff in the LTC program consist of one Residential Community Services (RCS) position for rule development and establishing licensing and certification standards for the new type of facility. The two Home and Community Services (HCS) positions are a contract and resource developer in the first year, who then becomes a program manager in subsequent years, and a contract monitoring position. Staffing costs are 3.0 FTE and \$324,000 (\$162,000 GF-S) in FY 2014 and 4.0 FTE, \$398,000 (\$199,000 GF-S) in FY 2015.

Rate Add On Assumptions

1. The base rate is the weighted average for Assisted Living/Adult Residential Care/Enhanced Adult Residential Care. The rate is comprised of \$65.79 plus an add on of \$216.26 per day per resident for a total of \$282.05.
2. It is assumed that an average of 4 clients are placed per month.
3. The placement fees are considered one-time costs and will only be paid for the initial placement of the proposed 42 clients. Fees are \$5,000 in FY 2014 and \$104,000 in FY 2015.

Fund Split Assumptions

FMAP at 50 percent except the Placement Fee which will be 100 percent GF-State because matching funds are not earned until clients start receiving services.

The fiscal note is indeterminate due to Section 2 of the bill that says that the department must issue a request for proposal for enhanced services facilities to the extent that funds are appropriated for the purpose. Assuming that 4 clients are placed a month, the client only cost in FY 2015 would be \$1,999,000 (\$999,500 GF-S) and \$4,324,000 (\$2,162,000 GF-S) in FY 2016.

NEW SECTION 3:

Effective July 1, 2018, regional support networks must work with the hospital to develop an individualized discharge plan and arrange for transition into the community within twenty-one days of the determination that a person no longer requires active treatment at an inpatient care level. The bill adds the time restriction to existing work. It is anticipated that the deadline will not cause increased workload.

Sections 4 and 5 have no cost to the department.

NEW SECTION 6

Eight months of an FTE are required for creation of the tribal centric behavioral health plan. The cost is \$68,000 (\$44,000 GF-S).

See attachment 5732 Adult Behavioral Health Services Indeterminate and EBPI.

Part III: Expenditure Detail

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.

Enhanced Service Facilities

Long Term Care

Cost Breakdown	FY14	FY15	FY16	FY17	FY18	FY19
FTE	3.0	4.0	4.0	4.0	4.0	4.0
Salary	186,000	248,000	248,000	248,000	248,000	248,000
Benefits	63,000	84,000	84,000	84,000	84,000	84,000
Goods and Services	39,000	52,000	52,000	52,000	52,000	52,000
Travel	9,000	6,000	6,000	6,000	6,000	6,000
Equipment	24,000	4,000	4,000	4,000	4,000	4,000
ISSD	3,000	4,000	4,000	4,000	4,000	4,000
Placement Fee	5,000	104,000	-	-	-	-
Rate + Add On	-	1,999,000	4,324,000	4,336,000	4,324,000	4,324,000
Total	329,000	2,501,000	4,722,000	4,734,000	4,722,000	4,722,000
FMAP	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
State	167,000	1,303,000	2,361,000	2,367,000	2,361,000	2,361,000
Federal	162,000	1,198,000	2,361,000	2,367,000	2,361,000	2,361,000
Total	329,000	2,501,000	4,722,000	4,734,000	4,722,000	4,722,000

Mental Health

Tribal Centric Behavioral Health	FY14	FY15	FY16	FY17	FY18	FY19
	0.8					
State	44,000					
Federal	24,000	-	-	-	-	-
Total	68,000					

Staffing	FY14	FY15	FY16	FY17	FY18	FY19
FTE	3.0	3.0	3.0	3.0	3.0	3.0
Salary	205,000	205,000	205,000	205,000	205,000	205,000
Benefits	63,000	63,000	63,000	63,000	63,000	63,000
Goods and Services	42,000	42,000	42,000	42,000	42,000	42,000
Travel	1,000	1,000	1,000	1,000	1,000	1,000
Equipment	19,000	1,000	1,000	1,000	1,000	1,000
ISSD	5,000	5,000	5,000	5,000	5,000	5,000
Staffing Total	335,000	317,000	317,000	317,000	317,000	317,000
FMAP	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%
State	218,000	206,000	206,000	206,000	206,000	206,000
Federal	117,000	111,000	111,000	111,000	111,000	111,000
Staffing Total by Fund	335,000	317,000	317,000	317,000	317,000	317,000

