

Multiple Agency Fiscal Note Summary

Bill Number: 1477 E 2S HB AMS ENC S2948.E	Title: National 988 system
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Estimated Cash Receipts

Agency Name	2021-23			2023-25			2025-27		
	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total
Office of State Treasurer	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Washington State Health Care Authority	0	0	1,739,000	0	0	1,498,000	0	0	1,498,000
Department of Revenue	0	0	54,000,000	0	0	91,800,000	0	0	93,600,000
Total \$	0	0	55,739,000	0	0	93,298,000	0	0	95,098,000

Agency Name	2021-23		2023-25		2025-27	
	GF- State	Total	GF- State	Total	GF- State	Total
Local Gov. Courts						
Loc School dist-SPI						
Local Gov. Other	Non-zero but indeterminate cost and/or savings. Please see discussion.					
Local Gov. Total						

Estimated Operating Expenditures

Agency Name	2021-23				2023-25				2025-27			
	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total
Joint Legislative Audit and Review Committee	.3	91,500	91,500	91,500	.2	61,200	61,200	61,200	1.0	325,100	325,100	325,100
Office of the Governor	.0	0	0	0	.0	0	0	0	.0	0	0	0
Office of State Treasurer	.0	0	0	0	.0	0	0	0	.0	0	0	0
Office of Financial Management	.0	0	0	0	.0	500,000	500,000	500,000	.0	0	0	0
Washington State Health Care Authority	12.5	0	0	4,132,000	12.0	0	0	2,998,000	12.0	0	0	2,998,000
Washington State Health Care Authority	In addition to the estimate above,there are additional indeterminate costs and/or savings. Please see individual fiscal note.											
Department of Revenue	.8	244,500	244,500	244,500	.2	65,400	65,400	65,400	.2	54,200	54,200	54,200
Office of Insurance Commissioner	.2	0	0	45,614	.1	0	0	13,077	.0	0	0	10,002
Utilities and Transportation Commission	.0	0	0	0	.0	0	0	0	.0	0	0	0
Military Department	.0	0	0	0	.0	0	0	0	.0	0	0	0
Department of Social and Health Services	.0	0	0	0	.0	0	0	0	.0	0	0	0
Department of Health	5.8	35,882,000	35,882,000	35,882,000	7.6	61,011,000	61,011,000	61,011,000	8.6	75,116,000	75,116,000	75,116,000
Department of Health	In addition to the estimate above,there are additional indeterminate costs and/or savings. Please see individual fiscal note.											
Department of Children, Youth, and Families	.0	0	0	0	.0	0	0	0	.0	0	0	0
Superintendent of Public Instruction	.0	0	0	0	.0	0	0	0	.0	0	0	0
Superintendent of Public Instruction	.0	0	0	0	.0	0	0	0	.0	0	0	0
University of Washington	.1	226,962	226,962	226,962	.1	314,176	314,176	314,176	.0	291,920	291,920	291,920
University of Washington	In addition to the estimate above,there are additional indeterminate costs and/or savings. Please see individual fiscal note.											
Total \$	19.7	36,444,962	36,444,962	40,622,576	20.2	61,951,776	61,951,776	64,962,853	21.8	75,787,220	75,787,220	78,795,222

Agency Name	2021-23			2023-25			2025-27		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Local Gov. Courts									
Loc School dist-SPI									
Local Gov. Other	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Local Gov. Total									

Estimated Capital Budget Expenditures

Agency Name	2021-23			2023-25			2025-27		
	FTEs	Bonds	Total	FTEs	Bonds	Total	FTEs	Bonds	Total
Joint Legislative Audit and Review Committee	.0	0	0	.0	0	0	.0	0	0
Office of the Governor	.0	0	0	.0	0	0	.0	0	0
Office of State Treasurer	.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	.0	0	0	.0	0	0	.0	0	0
Department of Revenue	.0	0	0	.0	0	0	.0	0	0
Office of Insurance Commissioner	.0	0	0	.0	0	0	.0	0	0
Utilities and Transportation Commission	.0	0	0	.0	0	0	.0	0	0
Military Department	.0	0	0	.0	0	0	.0	0	0
Department of Social and Health Services	.0	0	0	.0	0	0	.0	0	0
Department of Health	.0	0	0	.0	0	0	.0	0	0
Department of Children, Youth, and Families	.0	0	0	.0	0	0	.0	0	0
Superintendent of Public Instruction	.0	0	0	.0	0	0	.0	0	0
Superintendent of Public Instruction	.0	0	0	.0	0	0	.0	0	0
University of Washington	.0	0	0	.0	0	0	.0	0	0
Total \$	0.0	0	0	0.0	0	0	0.0	0	0

Agency Name	2021-23			2023-25			2025-27		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Local Gov. Courts									
Loc School dist-SPI									
Local Gov. Other	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Local Gov. Total									

Estimated Capital Budget Breakout

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Prepared by: Danielle Cruver, OFM	Phone: (360) 522-3022	Date Published: Final 5/14/2021
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Individual State Agency Fiscal Note

Bill Number: 1477 E 2S HB AMS ENGR S2948.E	Title: National 988 system	Agency: 014-Joint Legislative Audit and Review Committee
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Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

	FY 2022	FY 2023	2021-23	2023-25	2025-27
FTE Staff Years	0.4	0.2	0.3	0.2	1.0
Account					
General Fund-State 001-1	60,900	30,600	91,500	61,200	325,100
Total \$	60,900	30,600	91,500	61,200	325,100

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: Corban Nemeth	Phone: 360-786-7736	Date: 04/20/2021
Agency Preparation: Amanda Eadrick	Phone: 360-786-5174	Date: 04/22/2021
Agency Approval: Keenan Konopaski	Phone: 360-786-5187	Date: 04/22/2021
OFM Review: Gaius Horton	Phone: (360) 819-3112	Date: 04/26/2021

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 bill implements the national 988 behavioral health crisis response and suicide prevention line. It directs the Health Care Authority (HCA) and the Department of Health (DOH) to collaborate in establishing state crisis call center hubs and an enhanced response system. It imposes a tax for this line. It directs JLARC to review expenditures for the line and make recommendations.

Part I concerns the implementation of the line as well as required reporting and JLARC's review.

- Section 101 concerns the legislature's findings and intentions.
- Section 102 directs HCA and DOH to collaborate in establishing the call center hubs and enhanced response system.
- Section 103 establishes the Crisis Response Improvement Strategy (CRIS) Committee to advise the development of an integrated behavioral health crisis response and suicide prevention system. The work of CRIS will be reviewed by a steering committee. The Office of Financial Management (OFM) shall contract with the behavioral health institute at Harborview Medical Center to facilitate and provide staff support to the steering committee and CRIS Committee. The steering committee must develop a comprehensive assessment of the behavioral health crisis response services system by January 1, 2022. The steering committee, with advice from the CRIS committee, must provide a progress report and the result of its comprehensive assessment to the governor and legislature by January 1, 2022, a report on further progress and recommendations by January 1, 2023, and a final report by January 1, 2024.
- Section 104 directs the CRIS steering committee to monitor and make recommendations related to funding and expenditures, with preliminary recommendations submitted to the governor and legislature by January 1, 2022 and final recommendations by January 1, 2023.
- Section 105 directs HCA and DOH to provide annual reports about the program beginning November 2023. It also directs JLARC to review how funds have been expended and determine whether funds were used to supplement, rather than supplant baseline services. The audit report must be provided by November 1, 2027 and include recommendations about the adequacy of the funding and any other recommendations for improvement.
- Section 106 directs health plans to make next-day appointments available to enrollees experiencing urgent behavioral health conditions.
- Section 107 directs the governor to appoint a 988 hotline and behavioral health crisis system coordinator.
- Section 108 states that nothing in this act may be construed as evidence of legislative intent that the duties required by this act are owed to any person or class of persons.
- Section 109 directs HCA and DOH to create a draft technical and operational plan for the development and implementation of technology and platforms by January 1, 2022 and a final plan by August 31, 2022.
- Section 110 appropriates funds for a consultant to analyze the technology and platforms described in section 109.

Part II concerns taxation. A statewide 988 behavioral health crisis response and suicide prevention line tax is imposed on the use of all radio access lines, interconnected voice over internet protocol service lines, and switched access lines. The statewide 988 behavioral health crisis response and suicide prevention line account is created in the state treasury.

Part III concerns definitions and miscellaneous.

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 .

Immediately after passage of the bill, JLARC staff will meet with staff from DOH, HCA, and OFM to discuss the development of the program. JLARC staff will work with agencies to access administrative and fiscal information to establish a baseline for services and collect data on expenditures. JLARC staff will also work with stakeholders, prepare expenditure data, and analyze whether funds were used to supplant or supplement baseline services provided under section 103 of the act.

This audit will require an estimated 24 audit months.

JLARC ASSUMES THAT THE ASSIGNMENT IN THIS PROPOSED BILL MAY REQUIRE ADDITIONAL RESOURCES. JLARC WILL ASSESS ALL OF THE ASSIGNMENTS MANDATED IN THE 2021 LEGISLATIVE SESSION. BASED ON ALL LEGISLATION THAT IS PASSED, JLARC MAY SUBSEQUENTLY DETERMINE THAT IT CAN ABSORB THE COSTS FOR THIS PROPOSED BILL IN ITS BASE BUDGET, IF THE WORKLOAD OF OTHER ENACTED LEGISLATION DOES NOT EXCEED CURRENT STAFFING LEVELS.

JLARC Audit Months: JLARC calculates its staff resources in "Audit Months" to estimate the time and effort to undertake and complete its studies. An "Audit Month" reflects a JLARC analyst's time for a month, together with related administrative, support, and goods/services costs. JLARC's anticipated 2021-23 costs are calculated at approximately \$20,300 per audit month.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2022	FY 2023	2021-23	2023-25	2025-27
001-1	General Fund	State	60,900	30,600	91,500	61,200	325,100
Total \$			60,900	30,600	91,500	61,200	325,100

III. B - Expenditures by Object Or Purpose

	FY 2022	FY 2023	2021-23	2023-25	2025-27
FTE Staff Years	0.4	0.2	0.3	0.2	1.0
A-Salaries and Wages	38,100	19,100	57,200	38,200	203,300
B-Employee Benefits	12,000	6,000	18,000	12,000	64,000
C-Professional Service Contracts					
E-Goods and Other Services	9,900	5,000	14,900	10,000	52,900
G-Travel	900	500	1,400	1,000	4,900
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
Total \$	60,900	30,600	91,500	61,200	325,100

III. C - Operating FTE 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 2022	FY 2023	2021-23	2023-25	2025-27
Research Analyst	113,827	0.3	0.1	0.2	0.1	0.7
Support staff	77,705	0.1	0.1	0.1	0.1	0.4
Total FTEs		0.4	0.2	0.3	0.2	1.0

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Identify acquisition and construction costs not reflected elsewhere on the fiscal note and describe potential financing methods

NONE

IV. D - Capital FTE Detail: *List FTEs by classification and corresponding annual compensation . Totals need to agree with total FTEs in Part IVB*

NONE

Part V: New Rule Making Required

Individual State Agency Fiscal Note

Bill Number: 1477 E 2S HB AMS ENGR S2948.E	Title: National 988 system	Agency: 075-Office of the Governor
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Part I: Estimates

☒ **No Fiscal Impact**

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

NONE

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: Corban Nemeth	Phone: 360-786-7736	Date: 04/20/2021
Agency Preparation: Jim Jenkins	Phone: 360-902-0403	Date: 05/04/2021
Agency Approval: Jamie Langford	Phone: (360) 870-7766	Date: 05/04/2021
OFM Review: Tyler Lentz	Phone: (360) 790-0055	Date: 05/04/2021

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 102 requires the Department of Health and Health Care Authority to collaborate to establish state crisis call center hubs and an enhanced crisis response system to prepare for implementation of the 988 crisis hotline.

Section 103 establishes the Crisis Response Improvement Strategy Committee (CRIS) for the purpose of providing advice in developing an integrated behavioral health crisis response and suicide prevention system. The Office of Financial Management (OFM) shall contract with the Behavioral Health Institute at Harborview Medical Center to facilitate and provide staff support to the steering committee and the CRIS. The Steering Committee must develop a comprehensive assessment of the behavioral health crisis services system by January 1, 2022.

Section 104 requires that the Steering Committee be facilitated by the Behavioral Health Institute at Harborview Medical Center through its contract with OFM and requires the Senate Committee Services, OFM, and the Office of Program Research to provide staffing assistance. The Steering Committee shall submit preliminary recommendations to the governor and the appropriate policy and fiscal committees of the legislature by January 1, 2022, and final recommendations to the governor and the appropriate policy and fiscal committees of the legislature by January 1, 2023.

Section 202 creates a statewide 988 behavioral health response and suicide prevention line tax on the use of all radio access lines and all interconnected voice over internet protocol service lines in the state.

Section 205 creates the statewide 988 behavioral health crisis response and suicide prevention line account.

The work required of the representative of the Office of the Governor serving as a member of the CRIS and also as a Steering Committee member can be done within current resources by reprioritizing workload.

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 - Operating Budget Expenditures

NONE

III. B - Expenditures by Object Or Purpose

NONE

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

NONE

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Identify acquisition and construction costs not reflected elsewhere on the fiscal note and describe potential financing methods

NONE

IV. D - Capital FTE Detail: *List FTEs by classification and corresponding annual compensation . Totals need to agree with total FTEs in Part IVB*

NONE

Part V: New Rule Making Required

Individual State Agency Fiscal Note

Bill Number: 1477 E 2S HB AMS ENGR S2948.E	Title: National 988 system	Agency: 090-Office of State Treasurer
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Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

Non-zero but indeterminate cost and/or savings. Please see discussion.

