

# Multiple Agency Fiscal Note Summary

<b>Bill Number:</b> 1713 S HB	<b>Title:</b> Children's mental health
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## Estimated Cash Receipts

Agency Name	2017-19		2019-21		2021-23	
	GF- State	Total	GF- State	Total	GF- State	Total
Washington State Health Care Authority	0	1,320,000	0	1,760,000	0	1,760,000
<b>Total \$</b>	<b>0</b>	<b>1,320,000</b>	<b>0</b>	<b>1,760,000</b>	<b>0</b>	<b>1,760,000</b>

Local Gov. Courts *						
Loc School dist-SPI		3,670,000		3,670,000		3,670,000
Local Gov. Other **						
Local Gov. Total						

## Estimated Expenditures

Agency Name	2017-19			2019-21			2021-23		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Washington State Health Care Authority	.0	1,056,000	2,376,000	.0	1,408,000	3,168,000	.0	1,408,000	3,168,000
Department of Social and Health Services	.0	0	0	.0	0	0	.0	0	0
Superintendent of Public Instruction	.0	3,972,000	3,972,000	.0	3,966,000	3,966,000	.0	3,966,000	3,966,000
Workforce Training and Education Coordinating Board	.3	404,000	404,000	.0	0	0	.0	0	0
Department of Early Learning	Fiscal note not available								
University of Washington	2.1	586,500	586,500	2.8	782,000	782,000	2.8	782,000	782,000
Washington State University	2.3	605,726	605,726	3.0	752,084	752,084	3.0	752,084	752,084
<b>Total</b>	<b>4.7</b>	<b>\$6,624,226</b>	<b>\$7,944,226</b>	<b>5.8</b>	<b>\$6,908,084</b>	<b>\$8,668,084</b>	<b>5.8</b>	<b>\$6,908,084</b>	<b>\$8,668,084</b>

Local Gov. Courts *									
Loc School dist-SPI			3,670,000			3,670,000			3,670,000
Local Gov. Other **									
Local Gov. Total									

## Estimated Capital Budget Impact

NONE

<b>Prepared by:</b> Robyn Williams, OFM	<b>Phone:</b> (360) 902-0575	<b>Date Published:</b> Preliminary 2/23/2017
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\* See Office of the Administrator for the Courts judicial fiscal note

\*\* See local government fiscal note

FNPID: 47818

FNS029 Multi Agency rollup

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 1713 S HB	<b>Title:</b> Children's mental health	<b>Agency:</b> 107-Washington State Health Care Authority
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## Part I: Estimates

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No Fiscal Impact

### Estimated Cash Receipts to:

ACCOUNT	FY 2018	FY 2019	2017-19	2019-21	2021-23
General Fund-Federal 001-2	440,000	880,000	1,320,000	1,760,000	1,760,000
<b>Total \$</b>	440,000	880,000	1,320,000	1,760,000	1,760,000

### Estimated Expenditures from:

	FY 2018	FY 2019	2017-19	2019-21	2021-23
<b>Account</b>					
General Fund-State 001-1	352,000	704,000	1,056,000	1,408,000	1,408,000
General Fund-Federal 001-2	440,000	880,000	1,320,000	1,760,000	1,760,000
<b>Total \$</b>	792,000	1,584,000	2,376,000	3,168,000	3,168,000

### 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:

☒

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: Dawn Eychaner	Phone: 360-786-7135	Date: 02/09/2017
Agency Preparation: Darla Gehrke	Phone: 360-725-0456	Date: 02/22/2017
Agency Approval: Thuy Hua-Ly	Phone: 360-725-1855	Date: 02/22/2017
OFM Review: Robyn Williams	Phone: (360) 902-0575	Date: 02/23/2017

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.

See narrative

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

III. A - Expenditures by Object Or Purpose

	FY 2018	FY 2019	2017-19	2019-21	2021-23
FTE Staff Years					
A-Salaries and Wages					
B-Employee Benefits					
C-Professional Service Contracts					
E-Goods and Other Services					
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services	792,000	1,584,000	2,376,000	3,168,000	3,168,000
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
Total:	\$792,000	\$1,584,000	\$2,376,000	\$3,168,000	\$3,168,000

III. C - Expenditures By Program (optional)

Program	FY 2018	FY 2019	2017-19	2019-21	2021-23
HCA-Other (200)	792,000	1,584,000	2,376,000	3,168,000	3,168,000
Total \$	792,000	1,584,000	2,376,000	3,168,000	3,168,000

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.