Forensic Study	FY14	FY15	FY16	FY17	FY18	FY19
State	52,000					
Federal	28,000	-	-	-	-	-
Forensic Study Total	80,000					
FMAP	35.00%					

WSIPP and UW EBPI	FY14	FY15	FY16	FY17	FY18	FY19
State	50,000					
Federal	50,000	-	-	-	-	-
WSIPP and UW EBPI Total	100,000					
FMAP	50.00%					

TOTAL

Summary	FY14	FY15	FY16**	FY17**	FY18**	FY19**
State	531,000	1,509,000	2,567,000	2,573,000	2,567,000	2,567,000
Federal	381,000	1,309,000	2,472,000	2,478,000	2,472,000	2,472,000
Total	912,000	2,818,000	5,039,000	5,051,000	5,039,000	5,039,000

** Assumes no growth after 2013-15 biennium.

Individual State Agency Fiscal Note

Bill Number: 5732 2S SB AMH HCW H2172.1	Title: Adult behavioral health	Agency: 310-Department of Corrections
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Part I: Estimates

☒ No Fiscal Impact

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- ☐ Capital budget impact, complete Part IV.
- ☐ Requires new rule making, complete Part V.

Legislative Contact: Chris Blake	Phone: 360-786-7392	Date: 04/01/2013
Agency Preparation: Tuekwe George	Phone: (360) 725-8301	Date: 04/04/2013
Agency Approval: Sarian Scott	Phone: (360) 725-8270	Date: 04/04/2013
OFM Review: Kate Davis	Phone: (360) 902-0570	Date: 04/04/2013

Request # 125-1

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.

Section 1 adds a new section to chapter 43.20A RCW requiring that the systems responsible for financing, administration, and delivery of public behavioral health services be designed to achieve improved outcomes for adult clients through increased use and development of evidence-based, research-based, and promising practices. The Department of Social and Health Services (DSHS) must establish a steering committee that includes behavioral health service recipients and their families; local government; representatives of regional support networks; representatives of county coordinators; law enforcement; city and county jails; tribal representatives; behavioral health service providers; housing providers; long-term care service providers; organizations representing health care professionals providing services in mental health settings. DSHS must develop and implement a strategy for the improvement of the adult behavioral health system. The adult behavioral health system improvement strategy must include an assessment of the capacity of publicly funded behavior health services; increased use of evidence-based, research-based, and promising practices; design and implementation of a transparent quality management system; and identification and phased implementation of service delivery, financing or other strategies that will promote improvement of the behavioral health system. By August 1, 2014, DSHS must report to the Governor and the relevant fiscal and policy committees of the Legislature on the status of implementation of the behavioral health improvement strategy and must submit a report regarding the recommendations of the independent consultant.

Section 2 adds a new section to chapter 70.97 RCW providing that to the extent funded, DSHS must begin a procurement process for enhanced services facility services by June 1, 2014, and complete the process by January 1, 2015.

Section 3 adds a new section to chapter 71.05 RCW, providing that when the superintendent of a state hospital determines that a long-term patient no longer requires active psychiatric treatment at an inpatient level of care, the regional support network responsible for the individual must collaborate with the state hospital to transition the person into the community within 21 days of the determination.

Section 4 amends RCW 71.24.025 to clarify the definitions for emerging best practice or promising practice, evidence-based, and research-based.

Section 5 amends RCW 18.19.210 to allow an agency affiliated counselor to work up to 60 days while their employment application is being processed.

Section 6 adds new section to chapter 43.20A RCW, providing that by November 30, 2013, DSHS and HCA must report to the governor and relevant committees a plan that establishes a tribal-centric behavioral health system incorporating both mental health and chemical dependency services.

Section 7 adds a new section establishing an effective date of July 1, 2018 for section 3.

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.

None.

The Department of Corrections (DOC) impact is general fund state.

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.

No fiscal impact.

The proposed legislation under 2nd Session Senate Bill 5732 requires an establishment of a steering committee, of which some members may be employees of DOC to help establish the adult behavioral health system improvement strategy.

Assumptions:

1. DOC will participate as a voting member on the steering committee, within existing resources.
2. Mental health services are critical for many DOC offenders.
3. Efforts to reduce recidivism include mental health services.

