

Multiple Agency Fiscal Note Summary

Bill Number: 5120 2S SB	Title: Crisis relief centers
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Estimated Cash Receipts

Agency Name	2023-25			2025-27			2027-29		
	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total
Department of Health	0	0	90,000	0	0	42,000	0	0	42,000
Total \$	0	0	90,000	0	0	42,000	0	0	42,000

Agency Name	2023-25		2025-27		2027-29	
	GF- State	Total	GF- State	Total	GF- State	Total
Local Gov. Total						
Local Gov. Courts						
Loc School dist-SPI						
Local Gov. Other	No fiscal impact					

Estimated Operating Expenditures

Agency Name	2023-25				2025-27				2027-29			
	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	.0	0	0	0	.0	0	0	0	.0	0	0	0
Criminal Justice Training Commission	.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	.7	0	0	198,000	.9	0	0	226,000	.6	0	0	150,000
Total \$	0.7	0	0	198,000	0.9	0	0	226,000	0.6	0	0	150,000

Agency Name	2023-25			2025-27			2027-29		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Local Gov. Courts									
Loc School dist-SPI									
Local Gov. Other	No fiscal impact								
Local Gov. Total									

Estimated Capital Budget Expenditures

Agency Name	2023-25			2025-27			2027-29		
	FTEs	Bonds	Total	FTEs	Bonds	Total	FTEs	Bonds	Total
Washington State Health Care Authority	.0	0	0	.0	0	0	.0	0	0
Criminal Justice Training Commission	.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
Total \$	0.0	0	0	0.0	0	0	0.0	0	0

Agency Name	2023-25			2025-27			2027-29		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Local Gov. Courts									
Loc School dist-SPI									
Local Gov. Other	No fiscal impact								
Local Gov. Total									

Estimated Capital Budget Breakout

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Prepared by: Arnel Blancas, OFM	Phone: (360) 000-0000	Date Published: Final 3/ 3/2023
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Individual State Agency Fiscal Note

Bill Number: 5120 2S SB	Title: Crisis relief centers	Agency: 107-Washington State Health Care Authority
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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:	Phone:	Date: 02/25/2023
Agency Preparation: Cari Tikka	Phone: 360-725-1181	Date: 03/02/2023
Agency Approval: Cliff Hicks	Phone: 360-725-0875	Date: 03/02/2023
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 03/02/2023

Part II: Narrative Explanation

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

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

See attached narrative.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

See attached narrative.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

See attached narrative.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

NONE

III. B - Expenditures by Object Or Purpose

NONE

III. C - Operating FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals 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

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

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

NONE

None

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

HCA Fiscal Note

Bill Number: 5120 2SSB

HCA Request #: 23-175

Part II: Narrative Explanation

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

AN ACT Relating to establishing crisis relief centers in Washington state.

The second substitute bill makes the following changes to the substitute bill:

- **Changes** the title of the bill to shorten 23-hour crisis relief centers to crisis relief centers. Facilities are still called 23-hour crisis relief centers in the text of the bill.
- **Section 2** new rules and standards for 23-hour crisis relief centers are required by January 1, 2024, instead of January 1, 2025.
- **Section 17 (1)(b)** adds 23-hour crisis relief centers police officers can take a person known to have a behavioral health disorder who is reasonably believed to have committed a crime and held for up to 12-hours.

Section 1(10) modifies RCW 71.24.05 definition of “behavioral health services” to include co-occurring disorder treatment services for this chapter and 71.36 RCW. It also creates a new facility type, “23-hour crisis relief center,” with license and standards to be established by the Department of Health (DOH).

Section 1(20) amends RCW 71.24.025, renaming 23-hour crisis stabilization units based on the living room model to 23-hour crisis relief centers, replacing the former in the list of “crisis stabilization services,” and removing association with the living room model. Also adds “or determine the need for involuntary hospitalization of an individual,” to the definition of crisis stabilization services.

Section 1(49) amends RCW 71.24.025 adding a definition for the new 23-hour crisis relief centers: “community-based facility or portion of a facility, serving adults, which is licensed or certified by DOH, open 24 hours a day, seven days a week, offering access to mental health and substance use care for no more than 23 hours and 59 minutes at a time per person. These facilities are intended to accept all walk-ins and drop-offs from first responders, and individuals referred through the 988 system regardless of behavioral health acuity and meet the requirements under section 2 of this act.”