None

# HCA Fiscal Note

Bill Number: 1713 SHB

HCA Request #: 17-55-2 REVISED

## Part II: Narrative Explanation

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

#### Section Two:

Requires the Health Care Authority (HCA) to oversee the coordination of resources and services through the managed health care system for children who are eligible for medical assistance and have been identified as requiring mental health treatment to ensure access and treatment based on their assessed needs.

#### Section Three:

Requires the HCA to report on the status of access to Behavior Health (BH) services for children 0-17 by December 1, 2017 and annually thereafter.

#### Section Four:

Requires the HCA to require and fund universal screening for depression in youth 12-18 and requires provider payment for maternal depression screening for mothers of children ages birth to five effective January 1, 2018.

#### Section Eleven:

Requires Behavioral Health Organizations to reimburse for behavioral health services provided through telemedicine or "store and forward" technology effective January 1, 2018.

### II. B - Cash Receipts Impact

Cash Receipts			FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
001	GF-Federal Medicaid Title XIX	C	440,000	880,000	880,000	880,000	880,000	880,000
Total			440,000	880,000	880,000	880,000	880,000	880,000
Biennial total				1,320,000		1,760,000		1,760,000

### II. C - Expenditures

Many of the oversight requirements in section 2 are current requirements. This bill adds individual involvement at the Managed Care Organizations (MCO) level. The HCA assumes this would increase the cost of care coordination if every child receiving Mental Health (MH) treatment must be assigned active care coordination at the MCO level.

It also requires the MCOs to keep a current list of providers actively taking Medicaid clients. This has historically been very challenging to accomplish without an incentive to the providers to inform which could have a fiscal impact to HCA. For purposes of this analysis, the impact is assumed to be zero.

There would be indeterminate external fiscal impact from section 2 since the MCOs will be performing the activities which we assume would impact rates. The internal administrative impact would minimal to update the MCO contracts.

The report to committees regarding access to MH services for children and youth 0-17 will determine if enough safeguards and linkages are in place to identify MH needs and link to services in a timely manner. This report will include the following broken down by age, gender, race and ethnicity:

- Percent of discharges for youth 6-17 from an Emergency Room (ER) with a primary diagnosis of MH or Substance Use Disorder (SUD) with a follow up visit by a corresponding MH or SUD provider

## HCA Fiscal Note

Bill Number: 1713 SHB

HCA Request #: 17-55-2 REVISED

- Percent of members with an identified MH need who received MH services
- Percent of children served by Behavior Health Organizations (BHOs) including types of services
- Number of MH providers available and percent of those actively accepting new clients (new report requirement).

The internal administrative impact would be minimal to add the new section to the children's mental health report.

Section 4 of the bill requires the HCA to fund and require universal depression screening for youth 12-18 as recommended by the Bright Futures guidelines of the American Academy of Pediatrics as they existed on January 1, 2017. This age range for depression has been acknowledged by Bright Futures but is not the current recommendation. The current recommendation stands at 11-21 which links to Bright Futures and is in line with Early and Periodic Screening Diagnosis and Treatment (EPSDT). The bill also requires depression screening for mothers of children 0-5.

For purposes of this fiscal note we provided information on ages 12-18 as stated in the bill as well as the maternal screening for mothers of children birth-five years of age. The bill does not stipulate the circumstances under which maternal depression screening would occur, therefore for the purpose of this analysis the HCA assumed an annual screen every year between 12-18 years of age. This is consistent with the Bright Futures schedule.