Part III: Expenditure Detail

Part IV: Capital Budget Impact

NONE

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.

None.

Individual State Agency Fiscal Note

Bill Number: 5732 2S SB AMH HCW H2172.1	Title: Adult behavioral health	Agency: 360-University of Washington
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Part I: Estimates

☐

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Expenditures from:

Non-zero but indeterminate cost. Please see discussion.

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.

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Capital budget impact, complete Part IV.

☐

Requires new rule making, complete Part V.

Legislative Contact: Chris Blake	Phone: 360-786-7392	Date: 04/01/2013
Agency Preparation: Becka Johnson	Phone: 206-616-7203	Date: 04/04/2013
Agency Approval: Becka Johnson	Phone: 206-616-7203	Date: 04/04/2013
OFM Review: Marc Webster	Phone: 360-902-0650	Date: 04/05/2013

Request # 2013-67-1

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.

In this bill - the Department of Social and Health Services (DSHS) is to develop a strategy for the improvement of the adult behavioral health system in WA State. The current language states that when preparing the inventory of evidence-based practices, the Washington State Institute for Public Policy may consult other groups, including the University of Washington (UW) Evidence-Based Practice Institute (EBPI), the UW Alcohol and Drug Abuse Institute (ADAI), and the Washington Institute for Mental Health Research & Training (WIMHRT).

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.

II. C - Expenditures

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The bill states that by May 15, 2014, the Washington state institute for public policy, in consultation with the department, the UW EBPI, the UW ADAI, and the WIMHRT, shall prepare an inventory of evidence-based, research-based, and promising practices for prevention and intervention services. Therefore, for the purposes of this fiscal note, we assume that the project for which these institutes would be consulted would conclude by the end of FY14. As it is unclear how much consultation would be asked of these institutes, our estimate of expenditures is indeterminate.

Please note: It is possible that the UW would be asked to participate in the DSHS steering committee; however, as the bill does not explicitly state that the UW would be asked to participate, this fiscal note assumes it will not.

Expenditures for consultation, depending on the need, are estimated at up to approximately \$100,000 per year. This estimate is based on the increase in FTE that would allow availability and participation in phone calls or meetings in Olympia. We project that three to six faculty members (salaries averaging approximately \$120,000) would be asked to consult on the project and that the time required of each (including travel, meeting preparation, and consultation time) would be approximately 0.1 FTE, for a total of 0.3 to 0.6 FTE. An Administrative Specialist (salary of approximately \$45,000) would also be required to handle project communication, scheduling and travel reimbursements. The Admin. Specialist time would depend on the number of faculty asked to consult, we estimate something in the range of 0.05 FTE to 0.1 FTE. We estimate travel to and from Olympia (gas and parking) to cost somewhere in the range of \$800 to \$1,800 for FY14.

FY14

Salaries and Wages: \$38,250 to \$76,500

Employee Benefits: \$10,450 to \$20,900 (assuming a 26.90% benefits rate for faculty and a 34.00% benefits rate for professional staff)

Travel: \$800 to \$1,800

Request # 2013-67-1

TOTAL: \$49,500 to \$99,200

Part III: Expenditure Detail

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.

Individual State Agency Fiscal Note

Bill Number: 5732 2S SB AMH HCW H2172.1	Title: Adult behavioral health	Agency: 376-The Evergreen State College
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Part I: Estimates

☒ No Fiscal Impact

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:

- ☐ 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: Chris Blake	Phone: 360-786-7392	Date: 04/01/2013
Agency Preparation: Hope Hough	Phone: (360) 586-2769	Date: 04/01/2013
Agency Approval: Steve Trotter	Phone: (360) 867-6185	Date: 04/01/2013
OFM Review: Marc Webster	Phone: 360-902-0650	Date: 04/03/2013

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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.

5732 2S SB AMH HCW H2172.1 § 1 (2) (d) directs the Washington State Institute for Public Policy (Institute), in consultation with the Department of Social and Health Services, the University of Washington evidence-based practice institute, the University of Washington alcohol and drug abuse institute, and the Washington institute for mental health research and training, to prepare an inventory of evidence-based, research-based, and promising practices for prevention and intervention behavioral health services. The Institute can prepare this inventory using existing resources available for a related project.

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.

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.

Part III: Expenditure Detail

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.