Estimated Operating Expenditures from:

NONE

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: Corban Nemeth	Phone: 360-786-7736	Date: 04/20/2021
Agency Preparation: Dan Mason	Phone: (360) 902-8990	Date: 04/21/2021
Agency Approval: Dan Mason	Phone: (360) 902-8990	Date: 04/21/2021
OFM Review: Ramona Nabors	Phone: (360) 902-0547	Date: 04/21/2021

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.

E2SHB 1477 AMS ENGR S2948.E creates the statewide 988 behavioral health crisis response and suicide prevention line account, coupled with the general fund as the recipient of the earnings from investments under RCW 43.84.092 (4).

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.

Projected cash flows are currently unavailable; therefore, estimated earnings from investments are indeterminable.

There may be an impact on the debt service limitation calculation. Any change to the earnings credited to the general fund will change, by an equal amount, general state revenues.

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 - Operating Budget Expenditures

NONE

III. B - Expenditures by Object Or Purpose

NONE

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

NONE

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Identify acquisition and construction costs not reflected elsewhere on the fiscal note and describe potential financing methods

NONE

IV. D - Capital FTE Detail: *List FTEs by classification and corresponding annual compensation . Totals need to agree with total FTEs in Part IVB*

NONE

Part V: New Rule Making Required

Individual State Agency Fiscal Note

Bill Number: 1477 E 2S HB AMS ENGR S2948.E	Title: National 988 system	Agency: 105-Office of Financial Management
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Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

	FY 2022	FY 2023	2021-23	2023-25	2025-27
Account					
General Fund-State 001-1	0	0	0	500,000	0
Total \$	0	0	0	500,000	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:

- ☒ 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: Corban Nemeth	Phone: 360-786-7736	Date: 04/20/2021
Agency Preparation: Jim Jenkins	Phone: 360-902-0403	Date: 05/04/2021
Agency Approval: Jamie Langford	Phone: 360-902-0422	Date: 05/04/2021
OFM Review: Tyler Lentz	Phone: (360) 790-0055	Date: 05/04/2021

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 changes to this new version of the bill does not change the indeterminate fiscal impact related the Office of Financial Management (OFM) in Section 103 of this bill.

The changes to this new version of the bill does not change the indeterminate fiscal impact related the Office of Financial Management (OFM) in Section 103 of this bill.

Section 104 requires that the Steering Committee be facilitated by the Behavioral Health Institute at Harborview Medical Center through its contract with OFM and requires the Senate Committee Services, OFM, and the Office of Program Research to provide staffing assistance. The Steering Committee shall submit preliminary recommendations to the governor and the appropriate policy and fiscal committees of the legislature by January 1, 2022, and final recommendations to the governor and the appropriate policy and fiscal committees of the legislature by January 1, 2023.

Previous Engrossed Second Substitute bill.

- Requires the Department of Health and Health Care Authority to collaborate to establish state crisis call center hubs and an enhanced crisis response system to prepare for implementation of the 988 crisis hotline.
- Section 103 establishes the Crisis Response Improvement Strategy Committee (CRIS) for the purpose of developing an integrated behavioral health crisis response system and requires the Office of Financial Management (OFM) to contract with the Behavioral Health Institute at Harborview Medical Center to facilitate and provide staff support to the CRIS.
- Imposes a tax on radio access lines, voice-over Internet protocol service lines, and switched access lines to fund activities related to an enhanced crisis response.

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.

For Section 103 requirements, Harborview assumes it will pursue private funding to support the Behavioral Health Institute's facilitation role for the Crisis Response Improvement Strategy Committee (CRIS) for FY22 and FY23. Harborview assumes the BHI will require \$500,000 in state support for FY24 to facilitate the CRIS committee through delivery of the final report due January 1, 2024. This cost is based on partial FTE across 5 staff, as well as expenses related to holding meetings, planning work between meetings, consultant engagement, drafting reports and recommendations, and any data analysis or other subject matter expertise that may be required.

The work of providing assistance to the steering committee to submit a preliminary report on recommendations to the governor and the appropriate policy and fiscal committees of the legislature by January 1, 2022, and the final report on

recommendations by January 1, 2023. The assumed work can be done within existing resources by reprioritizing current workload requirements.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2022	FY 2023	2021-23	2023-25	2025-27
001-1	General Fund	State	0	0	0	500,000	0
Total \$			0	0	0	500,000	0

III. B - Expenditures by Object Or Purpose

	FY 2022	FY 2023	2021-23	2023-25	2025-27
FTE Staff Years					
A-Salaries and Wages					
B-Employee Benefits					
C-Professional Service Contracts				500,000	
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-					
Total \$	0	0	0	500,000	0

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

NONE

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Identify acquisition and construction costs not reflected elsewhere on the fiscal note and describe potential financing methods

NONE

IV. D - Capital FTE Detail: List FTEs by classification and corresponding annual compensation . Totals need to agree with total FTEs in Part IVB

NONE

Part V: New Rule Making Required

Individual State Agency Fiscal Note

Bill Number: 1477 E 2S HB AMS ENGR S2948.E	Title: National 988 system	Agency: 107-Washington State Health Care Authority
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Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	FY 2022	FY 2023	2021-23	2023-25	2025-27
General Fund-Federal 001-2	923,000	816,000	1,739,000	1,498,000	1,498,000
Total \$	923,000	816,000	1,739,000	1,498,000	1,498,000

Estimated Operating Expenditures from:

	FY 2022	FY 2023	2021-23	2023-25	2025-27
FTE Staff Years	12.0	13.0	12.5	12.0	12.0
Account					
General Fund-Federal 001-2	923,000	816,000	1,739,000	1,498,000	1,498,000
988 BH Crisis Response Line Account-State NEW-1	1,567,000	826,000	2,393,000	1,500,000	1,500,000
Total \$	2,490,000	1,642,000	4,132,000	2,998,000	2,998,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. 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:

- ☒ 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: Corban Nemeth	Phone: 360-786-7736	Date: 04/20/2021
Agency Preparation: Cari Tikka	Phone: 360-725-1181	Date: 04/23/2021
Agency Approval: Catrina Lucero	Phone: 360-725-7192	Date: 04/23/2021
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 04/29/2021

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 attached 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.

See attached narrative.

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.

See attached narrative.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2022	FY 2023	2021-23	2023-25	2025-27
001-2	General Fund	Federal	923,000	816,000	1,739,000	1,498,000	1,498,000
NEW-1	988 BH Crisis Response Line Account	State	1,567,000	826,000	2,393,000	1,500,000	1,500,000
Total \$			2,490,000	1,642,000	4,132,000	2,998,000	2,998,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

III. B - Expenditures by Object Or Purpose

	FY 2022	FY 2023	2021-23	2023-25	2025-27
FTE Staff Years	12.0	13.0	12.5	12.0	12.0
A-Salaries and Wages	960,000	1,053,000	2,013,000	1,946,000	1,946,000
B-Employee Benefits	347,000	379,000	726,000	700,000	700,000
C-Professional Service Contracts	897,000	11,000	908,000		
E-Goods and Other Services	156,000	169,000	325,000	312,000	312,000
G-Travel	8,000	8,000	16,000	16,000	16,000
J-Capital Outlays	122,000	22,000	144,000	24,000	24,000
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
Total \$	2,490,000	1,642,000	4,132,000	2,998,000	2,998,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

III. C - Operating FTE 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 2022	FY 2023	2021-23	2023-25	2025-27
CONTRACTS SPECIALIST 3	78,408	1.0	1.0	1.0	1.0	1.0
MEDICAL ASSISTANCE PROGRAM SPECIALIST 3	80,292	10.0	10.0	10.0	9.0	9.0
MEDICAL PROGRAM SPECIALIST 2	78,408	1.0	1.0	1.0	1.0	1.0
WMS Band 2	92,859		1.0	0.5	1.0	1.0
Total FTEs		12.0	13.0	12.5	12.0	12.0

III. D - Expenditures By Program (optional)

Program	FY 2022	FY 2023	2021-23	2023-25	2025-27
Community Behavioral Health (150)	1,381,000	1,239,000	2,620,000	2,232,000	2,232,000
Medical Assistance (200)	1,109,000	403,000	1,512,000	766,000	766,000
Total \$	2,490,000	1,642,000	4,132,000	2,998,000	2,998,000

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Identify acquisition and construction costs not reflected elsewhere on the fiscal note and describe potential financing methods

NONE

IV. D - Capital FTE Detail: *List FTEs by classification and corresponding annual compensation . Totals need to agree with total FTEs in Part IVB*

NONE

None

Part V: New Rule Making Required

HCA Fiscal Note

Bill Number: 1477 E2S HB AMS ENGR S2948.E

HCA Request #: 21-153

Part II: Narrative Explanation

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

The bill is related to compliance with the national suicide hotline designation act of 2020, and the federal communication commission's rules adopted July 16, 2020, to assure that all Washington residents receive a consistent and effective level of suicide response and crisis behavioral health services no matter where they live, work, or travel in the state. The bill also acknowledges the increased rates of suicide in Washington state, with even higher rates among special populations. It addresses the importance of equitably providing services to these high risk and underserved populations and that the services recognize cultural differences. This bill enhances and expands behavioral health and suicide prevention crisis response services in Washington State.

This version compared to prior version effect:

- The Health Care Authority (HCA) must collaborate with the Department of Health (DOH) to establish state crisis call center hubs and an enhanced crisis response system. DOH must take primary responsibility for designating crisis call center hubs. HCA must take primary responsibility to develop the crisis system and support the work of the crisis call center hubs.
- DOH and HCA must create a sophisticated technical and operational plan describing features related to the development of technology platforms and protocols for the protection of client information. A draft plan must be submitted to the Governor and specified Legislative committees by January 1, 2022, and a final plan by August 1, 2022. An appropriation of \$500,000 to HCA from the General Fund is provided for a consultant to critically analyze the development and implementation technology and platforms and operational challenges to best position the technology solutions for success.

PART I – CRISIS CALL CENTER HUBS AND CRISIS SERVICES

Section 101: A new section establishes the need for increased behavioral health crisis services and outlines the work to be done by the new 988 crisis line. Intent is to establish crisis call center hubs and expand the crisis delivery system in a deliberate, phased approach that includes the involvement of partners from a range of perspectives and that complies with the national suicide hotline designation act of 2020 and the federal communication commission's rules adopted July 16, 2020, to assure that all Washington residents receive a consistent and effective level of suicide response and crisis behavioral health services no matter where they live, work, or travel in the state. The goals are to provide a higher quality support for people in crisis, reduce reliance on emergency room services and the use of law enforcement response to behavioral health (BH) crises and stabilize individuals in the community, save lives by improving quality and access to BH crisis services, increase cultural competency, access to care and overall equity. Certified peer counselors as well as peers in other roles providing support must be incorporated as often as possible within the continuum of crisis care. This section requires Washington state to continue its integrated approach to address mental health and substance use disorder in tandem under the umbrella of behavioral health disorders, consistently with chapter 71.24 RCW and the state's approach to integrated health care.

Section 102: Adds a new section to chapter 71.24 RCW. (1) establishing the state crisis call center hubs and enhancing the crisis response system will require collaborative work between the DOH and HCA within their respective roles. DOH shall have primary responsibility for establishing and designating the crisis call center hubs. HCA shall have primary responsibility for developing and implementing the crisis response system and services to support the work of the crisis call center hubs. (2) directing the DOH to provide funding for an increase in the use of the state's crisis lifeline call centers using 988 prior to July 22, 2022. (3) The DOH must adopt rules by July 1, 2023. (4) No later

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than July 1, 2024, the DOH shall designate crisis call center hubs to provide crisis intervention, triage, referrals, and connections to individuals assessing the 988-crisis hotline 24/7. (4)(a) Crisis call center hubs must demonstrate their ability to comply with the requirements of this section and to contract with DOH to provide crisis call center hub services. (4)(b) The crisis call center hub contracts must meet requirements as described in this section. (4)(c) DOH and HCA must incorporate recommendations from the CRIS committee created under section 103 of this act in its agreements with crisis call center hubs, as appropriate. (5) DOH and HCA must coordinate to develop the technology and platforms necessary to manage and operate the behavioral health crisis response and suicide prevention system. The technologies developed must include:

- A new technologically advanced behavioral health and suicide prevention crisis call center system platform using technology demonstrated to be interoperable across crisis and emergency response systems used throughout the state, such as 911 systems, emergency medical services systems, and other nonbehavioral health crisis services, for use in crisis call center hubs designated by the department under subsection (4) of this section. This platform, which shall be fully funded by July 1, 2023, must be developed by DOH and must include the capacity to receive crisis assistance requests through phone calls, texts, chats, and other similar methods of communication that may be developed in the future that promote access to the behavioral health crisis system; and
- A behavioral health integrated client referral system capable of providing system coordination information to crisis call center hubs and the other entities involved in behavioral health care. This system shall be developed by the authority.