Rate change	Count Distinct Claims	GFS	GFF	TOTAL
Maternal Depression Screening				
Fee for Service	47,017	\$ 63,000	\$ 77,000	\$ 140,000
Managed Care	372,017	\$ 499,000	\$ 606,000	\$ 1,105,000
Child Depression Screening: Ages 12-18				
Fee for Service	13,019	\$ 18,000	\$ 26,000	\$ 44,000
Managed Care	86,654	\$ 124,000	\$ 171,000	\$ 295,000
<b>Total fiscal year impact of policy change</b>		<b>\$ 704,000</b>	<b>\$ 880,000</b>	<b>\$ 1,584,000</b>

Section 11 requires Behavioral Health Organizations to reimburse for behavioral health services provided through telemedicine or "store and forward" technology effective January 1, 2018. The plans in the Fully Integrated Managed Care (FIMC) region can use telemedicine to provide Behavior Health services. Services provided through telemedicine are already covered, no fiscal impact to HCA.

### Estimated Expenditures by Object:

Objects		FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
N	Grants, Benefits Services	792,000	1,584,000	1,584,000	1,584,000	1,584,000	1,584,000
<b>Total</b>		<b>792,000</b>	<b>1,584,000</b>	<b>1,584,000</b>	<b>1,584,000</b>	<b>1,584,000</b>	<b>1,584,000</b>

### Estimated Expenditures by Source of Funds:

Expenditures		FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
001	GF-State	1 352,000	704,000	704,000	704,000	704,000	704,000
001	GF-Federal Medicaid Title XIX	C 440,000	880,000	880,000	880,000	880,000	880,000
<b>Total</b>		<b>792,000</b>	<b>1,584,000</b>	<b>1,584,000</b>	<b>1,584,000</b>	<b>1,584,000</b>	<b>1,584,000</b>
<b>Biennial Total</b>			<b>2,376,000</b>		<b>3,168,000</b>		<b>3,168,000</b>

## HCA Fiscal Note

Bill Number: 1713 SHB

HCA Request #: 17-55-2 REVISED

### **Part IV: Capital Budget Impact**

None.

### **Part V: New Rule Making Required**

None.

# Individual State Agency Fiscal Note

Revised

<b>Bill Number:</b> 1713 S HB	<b>Title:</b> Children's mental health	<b>Agency:</b> 300-Department of Social and Health Services
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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: Dawn Eychaner	Phone: 360-786-7135	Date: 02/09/2017
Agency Preparation: Sara Corbin	Phone: 360-902-8194	Date: 02/17/2017
Agency Approval: Ken Brown	Phone: 360-902-7583	Date: 02/17/2017
OFM Review: Devon Nichols	Phone: (360) 902-0582	Date: 02/17/2017

## 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.*

SHB 1713 has no fiscal impact to the Department of Social and Health Service (DSHS), Behavioral Health Administration (BHA) for Sections 11 and 12.

Sec. 11. Amends RCW 71.24.061 referencing DSHS, although Health Care Authority (HCA) currently administers the Partnership Access Line (PAL). HCA will assume implementation of a statewide PAL program as a result of BH Integration, which is in addition to their currently provided contract of \$608,000 specifically for a Benton/Franklin counties pilot. No fiscal impact for Behavioral Health Administration (BHA) is assumed as a result of this bill.

Sec. 12. Adds language that a Behavioral Health Organization (BHO) shall reimburse a provider for any telemedicine store or forward technology. In consultation with the Mercer actuary, BHA notes this language would add no costs as this adds a mechanism for receiving services and these services are already included in the rates.

Fiscal impact related to sections 1 through section 10 would be incurred by the agency noted in each section; Health Care Authority (HCA), Superintendent of Public Instruction (SPI), Workforce Training & Education Coordination Board (WTECB), Washington State University (WSU), University of Washington (UW), and Department of Early Learning (DEL).

This bill implements recommendations from the Children's Mental Health Work Group from last session ESSHB 2439.

Sec. 2. HCA must oversee coordination of resources and services to ensure children receive treatment and appropriate care based on their assessed needs regardless of whether that assessment came from a primary care provider, school based services, or another practitioner. Requires HCA to ensure families have information about providers and services as well as timely access to services. This section expires June 30, 2020.

Sec. 3. HCA to report to the Legislature the status of access to behavioral health services for children.

Sec. 4. HCA to require universal depression screening by providers as per bright futures guidelines by January 2018 (subject to the availability of funds).

Sec. 11. DSHS to provide partnership access line program in collaboration with the Evidence-Based Practice Institute (EBPI), determine the cost of the program, and collect funds proportionally from each health carrier as defined in RCW 48.43.005.