Section 1(51) adds the definition of first responder: “includes ambulance, fire, mobile rapid response crisis team, co-responder team, designated crisis responder, fire department mobile integrated health team, community assistance referral and education services program under RCW 35.21.930, and law enforcement personnel.

New Section 2 adds a new section to RCW 71.24. Directs DOH to license or certify 23-hour crisis relief centers and create rules in consultation with the Health Care Authority (HCA). DOH shall create rules in consultation with HCA by January 1, 2024, to develop standards for licensure or certification of 23-hour crisis relief centers.

Section 2(2) The rules, at a minimum must require 23-hour crisis relief centers to:

- a) Offer walk-in and drop-off options for first responders and persons referred through the 988 system, without medical clearance requirements, have capacity to accept 90 percent of admissions and not refuse police referrals.
- b) Provide services for both mental health and substance use crises.

HCA Fiscal Note

Bill Number: 5120 2SSB

HCA Request #: 23-175

- c) Have capacity to screen for physical health needs and provide basic medical care, with identified pathways for necessary transfers of care.
- d) Be staffed 24/7 with a multidisciplinary team that can meet all levels of behavioral health crisis acuity.
- e) Screen for suicide/violence risk and provide further assessment and planning as clinically indicated.
- f) Screen for suicide/violence risk and provide further assessment and planning as clinically indicated.
- g) Limit stays to maximum length of 23 hours and 59 minutes, except for patients pending designated crisis responder evaluation or making an imminent transition to another setting as part of an established aftercare plan. Specifies that exceptions shall not cause the centers to be classified as residential treatment facilities (RTFs) under RCW 71.12.455.
- h) Maintain relationships with entities capable of providing for a client's ongoing service needs or provide sufficient aftercare themselves.
- i) When appropriate, coordinate connection to ongoing care.

Adds language to add 23-hour crisis relief centers as a place that a person can be involuntarily held when they present, as a result of a behavioral health disorder, a likelihood of serious harm or are gravely disabled.

Section 2(3) The rules must develop standards for determining medical stability before an EMS drop-off.

Section 2(4) The rules must establish standards for the number of recliners at a 23-hour crisis relief center and appropriate temporary variance to accommodate the no-refusal policy for law enforcement drop-offs.

Section 2(5) DOH must specify physical environment standards for the construction review process that are responsive to providing care across acuity levels and the unique characteristics of the 23-hour crisis relief center model.

Section 2(6) DOH must coordinate with HCA and DSHS to establish rules prohibiting facilities licensed under RCW 18.51, 18.20, 70.97, 72.36, and 70.128 from transferring or discharging residents to 23-hour crisis relief centers.

Section 2(7) DOH must coordinate with HCA to establish rules prohibiting hospitals licensed under RCW 70.41 from discharging or transferring to a 23-hour crisis relief centers without a formal relationship with the center.

Section 2(8) HCA must make all 23-hour crisis relief center services eligible for Medicaid billing to the maximum extend allowed under federal law.

Section 5(4) 23-hour crisis relief center professional staff can involuntarily detain adults for Designated Crisis Responder (DCR) evaluation and transfer, no longer than 12-hours from the time the professional staff notify the DCR (amending RCW 71.05.050 and RCW 71.34.700).

HCA Fiscal Note

Bill Number: 5120 2SSB

HCA Request #: 23-175

Section 6(1) and Section 7(1) adds 23-hour crisis relief centers as an option a designated crisis responder must consider as a voluntarily less restrictive alternative during their investigation and evaluation for involuntary treatment services, amending RCW 71.05.150.

Section 8(2)(a)(i) removes that a peace officer could take someone into custody “pursuant to subsection (1).”

Section 8(2), Section 9(2), Adds holds at 23-hour crisis relief centers by peace officers for adults.

Section 8 and Section 9 Add language of “emergency department” as a place that a designated crisis responder may take somebody into emergency custody for up to 120 hours.

Section 8(4) and Section 9(4) clarifies the 3-hour requirement “at an emergency department,” to a pre-existing requirement for examination by a mental health or substance use disorder profession within three hours, not including time for medical clearance.

Section 10(2)(d) and Section 11(2)(d) Adds detainment for up to 12-hours for evaluation at 23-hour crisis relief centers as an action that can be taken for someone on a less restrictive alternative order or conditional release by the agency, facility, or DCR when conditions are met. Removes the crisis triage facility type and converts their license and certification to crisis stabilization units.