(6) In developing the new technologies under subsection (5) of this section, the DOH and HCA must coordinate to designate a primary technology system to provide each of the following:

- Access real-time information relevant to the coordination of behavioral health crisis response services, including:
 - Real-time bed availability for all behavioral health bed types; and
 - Real-time information relevant to the coordination of behavioral health crisis response services for a person.
- The means to request deployment of appropriate crisis response services, which may include mobile rapid response crisis teams, co-responder teams, designated crisis responders, mobile integrated health teams, or community assistance referral and educational services programs under RCW 35.21.930, according to best practice guidelines established by HCA, and track local response through global positioning technology.
- The means to track the outcome of the 988 call to enable appropriate follow up, cross-system coordination, and accountability, including as appropriate: (i) Any immediate services dispatched and reports generated from the encounter; (ii) the validation of the safety plan established for the caller in accordance with best practices; (iii) the next steps for the caller to follow in transition to noncrisis follow-up care, including a next-day appointment for callers experiencing urgent, symptomatic behavioral health care needs; and (iv) the means to verify and document whether the caller was successful in making the transition to appropriate noncrisis follow-up care indicated in the safety plan for the person, to be completed either by the care coordinator provided through the person's managed care organization (MCO), health plan, or behavioral health administrative services organization (BH-ASO), or if such a care coordinator is not available or does not follow through, by the staff of the crisis call center hub.
- The means to provide geographically, culturally, and linguistically appropriate services to persons who are part of high-risk populations or otherwise have need of specialized services or accommodations, and to document these services or accommodations; and
- When appropriate, consultation with tribal governments to ensure coordinated care in government-to-government relationships, and access to dedicated services to tribal members.

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(7) To implement this section DOH and HCA must collaborate with the state enhanced 911 coordination office, emergency management division, and military department to develop technology that is demonstrated to be interoperable between the 988 crisis hotline system and crisis and emergency response systems used throughout the state, such as 911 systems, emergency medical services systems, and other nonbehavioral health crisis services, as well as the national suicide prevention lifeline, to assure cohesive interoperability, develop training programs and operations for both 911 public safety telecommunicators and crisis line workers, develop suicide and other behavioral health crisis assessments and intervention strategies, and establish efficient and equitable access to resources via crisis hotlines.

(8) HCA must:

- Collaborate with county authorities and BH-ASOs to develop procedures to dispatch behavioral health crisis services in coordination with crisis call center hubs to effectuate the intent of this section;
- Establish formal agreements with managed care organizations and behavioral health administrative services organizations to provide for the services, capacities, and coordination necessary to effectuate the intent of this section, which shall include a requirement to arrange next-day appointments for persons contacting the 988 crisis hotline experiencing urgent, symptomatic behavioral health care needs with geographically, culturally, and linguistically appropriate primary care or behavioral health providers within the person's provider network, or, if uninsured, through the person's behavioral health administrative services organization;
- Create best practices guidelines by July 1, 2023, for deployment of appropriate and available crisis response services by crisis call center hubs to assist 988 hotline callers to minimize nonessential reliance on emergency room services and the use of law enforcement, considering input from relevant stakeholders and recommendations made by the crisis response improvement strategy committee created under section 103 of this Act;
- Develop procedures to allow appropriate information sharing and communication between and across crisis and emergency response systems for the purpose of real-time crisis care coordination including, but not limited to, deployment of crisis and outgoing services, follow-up care, and linked, flexible services specific to crisis response; and
- Establish guidelines to appropriately serve high-risk populations who request crisis services. HCA must design these guidelines to promote behavioral health equity for all populations with attention to circumstances of race, ethnicity, gender, socioeconomic status, sexual orientation, and geographic location, and include components such as training requirements for call response workers, policies for transferring such callers to an appropriate specialized center or subnetwork within or external to the national suicide prevention lifeline network, and procedures for referring persons who access the 988 crisis hotline to linguistically and culturally competent care.

Section 103: A new section is added to RCW 71.24 establishing the CRIS Committee for the purpose of providing advice in developing an integrated behavioral health crisis response and suicide prevention system containing the elements described in this section. The work of the committee must be received and reviewed by a steering committee, which shall in turn form subcommittees to provide the technical analysis and input needed to formulate system change recommendations. The Office of Financial Management (OFM) must contract with the Behavioral Health Institute at Harborview Medical Center to facilitate and provide staff support to the CRIS Committee. The steering committee must select three cochairs and HCA shall appoint or request additional members. The CRIS Committee shall assist the steering committee to identify barriers and make recommendations to implement and monitor the progress of the 988-crisis hotline in Washington and make recommendations on statewide improvement of behavioral health crisis response services. The committee must develop a

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comprehensive assessment of the behavioral health crisis response services system, including an inventory of existing statewide and regional behavioral health crisis response and crisis stabilization services and resources, including capital projects which are planned and funded. This section requires the CRIS Committee to establish subcommittees and to report on assessment findings. This section expires June 30, 2024.

Section 104: A new section is added to chapter 71.24 RCW requiring the steering committee under section 103 of the Act to monitor and make recommendations related to the funding of crisis response services out of the account created in section 205 of the Act. Adds details to what the steering committee must analyze such as funding the in-person mobile rapid response crisis services and behavioral health first responder services. The work of the steering committee must be facilitated by the Behavioral Health Institute at Harborview Medical Center through its contract with OFM under section 103 with assistance provided by staff from senate committee services, the office program research and OFM. Steering committee shall submit preliminary recommendations to the governor and the appropriate policy and fiscal committees of the legislature by January 1, 2022 and final recommendations to the governor and the appropriate policy and fiscal committees of the legislature by January 1, 2023. The section expires on July 1, 2023.

Section 105: A new section is added to chapter 71.24 RCW that requires DOH and HCA to provide an annual report of the 988-crisis hotline's usage and call outcomes and crisis services inclusive of the mobile rapid response crisis teams and crisis stabilization services. The report must be submitted to the governor and the appropriate committees of the legislature each November beginning in 2023 and must include information on fund deposits and expenditures of the account created in section 205 of this act. (2) The DOH and HCA shall coordinate with the department of revenue (DOR), and any other agency that is appropriated funding under the account created in section 205 of this act to develop and submit information to the federal communication's commission required for the completion of fee accountability reports pursuant to the national suicide hotline designation act of 2020. (3) The Joint Legislative Audit and Review Committee is required to schedule an audit to begin after the full implementation of this act, to provide transparency as to how funds from the statewide 988 behavioral health crisis response and suicide prevention line account have been expended, and to determine whether funds used to provide acute behavioral health, crisis outreach, and stabilization services are being used to supplement services identified as baseline services in the comprehensive analysis provided under section 103 of this act, or to supplant baseline services.

Section 106: A new section is added to chapter 48.43 RCW (Insurance Reform) that requires health plans issued or renewed on or after January 1, 2023 to make next-day appointments available to enrollees experiencing urgent, symptomatic behavioral health conditions to receive covered behavioral health services. The appointment may be with a licensed provider other than a licensed behavioral health professional, as long as that provider is acting within their scope of practice and may be provided through telemedicine consistent with RCW 48.43.735. Need for urgent symptomatic care is associated with the presentation of behavioral health signs or symptoms that require immediate attention but are not emergent.

Section 107: A new section is added to chapter 43.06 RCW (Governor) requiring the Governor appoint a 988 hotline and behavioral health crisis system coordinator to provide project coordination and oversight for the implementation and administration of the 988-crisis hotline, other requirements of this Act, and other projects supporting the behavioral health crisis system. This section expires June 30, 2024.

Section 108: A new section is added to chapter 71.24 RCW to clarify that when acting in their statutory capacities, the state, DOH, HCA, State Enhanced 911 Coordination Office, Emergency Management Division, Military Department, other state agencies, and their officers, employees, and agents are

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deemed to be carrying out duties to the public in general and not to any individual person or class of persons. Crisis call centers are deemed to be independent contractors, separate and apart from DOH and the state.

Section 109: A new section is added to chapter 71.24 RCW that requires DOH and HCA create a sophisticated technical and operational plan describing features related to the development of technology platforms and protocols for the protection of client information. A draft plan must be submitted to the Governor and specified Legislative committees by January 1, 2022, and a final plan by August 1, 2022.

Section 110: A new section is added to appropriate \$500,000 for the fiscal year biennium ending June 30, 2023, to HCA from the General Fund for a consultant to critically analyze the development and implementation technology and platforms and operational challenges to best position the technology solutions for success. A draft technical and operational plan compiled by the consultant must be submitted no later than January 1, 2022, and a final plan by August 31, 2022.

Part II-TAX

Section 201: Defines terms for this chapter.

Section 202: A new section, TAX IMPOSED, is added defining the tax imposed to pay for statewide 988 behavioral health crisis response and suicide prevention line.

Section 203: A new section, COLLECTION OF TAX, is added defining the collection of tax created in section 202.

Section 204: A new section, PAYMENT AND COLLECTION, is added defining payment by radio providers and collection of the tax created in section 202.

Section 205: A new section, ACCOUNT CREATION, is added creating the statewide 988 behavioral health crisis response and suicide prevention line account.

Section 206: A new section, PREEMPTION, is added prohibiting a city or county from imposing a tax, measured on a per line basis, on radio access lines, interconnected voice over internet protocol services lines, or switched access lines, for the purpose of ensuring the efficient and effective routing of calls made to the 988 crisis hotline to an appropriate crisis hotline center or crisis call center hub; or providing personnel or acute behavioral health, crisis outreach, or crisis stabilization services, as defined in RCW 71.24.025, associated with directly responding to the 988-crisis hotline.

Part III DEFINITIONS AND MISCELLANEOUS

Sections 301 and 302 redefines and adds terms to RCW 71.24.025. (45) "Crisis call center hub" means a state-designated center participating in the national suicide prevention lifeline network to respond to statewide or regional 988 calls. (46) "Crisis stabilization services" has the same meaning as provided in RCW 71.05.020. (47) "Mobile rapid response crisis team" means a team that provides professional on-site community-based intervention such as outreach, de-escalation, stabilization, resource connection, and follow-up support for individuals who are experiencing a behavioral health crisis, that shall include certified peers as a best practice to the extent practicable based on workforce availability, and that meets standards for response times established by HCA. (48) "988 crisis hotline" means the universal telephone number within the United States designated for the purpose of the national suicide prevention and mental health crisis hotline system operating through the national suicide prevention lifeline.

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Section 303: Amends RCW 71.24.649 to require DOH, in consultation with HCA and the Department of Social and Health Services (DSHS), to license or certify mental health peer-run respite centers that meet state minimum standards.

Section 304: Adds a new section stating sections 201 through 206 of this Act constitute a new chapter in Title 82 RCW.

Section 305: Adds a new section stating sections 201 through 205 of this Act are effective October 1, 2021.

Section 306: Adds a new section stating section 301 of this act expires July 1, 2022.

Section 307: Adds a new section stating section 302 of this act takes effect July 1, 2022.

Section 308: Adds a new section stating section 103 of this act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions and takes effect immediately.

Section 309: Adds a new section stating if specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2021, in the omnibus appropriations act, this act is null and void.

II. B - Cash Receipts Impact

HCA assumes that the administrative costs of this bill would be eligible for a 50 percent Federal Medical Assistance Percentage (FMAP) and the information technology costs would be eligible for a 12 percent FMAP.

Cash Receipts			FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
001	GF-Federal Medicaid Title XIX	C	923,000	816,000	749,000	749,000	749,000	749,000
Total			923,000	816,000	749,000	749,000	749,000	749,000
Biennial total				1,739,000		1,498,000		1,498,000

II. C – Expenditures

The fiscal impact is greater than \$50,000 but indeterminate to actual cost.

Service Impacts:

Section 106 requires health plans issued or renewed on or after January 1, 2023 to make next-day appointments available to enrollees experiencing urgent, symptomatic behavioral health conditions to receive covered behavioral health services.

Section 102(8) requires HCA to collaborate with county authorities and BH-ASOs to develop procedures to dispatch behavioral health crisis services in coordination with crisis call center hubs. HCA must establish formal agreements with MCOs and BH-ASOs to provide for the services, capacities, and coordination necessary to arrange next-day appointments for persons contacting the 988-crisis hotline experiencing urgent, symptomatic behavioral health care needs with geographically, culturally, and linguistically appropriate primary care or behavioral health providers within the person's provider network, or, if uninsured, through the person's BH-ASO.

HCA must take into consideration input from relevant stakeholders and recommendations made by the Committee which will likely lead to an increase in client services costs however HCA is unable to provide an estimate of those costs without knowing the details for those recommendations. HCA would need to develop cost estimates in conjunction with recommendations from the Committee.

For illustrative purposes, HCA's estimates for these costs are as follows:

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HCA assumes this version of the bill requires 10 care coordinators to coordinate services for the BH-ASOs and MCOs with providers to provide same-day and next-day appointments for enrollees who are uninsured and seek services from the community behavioral health system. HCA assumes 20 care coordinators would be needed at a total cost of about \$1,600,000. HCA projects that no additional resources are required for secure withdrawal management services if all future facilities open as planned. HCA anticipates that the payment mechanism to providers would remain the same, utilizing BH-ASO and MCOs to contract for services. The bill did not define the standards for "Rapid Response". HCA program staff assumed that two hours is the metric for rapid response to a crisis event.

HCA has estimated that follow-up treatment costs after a crisis required by the legislation will average \$19.2 million annually, crisis response teams with specialists are estimated to cost \$29.7 million annually, high-risk special population services are estimated to cost \$200,000 annually, and advanced directive training and monitoring for less restrictive alternative orders are estimated at \$100,000 annually.

Behavioral Health Integrated Client Reference System:

Section 109 requires DOH and HCA to create a sophisticated technical and operational plan describing features related to the development of technology platforms and protocols for the protection of client information. A draft plan must be submitted to the Governor and specified Legislative committees by January 1, 2022, and a final plan by August 1, 2022. Section 110 requires HCA to hire a consultant to critically analyze the development and implementation technology and platforms and operational challenges to best position the technology solutions for success. A draft technical and operational plan compiled by the consultant must be submitted no later than January 1, 2022, and a final plan by August 31, 2022. HCA estimates \$858,000 is required to hire a contracted business analyst, project coordinator, and consultant to meet these requirements.