New Sec. 12. DSHS to reimburse providers for telemedicine and implement rules as needed to ensure this happening.

New Sec. 13. Effective date of Section 12 is January 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.*

None

**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.*

None

**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.*

None

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 1713 S HB	<b>Title:</b> Children's mental health	<b>Agency:</b> 350-Superintendent of Public Instruction
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## Part I: Estimates

☐

No Fiscal Impact

### Estimated Cash Receipts to:

NONE

### Estimated Expenditures from:

	FY 2018	FY 2019	2017-19	2019-21	2021-23
<b>Account</b>					
General Fund-State 001-1	1,989,000	1,983,000	3,972,000	3,966,000	3,966,000
<b>Total \$</b>	1,989,000	1,983,000	3,972,000	3,966,000	3,966,000

### 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.

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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: Dawn Eychaner	Phone: 360-786-7135	Date: 02/09/2017
Agency Preparation: Troy Klein	Phone: (360) 725-6294	Date: 02/11/2017
Agency Approval: Mike Woods	Phone: 360 725-6283	Date: 02/11/2017
OFM Review: Kate Davis	Phone: (360) 902-0570	Date: 02/13/2017

## 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.*

SHB 1713 changes compared to HB 1713:

Section 6 changes language in the bill. Original stated "facilitating community partnerships", substitute bill states "facilitating partnerships with community mental health agencies and other providers".

#### Section 6

Requires each Educational Service District to establish a lead staff person for mental health. The lead staff person must have the primary responsibility of coordinating Medicaid billing for schools and districts, facilitating partnerships with community mental health agencies and other providers, sharing service models, seeking public and private grant funding, and ensuring the adequacy of other system level supports for students with mental health needs. The lead staff person must collaborate with the Office of the Superintendent of Public Instruction (OSPI) as provided in section 7.

#### Section 7

OSPI must employ a children's mental health coordinator to coordinate and provide support for the activities of the mental health lead staff person in each Educational Service District.

OSPI must designate one Educational Service District as "lighthouse" to provide technical assistance to Educational Service District mental health needs.

### 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.*

To implement the requirements of Section 7, OSPI estimates 1 FTE WMSII Program Supervisor and .25 FTE Administrative Assistant. Project costs in FY18 are \$154,000 for compensation, standard goods and services and travel, and one-time office set up costs. The ongoing costs are projected to be \$148,000 per year.

OSPI assumes funding would be passed through to Educational Service Districts to implement Section 6. The annual cost is expected to be \$1,835,000 for the following:

- 1 FTE Mental Health Coordinator in each of the 9 ESDs;
- .5 FTE support staff in 8 of the ESDs, and 1 FTE support staff in 1 ESD.
- .5 FTE Coordinator in 1 ESD for the Section 7(2) Lighthouse requirements.
- Goods, Services, Travel
- Space

The ESD costs are expected to be ongoing.

### Part III: Expenditure Detail

#### III. A - Expenditures by Object Or Purpose

	FY 2018	FY 2019	2017-19	2019-21	2021-23
FTE Staff Years					
A-Salaries and Wages	86,641	86,641	173,282	173,282	173,282
B-Employee Benefits	44,369	44,619	88,988	89,238	89,238
C-Professional Service Contracts					
E-Goods and Other Services	8,370	8,370	16,740	16,740	16,740
G-Travel	8,370	8,370	16,740	16,740	16,740
J-Capital Outlays	6,250		6,250		
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services	1,835,000	1,835,000	3,670,000	3,670,000	3,670,000
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
<b>Total:</b>	\$1,989,000	\$1,983,000	\$3,972,000	\$3,966,000	\$3,966,000

### Part IV: Capital Budget Impact

### 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

<b>Bill Number:</b> 1713 S HB	<b>Title:</b> Children's mental health	<b>Agency:</b> 354-Workforce Training and Education Coordinating Board
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## Part I: Estimates

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No Fiscal Impact

### Estimated Cash Receipts to:

NONE

### Estimated Expenditures from:

	FY 2018	FY 2019	2017-19	2019-21	2021-23
FTE Staff Years	0.2	0.4	0.3	0.0	0.0
<b>Account</b>					
General Fund-State 001-1	274,000	130,000	404,000	0	0
<b>Total \$</b>	274,000	130,000	404,000	0	0

### 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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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: Dawn Eychaner	Phone: 360-786-7135	Date: 02/09/2017
Agency Preparation: Wendy Tang	Phone: 3607094628	Date: 02/14/2017
Agency Approval: Glenna Red Elk	Phone: 360-709-4620	Date: 02/14/2017
OFM Review: Breann Boggs	Phone: (360) 902-0563	Date: 02/14/2017

## 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 8 of the bill would require the Health Workforce Council, which is staffed by the Workforce Board (Board), to collect and analyze workforce survey and administrative data for clinicians qualified to provide children's mental health services.

This analysis must include the following:

- Race and ethnicity of providers.
- Languages spoken by providers.
- Ages of patients served.
- Provider use of screening tools and assessments that are culturally relevant and linguistically valid and appropriate.
- The amount of culturally relevant training providers receive.

A report of the findings and recommendations must be submitted to the Governor and Legislature by December 1, 2018.

The Board has made two main assumptions in this fiscal note. First, the Board is assuming that the term "clinician" refers to masters degree level providers or higher. Second, the Board is assuming that the goals of this section would be satisfied through a random sample of providers, stratified by profession. If this legislation seeks a comprehensive review of all providers that may be offering some level of children's mental health services, the cost to implement this section would be considerably higher.

To complete the analysis in Section 8, the Board will identify and review the sources of provider training in children's mental health services to categorize how such training is obtained for Washington's clinicians. Through a review of administrative records and a random sample survey of approximately 8,000 providers, and in partnership with available data from provider associations and education and training entities, the Board will produce an analysis of the children's mental health workforce, including the specific demographic details and practice information as outlined above.

The Board anticipates a large portion of this work will be conducted through a contract with an educational institution skilled at health workforce research. The Board's Research Manager will participate in the research design and analysis, and a communications consultant 2 will assist in FY19 with developing the final report to policymakers. Staff resources in FY19 are calculated on a pro-rated basis from July 1, 2018 to December 1, 2018 to reflect the due date of the project report.

### 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.

### 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 Board will coordinate the project. A .2 FTE Research Manager will assist with research design, project management and report preparation in FY18 for a cost of \$29,000, and a cost of \$16,000 for FY19. A .15 FTE communications consultant will assist with report drafting and preparation in FY19 only at a cost of \$9,000.

Per Section 8 of the bill, the Workforce Board intends to contract with an educational institution with expertise in health workforce research to complete a large portion of the research and analysis work. This includes, in consultation with the Board's Research Manager, identifying possible sources of identification of the survey subjects, designing the questionnaire, developing and implementing a survey strategy, cleaning and coding results, analysis, and reporting. The Board has engaged in preliminary discussions about the work required in a potential contract and developed the estimated cost to complete the analysis and report required in the bill. The estimated contract costs would be \$245,000 in FY18 and \$105,000 in FY19.

### Part III: Expenditure Detail

#### III. A - Expenditures by Object Or Purpose

	FY 2018	FY 2019	2017-19	2019-21	2021-23
FTE Staff Years	0.2	0.4	0.3		
A-Salaries and Wages	16,000	10,000	26,000		
B-Employee Benefits	5,000	4,000	9,000		
C-Professional Service Contracts					
E-Goods and Other Services	250,000	114,000	364,000		
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements	3,000	2,000	5,000		
9-					
<b>Total:</b>	<b>\$274,000</b>	<b>\$130,000</b>	<b>\$404,000</b>	<b>\$0</b>	<b>\$0</b>

#### 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 2018	FY 2019	2017-19	2019-21	2021-23
Communications Consultant 2	50,496		0.2	0.1		
Research Manager	81,696	0.2	0.2	0.2		
<b>Total FTE's</b>	<b>132,192</b>	<b>0.2</b>	<b>0.4</b>	<b>0.3</b>		<b>0.0</b>

### 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.*

None.