Section 102(5) requires HCA, in coordination with DOH, to develop the technology and platforms necessary to manage and operate the behavioral health crisis response and suicide prevention system. This system must include:

- Real-time bed availability for all behavioral health bed types, including but not limited to crisis stabilization services, triage facilities, psychiatric inpatient, substance use disorder inpatient, withdrawal management, peer-run respite centers, and crisis respite services, inclusive of both voluntary and involuntary beds, for use by crisis response workers, first responders, health care providers, and individuals in crisis.
- Real-time information relevant to the coordination of behavioral health crisis response services for a person.
- A means to facilitate actions to verify and document whether the person's transition to follow-up noncrisis care was successful.
- The means to provide geographically, culturally, and linguistically appropriate services to persons who are part of high-risk populations or otherwise have need of specialized services or accommodations, and to document these services or accommodations.
- When appropriate, consultation with tribal governments to ensure coordinated care in government-to-government relationships and access to dedicated services to tribal members.

HCA's current cost estimate for this system of systems would cost \$34.1 million in the first two years for design, development, and implementation (DDI) and approximately \$12.7 million annually for ongoing operations and maintenance. These cost estimates are indeterminate, illustrative, and are subject to refinement and revision once the plan recommendations in section 109 are approved.

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Other Impacts:

HCA assumes 10.0 FTE MAPS3 are required in the Division of Behavioral Health and Recovery (DBHR), based on the Committee recommendations to:

- Coordination with DOH.
- CRIS Committee participation.
- CRIS Committee recommendations to equally distribute services across Washington State.
- Program support for MCOs and BH-ASOs to ensure coordination and follow-up services.
- Support for crisis rapid response teams.
- Collaborate with county authorities and BH-ASOs to develop procedures to dispatch behavioral health crisis services in coordination with the crisis call center hubs.
- Real-Time information and coordination of services policy development.
- Set forth SAMHSA recommended guidance for high risk and special population individuals.
- Office of Insurance Commission (OIC) coordination and Medicare for next-day service coverage.
- Annual report of the 988-crisis hotline's usage and call outcomes and crisis services inclusive of the mobile rapid response crisis teams and crisis stabilization services.
- Coordinate gaps of care for those not covered under Medicaid.

HCA assumes 1.0 FTE MPS2 is required in the Office of Tribal Affairs (OTA) division to:

- Provide formal consultation with tribes to develop tribal mobile rapid response teams.
- Ongoing engagement and support for tribal partners to maintain tribal mobile rapid response.

HCA assumes 1.0 FTE Contract Specialist 3 will be required in the Division of Legal Services (DLS) for:

- Drafting and negotiating amendments to HCA's MCO and BH-ASO contracts.
- Drafting and negotiating actuarial work orders.
- Draft and negotiate contracts for service center providers.

HCA assumes 1.0 FTE Fiscal Information and Data Analyst is required in the Financial Services Division (FSD) to:

- Track crisis stabilization and triage funding and distribution to regions.

Actuarial Services:

Based on previous estimates for actuarial work to determine needs for programs, and considering the expansive system required for this bill, HCA estimates a cost of \$50,000 (\$25,000 GF-State) in fiscal year 2022 only and assumes additional funding will be required based on the CRIS Committee recommendations.

For costs that can be quantified, HCA requests \$4,132,000 and 12.5 Full Time Equivalent (FTE) staff in the 2021-23 Biennium.

HCA's Expenditures by Fund:

Expenditures			FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
001	GF-Federal Medicaid Title XIX	C	923,000	816,000	749,000	749,000	749,000	749,000
New	988 BH Crisis Response Line Acct		1,567,000	826,000	750,000	750,000	750,000	750,000
Total			2,490,000	1,642,000	1,499,000	1,499,000	1,499,000	1,499,000
Biennial Total				4,132,000		2,998,000		2,998,000

HCA Fiscal Note

Bill Number: 1477 E2S HB AMS ENGR S2948.E

HCA Request #: 21-153

HCA's Expenditures by Object:

Objects		FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
A	Salaries & Wages	960,000	1,053,000	973,000	973,000	973,000	973,000
B	Employee Benefits	347,000	379,000	350,000	350,000	350,000	350,000
C	Personal Serv Contr	897,000	11,000	-	-	-	-
E	Goods and Services	156,000	169,000	156,000	156,000	156,000	156,000
G	Travel	8,000	8,000	8,000	8,000	8,000	8,000
J	Capital Outlays	122,000	22,000	12,000	12,000	12,000	12,000
Total		2,490,000	1,642,000	1,499,000	1,499,000	1,499,000	1,499,000

HCA's Expenditures by FTE:

Job title	Salary	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
CONTRACTS SPECIALIS	78,408	1.0	1.0	1.0	1.0	1.0	1.0
WMS BAND 2	92,859	0.0	1.0	1.0	1.0	1.0	1.0
MEDICAL PROGRAM S	78,408	1.0	1.0	1.0	1.0	1.0	1.0
MEDICAL ASSISTANCE	80,292	10.0	10.0	9.0	9.0	9.0	9.0
Total	854,427	12.0	13.0	12.0	12.0	12.0	12.0

Part IV: Capital Budget Impact

None

Part V: New Rule Making Required

None

Department of Revenue Fiscal Note

Bill Number: 1477 E 2S HB AMS ENGR S2948.E	Title: National 988 system	Agency: 140-Department of Revenue
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Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

Account	FY 2022	FY 2023	2021-23	2023-25	2025-27
NEW-State 00 - 00 -	17,900,000	36,100,000	54,000,000	91,800,000	93,600,000
Total \$	17,900,000	36,100,000	54,000,000	91,800,000	93,600,000

Estimated Expenditures from:

	FY 2022	FY 2023	2021-23	2023-25	2025-27
FTE Staff Years	1.5	0.2	0.8	0.2	0.2
Account					
GF-STATE-State 001-1	211,800	32,700	244,500	65,400	54,200
Total \$	211,800	32,700	244,500	65,400	54,200

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: Corban Nemeth	Phone: 360-786-7736	Date: 04/20/2021
Agency Preparation: Beth Leech	Phone: 360-534-1513	Date: 04/21/2021
Agency Approval: Kim Davis	Phone: 360-534-1508	Date: 04/21/2021
OFM Review: Ramona Nabors	Phone: (360) 902-0547	Date: 04/21/2021

Request # 1477-9-1

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.

Note: This fiscal note reflects Senate amendment AMS ENGR S2948.E to E2SHB 1477, 2021 Legislative Session.

CURRENT LAW:

Under current law each switched access line, radio access line, and voice over internet protocol (VoIP) line is taxed at 25 cents per month for state E-911 service and 70 cents per month for local E-911 service. Prepaid wireless lines are taxed on each purchase.

COMPARISON OF AMENDMENT WITH SECOND ENGROSSED SECOND SUBSTITUTE BILL:

The amendment lowers the tax rate to 24 cents beginning October 1, 2021, and 40 cents beginning January 1, 2023.

PROPOSED LAW:

This bill requires the establishment of state crisis call center hubs and enhancements to the crisis response system.

Behavioral health and suicide prevention crisis services includes a "988 crisis hotline" which is defined as the universal telephonic number within the United States designated for the purpose of the national suicide prevention and mental health crisis hotline system operating through the national suicide prevention lifeline.

A statewide 988 behavioral health crisis response and suicide prevention line tax is created and applied to all switched access lines (copper landlines), radio access lines and VoIP lines:

- Beginning October 1, 2021, through December 31, 2022, the tax rate is 24 cents on each switched access line, radio access line and VoIP line; and
- Beginning January 1, 2023, the tax rate is 40 cents for each switched access line, radio access line and VoIP line.

Collections from the 988 behavioral health crisis response and suicide prevention line tax must be deposited by the State Treasurer into the statewide 988 behavioral health crisis response and suicide prevention line account created in this legislation.

This tax is the only 988 funding obligation imposed for 988 behavioral health crisis response service within Washington and no tax, fee, surcharge, or other charge shall be imposed by any subdivision of the state for 988 funding purposes.

This bill takes effect on October 1, 2021.

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.

ASSUMPTIONS:

- The tax applies to all switched access lines, radio access lines, VoIP lines, and prepaid wireless, and is due monthly.
- Based on the last five years of E-911 collections, growth is 1.8 percent, but it is assumed that the market will reach a saturation point. For this estimate, assume one percent annual growth per fiscal year.
- Currently, there are an estimated six million cellular lines (radio access lines), over one million VoIP lines, one million switched access lines, and about 12 million prepaid wireless transactions per year.
- This legislation passes effective October 1, 2021, and impacts eight months of cash collections in Fiscal Year 2022.
- NEW = 988 behavioral health crisis response and suicide prevention line account.

Request # 1477-9-1

DATA SOURCES:

- Department of Revenue E-911 data

REVENUE ESTIMATES:

This bill generates new state revenues for a 988 behavioral health crisis response and suicide prevention line by an estimated \$17.9 million in the eight months of impacted collections in Fiscal Year 2022, and by \$36.1 million in Fiscal Year 2023, the first full year of impacted collections.

TOTAL REVENUE IMPACT:

State Government (cash basis, \$000):

FY 2022 -	\$ 17,900
FY 2023 -	\$ 36,100
FY 2024 -	\$ 45,700
FY 2025 -	\$ 46,100
FY 2026 -	\$ 46,600
FY 2027 -	\$ 47,000

Local Government, if applicable (cash basis, \$000): 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

ASSUMPTIONS:

- This legislation will affect 5,600 service providers who will collect and remit tax.
- The legislation includes a provision that the Department may assess subscribers for unpaid tax due. Expenditures assume that taxes will be collected and remitted by service providers who have personal liability for uncollected or unremitted tax, so does not include costs to bill individuals.

FIRST YEAR COSTS:

The Department will incur total costs of \$211,800 in Fiscal Year 2022. These costs include :

Labor Costs - Time and effort equates to 1.46 FTEs.

- Test and verify computer systems for inclusion of the new line tax. This will require the expiration of three reporting line codes which will be recreated and renamed to cover both the E911 and 988 Health Crisis Response taxes.
- Paper returns will be updated, including split rate reporting for annual filers.
- Update and test financial reports and transfer of funds to a new account.
- Answer additional phone calls at the telephone information center on tax questions and tax return preparation from businesses, individuals and accountants.
- Create a Special Notice and identify publications and information that need to be created or updated on the Department's website.
- Respond to letter ruling requests, email inquiries, and more difficult call backs from the telephone information center.
- Process returns, payments and all associated work items, including issuing assessments for return errors and underpayments.
- Assist taxpayers with reporting questions and respond to inquiries via email, web message, and paper correspondence.
- Examine accounts and make corrections as necessary.

Object Costs - \$58,100.

- Contract computer system programming.
- Print and mail a special notice to all affected taxpayers.
- Print and mail notifications and correspondence to taxpayers who do not file returns electronically.

SECOND YEAR COSTS:

The Department will incur total costs of \$32,700 in Fiscal Year 2023. These costs include :

Labor Costs - Time and effort equates to 0.2 FTE.

- Test and verify computer systems to revise the 988 Health Crisis Response tax rate.
- Process tax return work items, assist taxpayers with reporting questions and respond to inquiries via email and web message and paper correspondence.
- Examine accounts and make corrections as necessary.

Object Costs - \$13,200.

- Contract computer system programming

ONGOING COSTS:

Ongoing costs for the 2023-25 Biennium equal \$65,400 and include similar activities described in the second year costs. Time and effort equates to 0.2 FTE.

Part III: Expenditure Detail

III. A - Expenditures by Object Or Purpose

	FY 2022	FY 2023	2021-23	2023-25	2025-27
FTE Staff Years	1.5	0.2	0.8	0.2	0.2
A-Salaries and Wages	92,300	12,500	104,800	25,000	17,900
B-Employee Benefits	33,200	4,500	37,700	9,000	6,400
C-Professional Service Contracts	52,800	13,200	66,000	26,400	26,400
E-Goods and Other Services	23,500	2,300	25,800	4,600	3,200
J-Capital Outlays	10,000	200	10,200	400	300
Total \$	\$211,800	\$32,700	\$244,500	\$65,400	\$54,200

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 2022	FY 2023	2021-23	2023-25	2025-27
EMS BAND 4	119,061	0.0		0.0		
EXCISE TAX EX 2	54,108	0.2	0.1	0.2	0.1	0.1
MGMT ANALYST4	70,956	0.5	0.1	0.3	0.1	0.1
RECORDS MGMT SUPV	67,560	0.1		0.1		
TAX INFO SPEC 1	43,392	0.2		0.1		
TAX INFO SPEC 4	64,332	0.3		0.2		
TAX POLICY SP 2	72,756	0.0		0.0		
TAX POLICY SP 3	82,344	0.0		0.0		
TAX POLICY SP 4	88,644	0.0		0.0		
WMS BAND 2	89,018	0.1		0.1		
WMS BAND 3	101,257	0.0		0.0		
Total FTEs		1.5	0.2	0.9	0.2	0.2

III. C - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Identify acquisition and construction costs not reflected elsewhere on the fiscal note and describe potential financing methods

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 .

Should this legislation become law, the Department will use the expedited process to amend WAC 458-20-195, titled: “Taxes, deductibility.” Persons affected by this rule making would include taxpayers subject to the 988 Health Crisis Response tax.

Individual State Agency Fiscal Note

Bill Number: 1477 E 2S HB AMS ENGR S2948.E	Title: National 988 system	Agency: 160-Office of Insurance Commissioner
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Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

	FY 2022	FY 2023	2021-23	2023-25	2025-27
FTE Staff Years	0.2	0.1	0.2	0.1	0.0
Account					
Insurance Commissioners Regulatory Account-State 138-1	35,685	9,929	45,614	13,077	10,002
Total \$	35,685	9,929	45,614	13,077	10,002

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: Corban Nemeth	Phone: 360-786-7736	Date: 04/20/2021
Agency Preparation: Jane Beyer	Phone: 360-725-7043	Date: 04/22/2021
Agency Approval: Bryon Welch	Phone: 360-725-7037	Date: 04/22/2021
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 04/29/2021

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 103(3)(d) appoints the Insurance Commissioner, or his or her designee, to the Crisis Response Improvement Strategy Committee (CRIS committee) established in section 103(1).

Section 103(4) requires the CRIS committee to assist the steering committee established by the act to identify barriers and make recommendations to implement and monitor the progress of the 988 crisis hotline in Washington and make recommendations on statewide improvement of behavioral health crisis response services.

Section 103(8)(d) establishes a cross-system crisis response collaboration subcommittee to examine and define the complementary roles and interactions between mobile rapid response crisis teams, designated crisis responders, law enforcement, emergency medical services teams, 911 and 988 operations, public and private health plans, behavioral health crisis response agencies, nonbehavioral health crisis response agencies, and others needed to implement this act.

Section 103(11) requires the steering committee, with the advice of the CRIS committee, to report its process, findings, and preliminary or final recommendations to the Governor and the legislature by January 1, 2022, January 1, 2023, and January 1, 2024.

Section 106 requires health plans issued or renewed on or after January 1, 2023 to make next-day appointments for covered behavioral health services available to enrollees experiencing urgent, symptomatic behavioral health conditions that require immediate, but not emergent, attention. The appointment can be with a provider other than a behavioral health provider and may be provided through telemedicine.

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.

Section 103(3)(d) appoints the Insurance Commissioner, or his or her designee, to the Crisis Response Improvement Strategy Committee (CRIS committee) established in section 103(1).

Section 103(8)(d) establishes a cross-system crisis response collaboration subcommittee to examine and define the complementary roles and interactions between mobile rapid response crisis teams, designated crisis responders, law enforcement, emergency medical services teams, 911 and 988 operations, public and private health plans, behavioral health crisis response agencies, nonbehavioral health crisis response agencies, and others needed to implement this act. The steering committee must submit reports to the legislature by January 1, 2022, January 1, 2023, and January 1, 2024.

While the Behavioral Health Institute at Harborview Medical Center will be staffing the CRIS committee, the Office of Insurance Commissioner (OIC) will be asked to provide available data and respond to questions related to current law and practice. The OIC anticipates that meetings of the CRIS committee or the cross-system crisis response collaboration subcommittee will occur monthly during the period of September 2021 to December 2023. Each meeting is estimated to take five hours to prepare for and attend, requiring 50 hours in FY2022, 60 hours in FY2023, and 30 hours in FY2024 of a Senior Policy Analyst.

Section 106 requires health plans issued or renewed on or after January 1, 2023 to make next-day appointments for

covered behavioral health services available to enrollees experiencing urgent, symptomatic behavioral health conditions that require immediate, but not emergent, attention. The appointment can be with a provider other than a behavioral health provider and may be provided through telemedicine. To allow the OIC to monitor health carrier compliance with the next-day appointment standard, ‘normal’ rulemaking will be required, in FY2022, to add a new weekly network access report requirement to WAC 284-170-280. The frequent cadence of the report is driven by the nature of the standard (next-day appointments) and the importance of the need as described in the legislative findings.

Section 106 increases the number of network access reports received at OIC and adds a new review standard and requirement. Currently, providers are permitted to schedule appointments and health carriers are required to assure reasonable access throughout their service area. The new requirement requires health carriers to know when and where appointments are available to assure the next day appointment requirement is met. The OIC will require weekly submission of a detailed report when a carrier has at least one request for a next day appointment. A health carrier that receives zero requests for a next day appointment will file a weekly attestation affirming this information. There are currently 80 active medical networks subject to the new weekly reporting and it will require approximately 5 additional minutes of review time per detailed report. OIC assumes that 20% of medical networks will file a detailed reported while 80% will file an attestation each week, beginning January 1, 2023, requiring 35 hours (16 networks x 26 weekly reports x 5 minutes) of a Functional Program Analyst 4 (FPA4) (9 hours) and Functional Program Analyst 3 (FPA3) (26 hours) in FY2023 and 70 hours (16 networks x 52 weekly reports x 5 minutes) of a FPA4 (18 hours) and FPA3 (52 hours) in FY2024 and beyond. The OIC will also require one-time costs, in FY2022, of 16 hours of a FPA4 to develop new review standards and speed-to-market tools, update checklist documents and filing instructions, and train staff.

Ongoing costs:

Salary, benefits and associated costs for .01 FTE Functional Program Analyst 4 and .03 FTE Functional Program Analyst 3.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2022	FY 2023	2021-23	2023-25	2025-27
138-1	Insurance Commissioners Regulatory Account	State	35,685	9,929	45,614	13,077	10,002
Total \$			35,685	9,929	45,614	13,077	10,002

III. B - Expenditures by Object Or Purpose

	FY 2022	FY 2023	2021-23	2023-25	2025-27
FTE Staff Years	0.2	0.1	0.2	0.1	0.0
A-Salaries and Wages	21,245	5,879	27,124	7,664	5,826
B-Employee Benefits	7,303	2,064	9,367	2,798	2,176
C-Professional Service Contracts					
E-Goods and Other Services	7,137	1,986	9,123	2,615	2,000
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					
9-					
Total \$	35,685	9,929	45,614	13,077	10,002

III. C - Operating FTE 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 2022	FY 2023	2021-23	2023-25	2025-27
Functional Program Analyst 3	70,956		0.0	0.0	0.0	0.0
Functional Program Analyst 4	78,408	0.1	0.0	0.0	0.0	0.0
Senior Policy Analyst	91,896	0.2	0.0	0.1	0.0	
Total FTEs		0.2	0.1	0.2	0.1	0.0

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Identify acquisition and construction costs not reflected elsewhere on the fiscal note and describe potential financing methods

NONE

IV. D - Capital FTE Detail: *List FTEs by classification and corresponding annual compensation . Totals need to agree with total FTEs in Part IVB*

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 .

In order for the Office of Insurance Commissioner to monitor health carrier compliance with the next-day appointment standard, ‘normal’ rulemaking will be required, in FY2022, to add a new network access reporting requirement to WAC 284-170-280.

Individual State Agency Fiscal Note

Bill Number: 1477 E 2S HB AMS ENGR S2948.E	Title: National 988 system	Agency: 215-Utilities and Transportation Commission
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Part I: Estimates

☒ **No Fiscal Impact**

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

NONE

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: Corban Nemeth	Phone: 360-786-7736	Date: 04/20/2021
Agency Preparation: Amanda Hathaway	Phone: 360-664-1249	Date: 04/23/2021
Agency Approval: Amanda Hathaway	Phone: 360-664-1249	Date: 04/23/2021
OFM Review: Jenna Forty	Phone: (564) 999-1671	Date: 04/28/2021

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 engrossed second substitute bill amends RCW 71.24.025 and adding new chapters 71.24 RCW and to Title 82 RCW. The Department of Heath will be leading the implementation for the provisions of the bill and is required to collaborate with other state agencies in carrying out its purpose. The Utilities and Transportation Commission (UTC) is no longer an agency listed for collaborative effort. UTC assumes no workload for this substitute bill.

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.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

NONE

III. B - Expenditures by Object Or Purpose

NONE

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

NONE

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Identify acquisition and construction costs not reflected elsewhere on the fiscal note and describe potential financing methods

NONE

IV. D - Capital FTE Detail: *List FTEs by classification and corresponding annual compensation . Totals need to agree with total FTEs in Part IVB*

NONE

Part V: New Rule Making Required

Individual State Agency Fiscal Note

Bill Number: 1477 E 2S HB AMS ENGR S2948.E	Title: National 988 system	Agency: 245-Military Department
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Part I: Estimates

☒ **No Fiscal Impact**

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

NONE

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: Corban Nemeth	Phone: 360-786-7736	Date: 04/20/2021
Agency Preparation: Jason Marquiss	Phone: 253-512-7002	Date: 04/23/2021
Agency Approval: Timothy Rajceovich	Phone: 2535127596	Date: 04/23/2021
OFM Review: Tyler Lentz	Phone: (360) 790-0055	Date: 04/25/2021

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.

There is no fiscal impact from this bill. Section 102 (5) of the current bill requires the Department of Health (DOH) to collaborate with the State 911 Coordination Office (SECO) to ensure technical interoperability between systems and to develop training programs and operations that are cohesive across the two programs. SECO and DOH already collaborate on several different issues that impact 911 (mental health, crisis standards of care, EMS, etc.). DOH is also a member of the 911 Advisory Committee. Collaborating with DOH on the 988 system would not increase our costs. Additionally, our 911 system already has the ability to seamlessly transfer calls in and out of our ESInet to any 10-digit or 3-digit number.

Section 103 and 104 include a member from the State E911 Coordination Office on the 988 Implementation Team and Crisis Response Improvement Strategy Committee.

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 - Operating Budget Expenditures

NONE

III. B - Expenditures by Object Or Purpose

NONE

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

NONE

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Identify acquisition and construction costs not reflected elsewhere on the fiscal note and describe potential financing methods

NONE

IV. D - Capital FTE Detail: *List FTEs by classification and corresponding annual compensation . Totals need to agree with total FTEs in Part IVB*

NONE

Part V: New Rule Making Required

Individual State Agency Fiscal Note

Bill Number: 1477 E 2S HB AMS ENGR S2948.E	Title: National 988 system	Agency: 300-Department of Social and Health Services
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Part I: Estimates

☒ **No Fiscal Impact**

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

NONE

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: Corban Nemeth	Phone: 360-786-7736	Date: 04/20/2021
Agency Preparation: Sara Corbin	Phone: 360-902-8194	Date: 05/12/2021
Agency Approval: Dan Winkley	Phone: 360-902-8236	Date: 05/12/2021
OFM Review: Bryan Way	Phone: (360) 522-3976	Date: 05/12/2021

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.

Passage of this legislation will not impact the Department of Social and Health Services (DSHS) workload or client benefits. No fiscal impact to DSHS.

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

III. A - Operating Budget Expenditures

NONE

III. B - Expenditures by Object Or Purpose

NONE

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

NONE

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Identify acquisition and construction costs not reflected elsewhere on the fiscal note and describe potential financing methods

NONE

IV. D - Capital FTE Detail: *List FTEs by classification and corresponding annual compensation . Totals need to agree with total FTEs in Part IVB*

NONE

None

Part V: New Rule Making Required

Individual State Agency Fiscal Note

Bill Number: 1477 E 2S HB AMS ENGR S2948.E	Title: National 988 system	Agency: 303-Department of Health
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Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

	FY 2022	FY 2023	2021-23	2023-25	2025-27
FTE Staff Years	5.2	6.3	5.8	7.6	8.6
Account					
General Fund-State 001-1	13,440,000	22,442,000	35,882,000	61,011,000	75,116,000
Total \$	13,440,000	22,442,000	35,882,000	61,011,000	75,116,000

In addition to the estimates above, there are additional indeterminate costs and/or savings . 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:

- ☒ 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: Corban Nemeth	Phone: 360-786-7736	Date: 04/20/2021
Agency Preparation: Melissa Hoyt	Phone: 360-236-4543	Date: 05/10/2021
Agency Approval: Carl Yanagida	Phone: 360-789-4832	Date: 05/10/2021
OFM Review: Gaius Horton	Phone: (360) 819-3112	Date: 05/14/2021

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.

As compared to 1477-E2S HB AMS WM S2933.1, this bill version adds a requirement to increase capacity to serve veterans, people with disabilities and non-English speaking callers. It allows the crisis call center hubs to employ clinical staff without a bachelor's degree or master's degree based on the person's skills and life or work experiences.

Section 102

- Department has primary responsibility for establishing and designating the crisis call center hubs.
- Department shall provide adequate funding to manage an expected increase in calls to the crisis lines and achieve an in-state call response rate of at least 90 percent by July 22, 2022 and 95 percent by July 1, 2023.
- By July 1, 2023, the department must establish rules that create standards that crisis hotline centers across the state must meet in order to be designated as a crisis call center hub. The department must use those standards to designate crisis call center hubs no later than July 1, 2024. This requirement was not assigned to any agency in the substitute version of the bill.
- Assigns call centers to employ highly skilled and trained clinical staff with at least a bachelors or masters level of education, who are sufficiently trained.
- Collaborate with HCA, national suicide prevention lifeline and veterans crisis line networks for consistency of public messaging about 988 crisis hotline.
- Department must develop a new technologically advanced behavioral health crisis call center system platform that is interoperable with 911 systems, emergency medical services systems, national suicide prevention lifeline and other nonbehavioral health crisis services, for use in crisis call center hubs.
- System must have the capability to receive crisis assistance requests through phone calls, texts, chats, and other similar methods of communication that may be developed in the future.
- Track the outcome of the 988 call to enable appropriate follow up, cross-system coordination and accountability.

Section 103

- Participate in the crisis response improvement strategy committee.
- Section expires June 30, 2024.