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 1713 S HB	<b>Title:</b> Children's mental health	<b>Agency:</b> 360-University of Washington
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## Part I: Estimates

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No Fiscal Impact

### Estimated Cash Receipts to:

NONE

### Estimated Expenditures from:

	FY 2018	FY 2019	2017-19	2019-21	2021-23
FTE Staff Years	1.4	2.8	2.1	2.8	2.8
<b>Account</b>					
General Fund-State 001-1	195,500	391,000	586,500	782,000	782,000
<b>Total \$</b>	195,500	391,000	586,500	782,000	782,000

### 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:

☒

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: Dawn Eychaner	Phone: 360-786-7135	Date: 02/09/2017
Agency Preparation: Jed Bradley	Phone: 2066164684	Date: 02/10/2017
Agency Approval: Becka Johnson Poppe	Phone: 206-616-7203	Date: 02/10/2017
OFM Review: Breann Boggs	Phone: (360) 902-0563	Date: 02/10/2017



## 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.*

Sections 10 of HB 1713 would impact the University of Washington (UW).

Section 10 would require the Department of Psychiatry and Behavioral Health Sciences within the University of Washington (UW) School of Medicine to create one additional 24-month residency fellowship in child & adolescent psychiatry.

Compared to the original bill, the substitute bill no longer shifts the funding source for the partnership access line (PAL) program in the UW's Evidence-Based Practice Institute (Section 11 of the original bill). The impact of that section was revenue neutral for the UW, so the total fiscal impact of this bill has not changed.

### 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.*

No cash receipts.

### 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.*

#### SECTION 10

The Department of Psychiatry and Behavioral Health Sciences currently has an Accreditation Council for Graduate Medical Education (ACGME) approved child & adolescent fellowship program consisting of five positions per year for a total of ten positions (five first-year and five second-year). Section 10 would require the Department to create one additional 24-month residency fellowship in child & adolescent psychiatry. As a result of this bill, psychiatry residents at the UW would have access to a sixth fellowship.

Like other fellowship positions (which cover two students concurrently), funding would be required for the first-year fellowship position in FY18, and both the first- and second-year fellowship positions in FY19 onward.

Annual cost associated with each position would include the stipend payment and benefits coverage for the individual fellow, as well as the administrative cost of supporting the position. The current estimated salary for a child & adolescent psychiatry fellow is \$63,000 with a benefits rate of 30 percent and reimbursement to the Dean's office of \$5,600 for school-level administrative support (intra-agency reimbursement). Therefore, the total cost of the fellowship position would be \$87,500 in FY18 and \$175,000 in FY19 and each year thereafter.

Each fellowship requires extensive support from a teaching faculty member within the Department. We estimate that each fellowship position (of which there are two) would require the effort of approximately 0.4 FTE teaching faculty member. The estimated annual salary for a teaching faculty member in the department is \$215,500 with a benefits rate of 25.3 percent. Therefore, the cost in faculty time to supervise each fellow is approximately \$108,000 in each fiscal year. If a faculty member were not supervising a fellow, this portion of their salary would be covered (at least in part) by that faculty member seeing patients and billing for that patient care. Therefore, the total cost of faculty effort associated with supporting this fellowship would be \$108,000 in FY18 (to support one

fellowship position) and \$216,000 in FY19 and each year thereafter (to support two fellowship positions).

Therefore, the total cost of providing one additional fellowship in child & adolescent psychiatry is approximately \$195,500 in the first fiscal year and \$391,000 in FY19 and each year thereafter.

### Part III: Expenditure Detail

#### III. A - Expenditures by Object Or Purpose

	FY 2018	FY 2019	2017-19	2019-21	2021-23
FTE Staff Years	1.4	2.8	2.1	2.8	2.8
A-Salaries and Wages	149,200	298,400	447,600	596,800	596,800
B-Employee Benefits	40,700	81,400	122,100	162,800	162,800
C-Professional Service Contracts					
E-Goods and Other Services					
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements	5,600	11,200	16,800	22,400	22,400
9-					
<b>Total:</b>	<b>\$195,500</b>	<b>\$391,000</b>	<b>\$586,500</b>	<b>\$782,000</b>	<b>\$782,000</b>