Section 104

- The department and HCA shall provide an annual report regarding the usage of the 988 crisis hotline, call outcomes and the provision of crisis services inclusive of mobile rapid response crisis teams and crisis stabilization services. The crisis response improvement strategy committee is created, which will be facilitated and staffed by a private entity selected by the Office of Financial Management and will contain representation from various emergency response organizations, behavioral health providers, payers, users, and legislators. Membership shall be appointed by HCA. DOH will have one representative. This committee shall make recommendations to implement and monitor the progress of the 988 crisis hotline and on the statewide improvement of behavioral health crisis response services by January 1, 2023.
- The department and HCA shall coordinate with the Department of Revenue and any other agency that is appropriated funding under the account.

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 .

Program

1.0 FTE Health Service Consultant 3 will review reports from crisis centers. This position will also perform the following activities: Monitor and maintain record of contract performance in accordance with Lifeline and state performance metrics; work with HCA to evaluate and extract data and report to local, state and federal agencies; collaborate with and support call center routing platforms and associated data networks to ensure consistency, equity of care and tracking of performance metrics; support implementation of public relations campaign.

1.0 IT Business Analyst – Journey will facilitate planning and collaboration between 988 call centers, 911 call system and HCA IT specialists to create an interoperable system that can seamlessly do handoffs and find local resources such as appointments and open beds in local area. Will provide ongoing maintenance and enhance the system. Able to apply and enhance knowledge and skill to intergrade 988 system with current call centers.

0.2 IT Business Analyst – Senior/Specialist will supervise and support IT Business Analyst – Journey with integration and maintenance of the system.

Call Centers

The State Suicide Prevention Call Centers will be increasing their capacity to answer suicide calls from 57,635 with a 60 percent response rate (2019) to 90-95 percent response rate. Increase in call volume is anticipated to increase gradually over the next five years. Year 1 of system implementation is expected to see an increase approximately of three fold from 2019 data. These estimates were the medium range provided by Vibrant Emotional Health:

- o Year 1 @ 90% Response Rate: Total Contacts*: 167,612 / Total Cost for Contacts: \$12,148,000 / Average Per-Contact: \$72.48
- o Year 2 @ 95% Response Rate: Total Contacts*: 275,222 / Total Cost for Contacts: \$20,506,000 / Average Per-Contact: \$74.51
- 5o Year 3 @ 95% Response Rate: Total Contacts*: 355,037 / Total Cost for Contacts: \$26,178,000 / Average Per-Contact: \$73.73
- o Year 4 @ 95% Response Rate: Total Contacts*: 415,393 / Total Cost for Contacts: \$30,468,000 / Average Per-Contact: \$73.34
- o Year 5 and ongoing @ 95% Response Rate: Total Contacts*: 481,371 / Total Cost for Contacts: \$35,158,000 / Average Per-Contact: \$73.04

*Definition: Contacts – An aggregate of the interactions with a “caller” through multiple phone calls, chats or texts.

In the previous fiscal note for striker S-2933.1, it was noted that Vibrant was unable to provide per-contact costs to achieve a 90 percent and a 95 percent response rate. As a result, the figures were based on Vibrant estimates to achieve an 85 percent response rate. The department noted that the costs would be higher to achieve the higher response rates. In this fiscal note, the department now assumes it will cost 2.5 percent more than the previous fiscal note to achieve a 90 percent response rate in fiscal year 2022 and five percent more than the previous fiscal note to achieve a 95 percent response rate in subsequent fiscal years. Similar to the previous fiscal note, this average cost-per-contact above includes Vibrant IT support of \$510,000 in year 1, and \$930,000 in following years to better reflect the fully burdened rate. It also includes the department's 1.4 percent indirect rate for contracted, pass-through costs.

Veteran Call Center (indeterminate cost)

To keep veteran calls in-state to meet the 90 and then 95 percent response rate, it may require establishing a call center within Washington. It is unknown if the National Veterans Crisis Line would create a center within the state or if a new one would need to be created.

The 988 system must maintain a minimum of a 90 percent in-state answer rate for calls originating from Washington starting July 1, 2022 and increasing to 95 percent by July 1, 2023. The answered calls should stabilize by year 6 and the volume of 988 calls received by 911 will be reduced each year as 988 is more publicly utilized and 911 calls are appropriately diverted. Each caller contact, which may consist of multiple interactions, will range between \$72.48 and \$74.51, which is an increase from the current \$3 per answered call rate that relied on volunteers. There are several reasons for the per-contact increase:

- Increased response rates exponentially increases the cost of providing services as additional staff is needed to be available during peak periods.
- This rate also now includes IT support which was previously a separate line item but to better reflect the fully burdened rate.
- Increased education and training requirements of call center staff.
- Factors in multiple possible engagement points for a caller event which could include follow up calls, chats, or texts.

In 2019, the \$3 per call rate bought the following performance from unpaid volunteers :

- Approximately 40% of calls were diverted to other state's call centers, which meant callers received no follow up or referral to local services.
- The remaining 60% of calls that were answered in-state did not receive adequate follow up services and support, access to culturally and geographically appropriate services (this is required by federal 988 legislation), or the minimum fiscal or personnel support in place to cover the foundational day-to-day operational requirements of National Suicide Prevention Lifeline (NSPL) member centers.

Both federal and state 988 legislation require that these support structures be in place and that minimum standards and guidelines from the national network be satisfied. This cost number was calculated in partnership with national experts who understand the fundamental cost needs of the national 988 system. Here are some of the key components of the estimation:

- Baseline volume:
 - o Accounts for current Lifeline patterns across call, chat, and text. This is a projection that was increasing prior to 988 federal/state legislation and would have continued to climb regardless.
 - o The state is currently not meeting those requirements. Of the calls being answered in-state, they are not currently meeting metrics for adequate follow-up, referral, and geographically /culturally-appropriate services due to inadequate current funding to support the crisis call center system.
- Diverted volume:
 - o Volume of current non-NSPL crisis center calls that are being supported by other networks and will be rerouted to the 988 system in the future. This is based off historical patterns and assumptions on individuals choosing to use a 3-digit number when available over other local /regional/dedicated numbers.
 - o Volume of current 911 calls that will be supported by 988 due to mental health /psychological distress nature. This is based off 911 data, academic literature, and potential considerations around systems change related to 911 diversion.
- New volume:
 - o Market analysis: estimations that provide insight on the number of people 988 will support in the future but are not currently supported by NSPL. This includes:
 - o Relevant populations potentially vulnerable to suicidal and /or mental health crisis (current catchment of NSPL and other volume sources (see below)).
 - o Additional populations that can be potentially served by 988 in the future (mental health and/or substance use disorders, lifetime exposure to trauma, those with serious psychological distress, suicidal ideation, practitioners, those supporting loved ones with any of the prior conditions /circumstances).
 - o Data sources for the market analysis include publicly available data, academic research, interviews with subject matter experts, and Vibrant leadership /staff.
 - o Volume projections: estimations intended to inform magnitude of 988 volume. This includes :
 - o Potential sources of volume for 988 not currently supported by NSPL member centers (county mental

health crisis lines, regional lines, dedicated support lines, etc.).

- o Potential quantitative ranges of 988 volume (routing by geocoding rather than zip code, federal requirement of 24/7 geographical coverage of 988 services, etc.)

- o Data sources for volume projections include historical NSPL data and network crisis centers, publicly available data, academic research, interviews with subject matter experts, and Vibrant leadership /staff.

System

One option for the routing of 988 calls would be to utilize the 911 network /platform. The estimated cost for use of the 911 network was provided by the Emergency Management Division within the Military Department, with 3 hotline center hubs and estimated call volume of approximately 180,000 calls a year, which would cost between \$225,000 to \$400,000 a year. This breaks down to \$1.25 to \$2.22 per call. The department is using the higher rate of \$2.22 per call for our estimate due to number of unknowns for this new concept. The estimate includes connecting the hubs to our network core cost, which would provide routing, location validation and number identification. Currently, the 911 system can transfer calls directly to the Suicide Hotline 800 number at no cost and vice versa by using call forwarding.

- o Year 1: \$377,000
- o Year 2: \$620,000
- o Year 3: \$799,000
- o Year 4: \$934,000
- o Year 5 and ongoing: \$1,084,000

Rule Making

0.1 FTE Health Service Consultant 4 will be involved with rule preparations, travel, meetings, and attending hearings for the new 988 system.

Office of Attorney General, one-time charge to support rule making.

TOTAL BUDGET

Total estimated cost for biennium 2021-23 is 6.0 FTE and \$35,882,000 :

- FY22: 5.4 FTE, \$13,440,000
- FY23: 6.6 FTE, \$22,442,000
- FY24: 7.5 FTE, \$28,293,000
- FY25: 8.2 FTE, \$32,718,000
- FY26 and ongoing: 9.0 FTE, \$37,558,000 and ongoing

BACKGROUND (reference only):

The State of Washington will continue to fund the State Suicide Prevention for \$345,850, which funds contracts for Suicide Prevention Call Centers in Washington; either through the existing state funding or from the new fee revenue. As well as funding Crisis Hotline of \$568,000, which funds additional Suicide Prevention Call Centers.

The below is a breakdown of the 988 Planning Grant received from Vibrant. This grant is an analysis of what Washington State needs to implement 988. Some of the costs are indeterminate due to the work of this grant not being complete.

The department has received and will use the one-time 988 Grant received from Vibrant for \$190,000, that started February 1, 2021 and will end on September 30, 2021, to start the initial preparation for the state 988 implementation effort. The department already has general fund federal appropriations to spend this and no new appropriations are needed for this grant. Funds will be used to partner with Health Care Authority (HCA) and Forefront Suicide Prevention

preparing for an enhanced and expanded 988 behavioral health crisis and suicide prevention response system. It also helps in determining the potential impact to the call centers.

The 988 Suicide Lifeline Implementation Planning Grant includes the following :

0.4 FTE Health Service Consultant 4 will serve as the lead for the 988 Planning Grant and primary point of contact for Washington State. The department will be responsible for serving as the state lead for collaboration and correspondence with the 988 Grant Team, three Washington State Lifeline Member centers, and Vibrant.

0.4 FTE BEHAVIORAL HEALTH PROGRAM PROFESSIONAL from HCA, will serve as leading 988 Grant Team efforts, knowledge, content development, and implementation. This position: Assures 988 follow-up services (same-day and next-day appointments) that are data informed and consistent with Lifeline best practices and clinical standards; Provides and tracks real-time crisis stabilization and hospital bed availability to crisis responders and individuals in crisis; Facilitates the development of community-based rapid mobile crisis response for 988 users who need stabilization services.

0.2 FTE Landscape Analysis from Forefront Suicide Prevention will lead the Landscape Analysis with direct support and participation from the department and HCA leads. This position: Participates in monthly technical assistance calls and webinars with Vibrant; Supports utilization of Lifeline's 988 Planning Template and serving as a key state partner to assure all components are addressed in the draft and final implementation plan; Supports state efforts to identify potential funding streams.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2022	FY 2023	2021-23	2023-25	2025-27
001-1	General Fund	State	13,440,000	22,442,000	35,882,000	61,011,000	75,116,000
Total \$			13,440,000	22,442,000	35,882,000	61,011,000	75,116,000

In addition to the estimates above, there are additional indeterminate costs and/or savings . Please see discussion.

III. B - Expenditures by Object Or Purpose

	FY 2022	FY 2023	2021-23	2023-25	2025-27
FTE Staff Years	5.2	6.3	5.8	7.6	8.6
A-Salaries and Wages	360,000	426,000	786,000	985,000	1,104,000
B-Employee Benefits	139,000	168,000	307,000	395,000	446,000
C-Professional Service Contracts	12,352,000	20,834,000	33,186,000	57,575,000	71,484,000
E-Goods and Other Services	47,000	61,000	108,000	150,000	176,000
G-Travel					
J-Capital Outlays	9,000		9,000		
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services	510,000	930,000	1,440,000	1,860,000	1,860,000
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements	23,000	23,000	46,000	46,000	46,000
9-					
Total \$	13,440,000	22,442,000	35,882,000	61,011,000	75,116,000

In addition to the estimates above, there are additional indeterminate costs and/or savings . Please see discussion.

III. C - Operating FTE 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 2022	FY 2023	2021-23	2023-25	2025-27
FISCAL ANALYST 2	53,000	2.5	3.7	3.1	5.0	6.0
HEALTH SERVICES CONSULTANT 1	53,000	0.4	0.4	0.4	0.4	0.4
HEALTH SERVICES CONSULTANT 3	72,756	1.0	1.0	1.0	1.0	1.0
HEALTH SERVICES CONSULTANT 4	80,292	0.1		0.1		
IT BUSINESS ANALYST - JOURNEY	96,888	1.0	1.0	1.0	1.0	1.0
IT BUSINESS ANALYST - SENIOR/SPECIALIST	106,824	0.2	0.2	0.2	0.2	0.2
Total FTEs		5.2	6.3	5.8	7.6	8.6

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Identify acquisition and construction costs not reflected elsewhere on the fiscal note and describe potential financing methods

NONE

IV. D - Capital FTE Detail: *List FTEs by classification and corresponding annual compensation . Totals need to agree with total FTEs in Part IVB*

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 .

Rule Making

0.1 FTE Health Service Consultant 4 will be involved with rule preparations, travel, meetings, and attending hearings for the new 988 system.

Office of Attorney General, one time charge to support rule making.

Individual State Agency Fiscal Note

Bill Number: 1477 E 2S HB AMS ENGR S2948.E	Title: National 988 system	Agency: 307-Department of Children, Youth, and Families
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Part I: Estimates

☒ **No Fiscal Impact**

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

NONE

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: Corban Nemeth	Phone: 360-786-7736	Date: 04/20/2021
Agency Preparation: Renee Martine-Tebow	Phone: 360-725-4424	Date: 05/12/2021
Agency Approval: Jennifer Smith	Phone: 3609028023	Date: 05/12/2021
OFM Review: Cynthia Hollimon	Phone: (360) 810-1979	Date: 05/12/2021

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.