#### 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 2018	FY 2019	2017-19	2019-21	2021-23
Child & Adolescent Psychiatry	63,000	1.0	2.0	1.5	2.0	2.0
Fellow						
Child & Adolescent Psychiatry	215,500	0.4	0.8	0.6	0.8	0.8
Teaching Faculty						
<b>Total FTE's</b>	<b>278,500</b>	<b>1.4</b>	<b>2.8</b>	<b>2.1</b>	<b>2.8</b>	<b>2.8</b>

### Part IV: Capital Budget Impact

### 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

<b>Bill Number:</b> 1713 S HB	<b>Title:</b> Children's mental health	<b>Agency:</b> 365-Washington State University
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## Part I: Estimates

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No Fiscal Impact

### Estimated Cash Receipts to:

NONE

### Estimated Expenditures from:

	FY 2018	FY 2019	2017-19	2019-21	2021-23
FTE Staff Years	1.7	3.0	2.3	3.0	3.0
<b>Account</b>					
General Fund-State 001-1	229,684	376,042	605,726	752,084	752,084
<b>Total \$</b>	229,684	376,042	605,726	752,084	752,084

### 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:

☒

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: Dawn Eychaner	Phone: 360-786-7135	Date: 02/09/2017
Agency Preparation: Chris Jones	Phone: 509-335-9682	Date: 02/09/2017
Agency Approval: Kelley Westhoff	Phone: 5093350907	Date: 02/09/2017
OFM Review: Breann Boggs	Phone: (360) 902-0563	Date: 02/10/2017

## 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 9 of SHB 1713 would require, subject to appropriation, Washington State University to offer one twenty-four month residency position that is approved by the accreditation council for graduate medical education to one resident specializing in child and adolescent psychiatry. The residency must include a minimum of twelve months of training in settings where children's mental health services are provided under the supervision of experienced psychiatric consultants and must be located east of the crest of the Cascade mountains.

### 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.*

The Elson S. Floyd College of Medicine (ESFCOM) at Washington State University received its preliminary accreditation from the Liason Commmittee on Medical Education in October 2016 and is currently preparing for its first incoming class in Fall 2017. At this stage of development while ESFCOM is preparing to develop and offer residency programs, it will need to partner with other Accreditation Council for Graduate Medical Education (ACGME) accredited sponsoring institutions in order to offer a 24-month child and adolescent psychiatry residency as required in Section 9 of Substitute House Bill 1713.

In estimating the cost of the residency, both the first and second years of the fellowship must be considered. Funding would be required for a first-year fellow in FY 18 and both first and second-year fellows in FY19 and thereafter.

Each student fellowship includes a stipend and benefits at 30%. The estimated salary for a child and adolescent psychiatry fellow is \$60,911 for a first-year fellow and \$64,506 for a second-year fellow with a benefit rate of 30%. The total cost of the fellowship would be \$79,184 in FY18 (one fellow, 1.0 FTE) and \$163,042 in FY19 and subsequent years (two fellows, 2.0 FTE).

The fellowship would require faculty to supervise the student fellows at 0.25 FTE per fellow. The estimated salary for faculty supervisors is \$200,000 with a benefit rate of 25%. The total cost for faculty supervisors would be \$62,500 in FY18 (0.25 FTE) and \$125,000 in FY19 and subsequent years (0.5 FTE).

The program director is the physician responsible for oversight of all aspects of the fellowship program, including clinical teaching, mentoring, and accreditation. The estimated salary for the program director is \$240,000 with a benefit rate of 25%. The total cost for the program director would be \$75,000 in FY18 and subsequent years (0.25 FTE).

The program coordinator assists the program director and provides support for all aspects of program delivery (i.e. creating clinical schedules, credentialing, organizing conferences, etc.) . The estimated salary for the program coordinator is \$50,000 with a benefit rate of 30%. The total cost for the program coordinator would be

\$13,000 in FY18 and subsequent years (0.2 FTE).