Current version compared to previous.:

-- Strikes everything after the enacting clause.

Summary of Bill:

Establishes the Crisis Response Improvement Strategy Committee, formerly the Crisis Response Implementation Strategy Steering Committee, to analyze and make recommendations related to the funding of 988 services. The Department of Children, Youth, and Families (DCYF) is not a named member of this committee.

Requires the Department of Health and the Health Care Authority to collaborate on establishing crisis call center hubs and enhancing the crisis response system.

Establishes the Statewide 988 Behavioral Health Crisis Response Line Tax on phone lines to fund the crisis hotline centers and response services. DCYF does not receive any monies from this tax.

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.

Bill Changes Impacting Previous Revenue Analysis:

None.

Revenue Impact of Current Bill:

This bill would have no revenue impact.

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.

Bill Changes Impacting Previous Revenue Analysis:

None.

Revenue Impact of Current Bill:

This bill would have no revenue impact because DCYF is not a named member of the committee.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

NONE

III. B - Expenditures by Object Or Purpose

NONE

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

NONE

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Identify acquisition and construction costs not reflected elsewhere on the fiscal note and describe potential financing methods

NONE

IV. D - Capital FTE Detail: *List FTEs by classification and corresponding annual compensation . Totals need to agree with total FTEs in Part IVB*

NONE

None.

Part V: New Rule Making Required

Individual State Agency Fiscal Note

Bill Number: 1477 E 2S HB AMS ENGR S2948.E	Title: National 988 system	Agency: 350-Superintendent of Public Instruction
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Part I: Estimates

☒ **No Fiscal Impact**

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

NONE

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: Corban Nemeth	Phone: 360-786-7736	Date: 04/20/2021
Agency Preparation: Troy Klein	Phone: (360) 725-6294	Date: 04/21/2021
Agency Approval: Mike Woods	Phone: 360 725-6283	Date: 04/21/2021
OFM Review: Val Terre	Phone: (360) 280-3973	Date: 04/22/2021

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.

1477 E2SHB AMS ENGR S2948.E changes from 1477 E2SHB AMS WM S2933.1 :

None of the changes in this version of the bill have a fiscal impact on the Office of the Superintendent of Public Instruction (OSPI), or the State Board of Education (SBE).

OSPI, and SBE are not called out as participating members in the implementation of the bill. The bill would have no expenditure impact on OSPI or SBE.

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 receipt impact anticipated.

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.

OSPI expenditure impact:

There is no fiscal impact for OSPI.

SBE expenditure impact:

There is no fiscal impact for SBE.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

NONE

III. B - Expenditures by Object Or Purpose

NONE

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

NONE

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Identify acquisition and construction costs not reflected elsewhere on the fiscal note and describe potential financing methods

NONE

IV. D - Capital FTE Detail: *List FTEs by classification and corresponding annual compensation . Totals need to agree with total FTEs in Part IVB*

NONE

No capital budget impact anticipated.

Part V: New Rule Making Required

Individual State Agency Fiscal Note

Bill Number: 1477 E 2S HB AMS ENGR S2948.E	Title: National 988 system	Agency: 350-Superintendent of Public Instruction
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Part I: Estimates

☒ **No Fiscal Impact**

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

NONE

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: Corban Nemeth	Phone: 360-786-7736	Date: 04/20/2021
Agency Preparation: Troy Klein	Phone: (360) 725-6294	Date: 04/22/2021
Agency Approval: Mike Woods	Phone: 360 725-6283	Date: 04/22/2021
OFM Review: Val Terre	Phone: (360) 280-3973	Date: 04/22/2021

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.

1477 E2SHB AMS ENGR S2948.E changes from 1477 E2SHB AMS WM S2933.1 :

None of the changes in this version of the bill have a fiscal impact on the Office of the Superintendent of Public Instruction (OSPI), or the State Board of Education (SBE).

OSPI, and SBE are not called out as participating members in the implementation of the bill. The bill would have no expenditure impact on OSPI or SBE.

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 receipt impact anticipated.

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.

OSPI expenditure impact:

There is no fiscal impact for OSPI.

SBE expenditure impact:

There is no fiscal impact for SBE.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

NONE

III. B - Expenditures by Object Or Purpose

NONE

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

NONE

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Identify acquisition and construction costs not reflected elsewhere on the fiscal note and describe potential financing methods

NONE

IV. D - Capital FTE Detail: *List FTEs by classification and corresponding annual compensation . Totals need to agree with total FTEs in Part IVB*

NONE

No capital budget impact anticipated.

Part V: New Rule Making Required

Individual State Agency Fiscal Note

Bill Number: 1477 E 2S HB AMS ENGR S2948.E	Title: National 988 system	Agency: 360-University of Washington
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Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

	FY 2022	FY 2023	2021-23	2023-25	2025-27
FTE Staff Years	0.1	0.1	0.1	0.1	0.0
Account					
General Fund-State 001-1	87,938	139,024	226,962	314,176	291,920
Total \$	87,938	139,024	226,962	314,176	291,920

In addition to the estimates above, there are additional indeterminate costs and/or savings . 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:

- ☒ 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: Corban Nemeth	Phone: 360-786-7736	Date: 04/20/2021
Agency Preparation: Kelsey Rote	Phone: 2065437466	Date: 04/23/2021
Agency Approval: Kelsey Rote	Phone: 2065437466	Date: 04/23/2021
OFM Review: Breann Boggs	Phone: (360) 485-5716	Date: 04/23/2021

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 bill establishes crisis call center hubs and expands the crisis response system in the state. Compared to the previous version, it makes the following changes that impact the UW:

- Modifies the imposed tax increase on radio access lines and VOIP service lines.

Section 103 create the crisis response improvement strategy committee and directs what the committee will do. It directs the Office of Financial Management (OFM) to contract with Harborview Medical Center's Behavioral Health Institute (BHI) to facilitate and provide staff support to the Committee, and establishes the membership of the Committee.

Section 104 directs the steering subcommittee to monitor and make recommendations related to funding and other aspects of the statewide 988 line. It also directs the work of the steering committee to be facilitated by the Harborview BHI, with assessment from the Senate Committee Services, Office of Program Research, and OFM.

Section 202 imposes a tax increase on all radio access lines and inter-connected Voice Over Internet Protocol (VOIP) service lines.

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.

SECTION 103

- Creates the crisis response improvement strategy committee (Committee) and steering committee, directs the Office of Financial Management (OFM) to contract with Harborview Medical Center's Behavioral Health Institute (BHI) to facilitate and provide staff support to the Committee, and establishes the membership of the Committee and steering committee.
- Directs the Committee to:
 - o Identify barriers and make recommendations to implement and monitor the progress of the 988 crisis hotline in Washington and make recommendations on statewide improvement of behavioral health crisis response services with the assistance of the Committee.
 - o Develop a comprehensive assessment of the behavioral health crisis response services system, including an inventory of existing statewide and regional behavioral health crisis response and crisis stabilization services and resources, including capital projects which are planned and funded.
 - o Report and issue recommendations and timelines on multiple areas, including promoting equity, establishing Spanish language capacity, allocating funding responsibilities, and many others, after consultation with the Committee.
- Establishes subcommittees.
- Directs the steering committee to provide a progress report and the result of the comprehensive assessment to the Governor and appropriate committees of the Legislature by January 1, 2022 and to submit additional reports by January 1, 2023 and January 1, 2024.

SECTION 104

- Directs the steering committee to monitor and make recommendations related to funding of crisis response services out of the Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Account. This includes

analyzing:

- o Projected expenditures from the Account
 - o Costs of providing statewide coverage of mobile rapid responses crisis teams and other first responder services
 - o Potential option to reduce the tax imposed
 - o Viability of providing funding for in-person mobile rapid response crisis services and other first responder services
- If the steering committee finds that funding in-person services is viable, the steering committee must analyze options for the location and composition of those services.
 - Directs the work of the steering committee to be facilitated by the Harborview BHI, with assessment from the Senate Committee Services, Office or Program Research, and OFM.
 - Directs the steering committee to submit preliminary recommendations by January 1, 2022 and final recommendations by January 1, 2023.

SECTION 202

- Imposes a tax increase on all radio access lines and inter-connected Voice Over Internet Protocol (VOIP) service lines.

MEDICINE

Harborview assumes the Behavioral Health Institute's (BHI) facilitation role will require partial FTEs across at least 5 staff to manage. Other expenses are expected, but costs will be variable depending on the frequency of committee meetings and subcommittee meetings, the complexity of work planning between meetings, the need for consultant engagement, reporting requirements, and any data analysis or other subject matter expertise that may be required to support the Committee and subcommittee's responsibilities in Sections 103 and 104. The full cost of the facilitation activities is indeterminant but is estimated at approximately \$3.3 million.

Harborview will pursue private funding to support the Behavioral Health Institute's facilitation role for the Committee in FY22 and FY23. We anticipate this philanthropic support will be \$2.8 million for these purposes. Therefore, for FY24, Harborview anticipates the BHI would require \$500,000 in state support to facilitate the Committee and subcommittee through the final report due January 1, 2024. This cost is based the staffing and facilitation expenses outlined above. The \$500,000 in state support is being requested on OFM's fiscal note, as the funding would be funneled through OFM rather than a direction appropriation to the UW.

SOCIAL WORK

The UW School of Social Work assumes that the establishment and implementation of the national 988 bill for the state of Washington requires expert guidance and support from UW faculty who have been directly involved in the education and training of suicide prevention programs. It is assumed that Dr. Jennifer Stuber, founding director of Forefront Suicide Prevention, would assist in the implementation of the 988 hotline. We assume this would require the following per year in FY22-FY24:

- 0.1 FTE of the aforementioned Director (annual salary \$151,308, benefits rate 24%)
- Weekly trips to Olympia and back, for \$3,494 in travel costs per year.

The costs for the UW School of Social Work are therefore estimated to be \$22,257 per year in each FY22, FY23, and FY24.

FACILITIES

There would be additional tax burden on the UW due to the tax increase on all radio access lines and inter-connected Voice Over Internet Protocol (VOIP) service lines. Current usage of telecom services is approximately 27,644 lines/month. Due to this bill, the tax would be \$0.24/line/month from October 2021 to December 2022 and \$0.40/line/month beginning January 2023. To calculate the increased cost due to this new tax, we can do the following

calculations:

FY22 = \$65,682

- 9 months (Oct21-Jun22) * 27,644 lines * \$0.24 tax * 10% for growth/other billings

FY23 = \$116,768

- 6 months (Jul22-Dec22) * 27,644 lines * \$0.24 tax * 10% for growth/other billings
- 6 months (Jan23-Jun23) * 27,644 lines * \$0.40 tax * 10% for growth/other billings

FY24 and beyond = \$145,960

- 12 months * 27,644 lines * \$0.40 tax * 10% for growth/other billings

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2022	FY 2023	2021-23	2023-25	2025-27
001-1	General Fund	State	87,938	139,024	226,962	314,176	291,920
Total \$			87,938	139,024	226,962	314,176	291,920

In addition to the estimates above, there are additional indeterminate costs and/or savings . Please see discussion.

III. B - Expenditures by Object Or Purpose

	FY 2022	FY 2023	2021-23	2023-25	2025-27
FTE Staff Years	0.1	0.1	0.1	0.1	
A-Salaries and Wages	15,131	15,131	30,262	15,131	
B-Employee Benefits	3,631	3,631	7,262	3,631	
C-Professional Service Contracts					
E-Goods and Other Services	65,682	116,768	182,450	291,920	291,920
G-Travel	3,494	3,494	6,988	3,494	
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
Total \$	87,938	139,024	226,962	314,176	291,920

In addition to the estimates above, there are additional indeterminate costs and/or savings . Please see discussion.

III. C - Operating FTE 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 2022	FY 2023	2021-23	2023-25	2025-27
Director of Forefront Suicide Prevention	151,308	0.1	0.1	0.1	0.1	
Total FTEs		0.1	0.1	0.1	0.1	0.0

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Identify acquisition and construction costs not reflected elsewhere on the fiscal note and describe potential financing methods

NONE

IV. D - Capital FTE Detail: *List FTEs by classification and corresponding annual compensation . Totals need to agree with total FTEs in Part IVB*

NONE

Part V: New Rule Making Required

LOCAL GOVERNMENT FISCAL NOTE

Department of Commerce

Bill Number: 1477 E 2S HB AMS ENGR S2948.E	Title: National 988 system
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Part I: Jurisdiction-Location, type or status of political subdivision defines range of fiscal impacts.

Legislation Impacts:

- ☒ Cities: Indeterminate increase in expenditures and revenues for behavioral health administrative services organizations and law enforcement
- ☒ Counties: Same as above
- ☐ Special Districts:
- ☐ Specific jurisdictions only:
- ☐ Variance occurs due to:

Part II: Estimates

- ☐ No fiscal impacts.
- ☐ Expenditures represent one-time costs:
- ☐ Legislation provides local option:
- ☒ Key variables cannot be estimated with certainty at this time: Additional number of people that would need rapid crisis response team services; the membership of the CRIS committee; additional administrative costs due to widespread changes to the current behavioral health and crisis response system; and the amount of funds that would be reimbursed to counties for provision of services from the statewide 988 behavioral health crisis response line account .

Estimated revenue impacts to:

Non-zero but indeterminate cost and/or savings. Please see discussion.

Estimated expenditure impacts to:

Non-zero but indeterminate cost and/or savings. Please see discussion.

Part III: Preparation and Approval

Fiscal Note Analyst: Rebecca Duncan	Phone: 360-725-5040	Date: 04/27/2021
Leg. Committee Contact: Corban Nemeth	Phone: 360-786-7736	Date: 04/20/2021
Agency Approval: Alice Zillah	Phone: 360-725-5035	Date: 04/27/2021
OFM Review: Danielle Cruver	Phone: (360) 522-3022	Date: 04/30/2021

Part IV: Analysis

A. SUMMARY OF BILL

Provide a clear, succinct description of the bill with an emphasis on how it impacts local government .

CHANGES FROM PRIOR BILL VERSION

Technical language changes would add “suicide prevention” to the phrase “behavioral health crisis response” to create more inclusive phrases and references to systems.

Changes to section 102 would change and add details to the requirements for a primary technology system , and would put the responsibility for the creation and maintenance of this system on the Health Care Authority (HCA).

New provisions in Section 103 would require that the work of the Crisis Response Improvement Strategy Committee (CRIS Committee) must be received and reviewed by a steering committee , which in turn must form subcommittees to provide the technical analysis and input needed to formulate system change recommendations . The steering committee, instead of the CRIS Committee, would be required to develop a comprehensive assessment of the behavioral health crisis response services system by January 1 , 2022, and would need to do required reporting (also detailed in section 103). Finally, the section would establish subcommittees from the CRIS Committee and shift some tasks from the main committee to the subcommittees .

Changes to section 104 would make the steering committee of the CRIS Committee responsible for monitoring and making recommendations as described in the section .

A new section, section 108, would provide that the state, relevant agencies and their employees are carrying out duties or the public , not any individuals or class of persons separate and apart from the public . In addition, this section would provide that each crisis call center hub under any contract or agreement pursuant to this act is an independent contractor , separate and apart from the department and the state.

A new section, section 109, would require the Department of Health (DOH) and Health Care Authority (HCA) to create a sophisticated technical and operational plan for the development and implementation of technology and platforms under section 102 .

A new section, section 110, would appropriate the sum of \$500,000, or as much thereof as may be necessary, for the fiscal biennium ending June 30, 2023, from the general fund to the state HCA medical assistance program for the purposes of contracting with a consultant to critically analyze the development and implementation technology and platforms and operational challenges to best position the technology solutions for success as described in section 109 of this act . A draft technical and operational plan compiled by the consultant must be submitted no later than January 1 , 2022, and a final plan by August 31 , 2022.

These changes would have no impact on the overall fiscal analysis of the bill .

SUMMARY OF CURRENT BILL VERSION:

This bill would:

- Direct the Department of Health and Health Care Authority to work to designate crisis call center hubs that meet standards related to technology and the ability to identify and deploy community crisis resources for persons experiencing a behavioral health crisis .
- Create a Crisis Response Improvement Strategy Committee to develop an integrated behavioral health crisis response system . This committee would also be formed of subcommittees and would be directed by a steering committee .
- Establish the Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Tax and corresponding account

Section 102 would describe the funding, designating, and work of crisis call center hubs. This section would require that the Department of Health provide funding for an expected increase in the use of the state's crisis lifeline call centers using the 988 crisis hotline prior to July 16, 2022. The DOH would need to designate one or more crisis hotline centers to provide crisis intervention services and crisis care coordination to individuals accessing the 988 crisis hotline from any jurisdiction within Washington 24 hours a day , seven days a week. This section would also establish requirements for an entity to be recognized as a crisis call center hub , and require that the hub would contract with DOH to be reimbursed for providing crisis call center hub services . In addition, this section would require the Health Care Authority (HCA) to deploy a new technologically advanced behavioral health crisis call center system , and would detail what crisis call center hubs must do to provide crisis intervention services and crisis care coordination using this call center system platform . The HCA would be required to collaborate with county authorities and BH-ASOs to develop procedures to dispatch behavioral health crisis services in coordination with the crisis call center hubs. July 1, 2023, would be the date by which HCA must create best practice guidelines for deployment of appropriate and available crisis response services by crisis call center hubs .

Section 103 would establish the Crisis Response Improvement Strategy Committee (CRIS Committee) for the purpose of developing an

integrated behavioral health crisis response system. The work of the CRIS Committee must be received and reviewed by a steering committee, which in turn must form subcommittees to provide the technical analysis and input needed to formulate system change recommendations. The Office of Financial Management would be required to contract with the Behavioral Health Institute at Harborview Medical Center to facilitate and provide staff support to the Crisis Response Improvement Strategy Committee (CRIS Committee). The Committee would include (but would not be limited to) a member with expertise in behavioral health crisis responses, a representative from the behavioral health crisis delivery system, two representatives of behavioral health administrative services organizations (BHASOs), a member representing law enforcement, and a representative of the Washington Association of Designated Crisis Responders. In addition, each subcommittee of the CRIS Committee (including a Washington Tribal 988 Subcommittee) would be required to have at least one member representing the interests of stakeholders in a rural community, at least one member representing the interests of stakeholders in an urban community, and at least one member representing the interests of youth stakeholders. The section would go on to detail the tasks and reporting requirements of the Committee, the steering committee, and the subcommittees, including extending the work of the CRIS Committee through January 1, 2024, and directions for reports to be delivered by January 1 in 2022, 2023, and 2024.

Section 104 would require the Crisis Response Implementation Strategy Steering Committee to analyze and make recommendations related to the funding of 988 services from the Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Tax or Account. The Steering Committee would need to submit preliminary recommendations by January 1, 2022, and final recommendations by January 1, 2023. This section would expire on July 1, 2023.

Section 105 would require the DOH and HCA to provide an annual report of the 988 crisis hotline's usage, call outcomes, and crisis services inclusive of the mobile rapid response crisis teams and crisis stabilization services.

Section 106 would require health plans renewed after January 1, 2023, to make next-day appointments for covered behavioral health services available to enrollees experiencing urgent, symptomatic behavioral health care conditions, defined as conditions that require immediate attention, but are not emergent.

Section 108 would provide that the state, relevant agencies and their employees are carrying out duties or the public, not any individuals or class of persons separate and apart from the public. In addition, this section would provide that each crisis call center hub under any contract or agreement pursuant to this act is an independent contractor, separate and apart from the department and the state.

Section 109 would require the Department of Health (DOH) and Health Care Authority (HCA) to create a sophisticated technical and operational plan for the development and implementation of technology and platforms under section 102. This section would describe the requirements for this plan in detail.

Section 110 would appropriate the sum of \$500,000, or as much thereof as may be necessary, for the fiscal biennium ending June 30, 2023, from the general fund to the state HCA medical assistance program for the purposes of contracting with a consultant to critically analyze the development and implementation technology and platforms and operational challenges to best position the technology solutions for success as described in section 109 of this act. A draft technical and operational plan compiled by the consultant must be submitted no later than January 1, 2022, and a final plan by August 31, 2022.

Section 202 would impose a Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Tax on the use of all radio access lines on each interconnected voice over internet protocol service line, and all switched access lines in the state. Tax proceeds collected pursuant to this section would be deposited by the treasurer into the statewide 988 behavioral health crisis response line account created in section 205 of this act.

Section 205 would create the Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Account in the state treasury. Expenditures from the account could only be used for (a) ensuring the efficient and effective routing of calls made to the 988 crisis hotline to an appropriate crisis hotline center; and (b) personnel and the provision of acute behavioral health, crisis outreach, stabilization services, and follow-up case management by directly responding to the 988 crisis hotline.

Sections 202 through 205 would detail the structure and implementation of the Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Tax.

A statewide 988 behavioral health crisis response line tax would be created and applied to all radio access lines and VoIP lines.

- Beginning October 1, 2021, through December 31, 2022, the tax rate is 30 cents on each radio access line and VoIP line;
- Beginning January 1, 2023, through June 30, 2024, the tax rate is 50 cents for each radio access line and VoIP line; and
- Beginning July 1, 2024, the tax rate is 75 cents for each radio access line and VoIP line.

By March 1, 2025, and March 1st of each odd year thereafter, the Department of Revenue (Department) would need to revise the amount of the statewide 988 behavioral health crisis response line tax for the upcoming biennium using the fiscal growth factor.

The new statewide 988 behavioral health crisis response line tax amount would be effective for the upcoming biennium starting July 1, 2025, or July 1st of each odd year thereafter.

All collections from the 988 behavioral health crisis response line tax would be required to be deposited by the State Treasurer into the statewide 988 behavioral health crisis response line account created in this legislation.

Sections 301 and 302 would add definitions for the following words or phrases:

- Crisis call center hub
- Crisis stabilization unit
- Mobile crisis team
- Triage facility
- 988 crisis hotline

Section 304 would state that Sections 201 through 205 of this act would take effect October 1, 2021, earlier than the previous effective date of January 1, 2022.

Section 307 would provide an emergency clause for section 201, enacting the implementation coalition immediately.

Section 308 would provide that, if specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2021, in the omnibus appropriations act, this act is null and void.

B. SUMMARY OF EXPENDITURE IMPACTS

Briefly describe and quantify the expenditure impacts of the legislation on local governments, identifying the expenditure provisions by section number, and when appropriate, the detail of expenditures. Delineate between city, county and special district impacts.

CHANGES FROM PRIOR BILL VERSION:

The changes in the new proposed bill version would have no impact on local government expenditures.

SUMMARY OF CURRENT BILL VERSION:

The bill would create an indeterminate increase in expenditures for local governments.

Sections 103 would establish the Crisis Response Improvement Strategy Committee (CRIS Committee). This committee could include local government representatives, as the bill calls for a representative from the behavioral health crisis delivery system, and a member with expertise in behavioral health crisis responses. In addition, the CRIS Committee would include a member with expertise in behavioral health crisis responses, a representative from the behavioral health crisis delivery system, two representatives of behavioral health administrative services organizations (BHASOs), a member representing law enforcement, and a representative of the Washington Association of Designated Crisis Responders. While the precise individuals selected for these seats on the CRIS and Committee cannot be known at this time, it is likely that all of the representatives mentioned in this paragraph would be connected to local governments. However, since the frequency and location of meetings and the precise membership this group and the subcommittees cannot be known at this time, local government costs from the CRIS Committee and associated groups are indeterminate.

At this time, the recommendations from the CRIS Committee cannot be known. However, it is possible that the Committee may call for expansion of crisis response services at the local level, including crisis teams overseen by BHASOs. As an example, if crisis teams across the state were required to expand their rapid response services to reach more people calling the 988 hotline, a BHASO may need to increase the number of teams available 24/7, which would cost (based on King County) approximately \$1 million per team. In addition, BHASOs would need to ensure crisis response facilities have enough space and beds to serve all the individuals they responded to, which could require counties to purchase additional equipment and space. However, as the recommendations surrounding BHASO services cannot be known at this time, these capital costs are also indeterminate.

Finally, this bill would create many changes to the administrative functioning of the current behavioral health system (locally and statewide), resulting in indeterminate costs. For just one example, each police jurisdiction and 911 entity currently have different dispatch technology that do not communicate with each other and would make interoperability with the 988 system and crisis response services from BHASOs more difficult. Even with guidance from the sophisticated technical and operational plan for the development and implementation of technology and platforms that would be crafted by the DOH and HCA, there would be local costs to improving

communications and interoperability between local systems . However, as these costs would be assumed to be due to transitions in the system, we expect they would be one-time administrative costs .

BACKGROUND

Behavioral Health Crisis Services: Crisis mental health services are intended to stabilize a person in crisis to prevent further deterioration , provide immediate treatment and intervention , and provide treatment services in the least restrictive environment available . Substance use disorder detoxification services are provided to persons to assist with the safe and effective withdrawal from substances . Behavioral health crisis services include: crisis telephone support , crisis outreach services, crisis stabilization services, crisis peer support services, withdrawal management services, and emergency involuntary detention services .

BHASOs are entities contracted with the Health Care Authority to administer certain behavioral health services and programs for all individuals within a regional service area , including behavioral health crisis services and the administration of the Involuntary Treatment Act. In addition, each BHASO must maintain a behavioral health crisis hotline for its region .

National Suicide Prevention Hotline: The Substance Abuse and Mental Health Services Administration (SAMHSA) partially funds the National Suicide Prevention Lifeline (Lifeline). The Lifeline is a national network of about 180 crisis centers that are linked by a single toll-free number. The Lifeline is available to people in suicidal crisis or emotional distress . When a person calls the number, the call is routed to a local crisis center based upon the caller's area code . Counselors at the local crisis center assess callers for suicidal risk , provide crisis counseling services and crisis intervention, engage emergency services when necessary , and offer referrals to behavioral health services. In Washington, there are currently three local crisis centers participating in the Lifeline .

C. SUMMARY OF REVENUE IMPACTS

Briefly describe and quantify the revenue impacts of the legislation on local governments , identifying the revenue provisions by section number, and when appropriate, the detail of revenue sources. Delineate between city, county and special district impacts.

CHANGES FROM PRIOR BILL VERSION:

The changes in the new proposed bill version would have no impact on local government expenditures .

SUMMARY OF CURRENT BILL VERSION:

This bill would have indeterminate impacts on local government revenues .

Section 205 would create the statewide 988 behavioral health crisis response line account in the state treasury . Some funds from this account may be used to reimburse BHASOs for provision of acute behavioral health , crisis outreach, stabilization services, and follow-up case management. However, the amount of money that BHASOs would expend in these efforts that are directly related to provision of these services is unknown. In addition, the amount of funding that would be provided to local governments from the account is not projected by the Department of Revenue at this time . Therefore, the impacts to local government revenues is indeterminate .

SOURCES

Department of Revenue
Health Care Authority
Washington State Association of Counties
Department of Health
Washington Association of Sheriffs and Police Chiefs