### Part III: Expenditure Detail

#### III. A - Expenditures by Object Or Purpose

	FY 2018	FY 2019	2017-19	2019-21	2021-23
FTE Staff Years	1.7	3.0	2.3	3.0	3.0
A-Salaries and Wages	180,911	295,417	476,328	590,834	590,834
B-Employee Benefits	48,773	80,625	129,398	161,250	161,250
C-Professional Service Contracts					
E-Goods and Other Services					
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
<b>Total:</b>	\$229,684	\$376,042	\$605,726	\$752,084	\$752,084

#### 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 2018	FY 2019	2017-19	2019-21	2021-23
Child & Adolescent Faculty	200,000	0.3	0.5	0.4	0.5	0.5
Child & Adolescent Fellow (1st Year)	60,911	1.0	1.0	1.0	1.0	1.0
Child & Adolescent Fellow (2nd Year)	64,506		1.0	0.5	1.0	1.0
Child & Adolescent Program Coordinator	50,000	0.2	0.2	0.2	0.2	0.2
Child & Adolescent Program Director	240,000	0.3	0.3	0.3	0.3	0.3
<b>Total FTE's</b>	615,417	1.7	3.0	2.3	3.0	3.0

### Part IV: Capital Budget Impact

### 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

<b>Bill Number:</b> 1713 S HB	<b>Title:</b> Children's mental health	<b>Agency:</b> SDF-School District Fiscal Note - SPI
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## Part I: Estimates

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No Fiscal Impact

### Estimated Cash Receipts to:

ACCOUNT		FY 2018	FY 2019	2017-19	2019-21	2021-23
Local District-Private/Local	New-7	1,835,000	1,835,000	3,670,000	3,670,000	3,670,000
	<b>Total \$</b>	1,835,000	1,835,000	3,670,000	3,670,000	3,670,000

### Estimated Expenditures from:

	FY 2018	FY 2019	2017-19	2019-21	2021-23
<b>Account</b>					
Local District-Private/Local New-7	1,835,000	1,835,000	3,670,000	3,670,000	3,670,000
<b>Total \$</b>	1,835,000	1,835,000	3,670,000	3,670,000	3,670,000

### 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:

☒

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:	Dawn Eychaner	Phone: 360-786-7135	Date: 02/09/2017
Agency Preparation:	Troy Klein	Phone: 360 725-6294	Date: 02/11/2017
Agency Approval:	Mike Woods	Phone: (360) 725-6283	Date: 02/11/2017
OFM Review:	Kate Davis	Phone: (360) 902-0570	Date: 02/13/2017

## 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.*

SHB 1713 changes compared to HB 1713:

Section 6 changes language in the bill. Original stated "facilitating community partnerships", substitute bill states "facilitating partnerships with community mental health agencies and other providers".

#### Section 6

Requires each Educational Service District to establish a lead staff person for mental health. The lead staff person must have the primary responsibility of coordinating Medicaid billing for schools and districts, facilitating partnerships with community mental health agencies and other providers, sharing service models, seeking public and private grant funding, and ensuring the adequacy of other system level supports for students with mental health needs. The lead staff person must collaborate with the Office of the Superintendent of Public Instruction (OSPI) as provided in section 7.

#### Section 7

OSPI must employ a children's mental health coordinator to coordinate and provide support for the activities of the mental health lead staff person in each Educational Service District.

OSPI must designate one Educational Service District as "lighthouse" to provide technical assistance to Educational Service District mental health needs.

### 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.*

OSPI assumes it would receive an appropriation to be passed through to Educational Service Districts to cover their costs to implement Section 6.

### 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.*

To implement Section 6 ESDs would need \$1,835,000 annually for the following:

1 FTE Mental Health Coordinator in each of the 9 ESDs;  
.5 FTE support staff in 8 of the ESDs, and 1 FTE support staff in 1 ESD.  
.5 FTE Coordinator in 1 ESD for the Section 7(2) Lighthouse requirements.  
Goods, Services, Travel  
Space

The ESD costs are expected to be ongoing.

### Part III: Expenditure Detail

#### III. A - Expenditures by Object Or Purpose

	FY 2018	FY 2019	2017-19	2019-21	2021-23
FTE Staff Years					
A-Salaries and Wages					
B-Employee Benefits					
C-Professional Service Contracts					
E-Goods and Other Services					
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-Local District	1,835,000	1,835,000	3,670,000	3,670,000	3,670,000
<b>Total:</b>	<b>\$1,835,000</b>	<b>\$1,835,000</b>	<b>\$3,670,000</b>	<b>\$3,670,000</b>	<b>\$3,670,000</b>

### Part IV: Capital Budget Impact

### 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.*