Section 16(6)(a)(i) Adds 23-hour crisis relief centers to the requirement for the capacity for real-time bed availability within a behavioral health integrated client referral system under RCW 71.24.890.

Section 17(1)(b) adds 23-hour crisis relief centers police officers can take a person known to have a behavioral health disorder who is reasonably believed to have committed a crime and held for up to 12-hours.

Section 24 Establishes expiration date for sections 6, 8, 10 as July 1, 2026.

Section 25 Establishes effect date for sections 7, 9, 11 as July 1, 2026.

Section 20(10)(b) Amends RCW 48.43.005 to add 23-hour crisis relief centers to the definition of “behavioral health emergency services provider,” which establishes 23-hour crisis relief center services within the network adequacy requirements for commercial carriers.

II. B - Cash Receipts Impact

None.

II. C – Expenditures

The primary impact of this bill is to license or certify facilities that meet certain requirements as 23-hour crisis relief centers. The bill does not directly impact HCA. It is possible that this new license/certification will lead to new facilities opening that meet the criteria described in the bill. However, HCA is unable to determine the number of new facilities that may come on-line under this new license type. HCA assumes that facilities would likely vary in size and cost. Should new 23-hour crisis facilities open, HCA estimates the following cost per facility to operate:

HCA Fiscal Note

Bill Number: 5120 2SSB

HCA Request #: 23-175

- Small facilities costs are estimated at approximately \$1,314,200 per year.
- Medium facilities costs are estimated at approximately \$2,669,100 per year.
- Large facilities costs are estimated at approximately \$8,221,200 per year.

HCA will be able to handle any additional workload related to Washington Administrative Code changes, billing guide updates, and Managed Care Organization contract changes within existing resources.

Part IV: Capital Budget Impact

None.

Part V: New Rule Making Require

None.

Individual State Agency Fiscal Note

Bill Number: 5120 2S SB	Title: Crisis relief centers	Agency: 227-Criminal Justice Training 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:	Phone:	Date: 02/25/2023
Agency Preparation: Brian Elliott	Phone: 206-835-7337	Date: 02/28/2023
Agency Approval: Brian Elliott	Phone: 206-835-7337	Date: 02/28/2023
OFM Review: Cynthia Hollimon	Phone: (360) 810-1979	Date: 02/28/2023

Part II: Narrative Explanation

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

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

Section 22 identifies the Washington Association of Sheriffs and Police Chiefs as a stakeholder to be consulted with when making rules under section 2 of this act. There is no fiscal impact to the Washington Association of Sheriffs and Police Chiefs.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

This bill has no cash receipt impact to the Washington State Criminal Justice Training Commission.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

This bill has no expenditure impact.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

NONE

III. B - Expenditures by Object Or Purpose

NONE

III. C - Operating FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals 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

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

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

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

Individual State Agency Fiscal Note

Bill Number: 5120 2S SB	Title: Crisis relief centers	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:	Phone:	Date: 02/25/2023
Agency Preparation: Sara Corbin	360-902-8194	Date: 02/28/2023
Agency Approval: Dan Winkley	360-902-8236	Date: 02/28/2023
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 03/02/2023

Part II: Narrative Explanation

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

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

Passage of this legislation will not impact the Department of Social and Health Services (DSHS) workload or client benefits. Therefore, there is no fiscal impact to DSHS from this bill.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished 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: *FTEs listed by classification and corresponding annual compensation. Totals 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

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

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

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

Individual State Agency Fiscal Note

Revised

Bill Number: 5120 2S SB	Title: Crisis relief centers	Agency: 303-Department of Health
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	FY 2024	FY 2025	2023-25	2025-27	2027-29
General Fund-Private/Local 001-7		70,000	70,000	20,000	20,000
Health Professions Account-State 02G-1		10,000	10,000	20,000	20,000
Medical Test Site Licensure Account-State 202-1		10,000	10,000	2,000	2,000
Total \$		90,000	90,000	42,000	42,000

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.5	0.8	0.7	0.9	0.6
Account					
General Fund-Private/Local 001-7	71,000	127,000	198,000	154,000	52,000
Health Professions Account-State 02G-1	0	0	0	72,000	98,000
Total \$	71,000	127,000	198,000	226,000	150,000

Estimated Capital Budget Impact:

NONE

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

Check applicable boxes and follow corresponding instructions:

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

Legislative Contact:	Phone:	Date: 02/25/2023
Agency Preparation: Donna Compton	Phone: 360-236-4538	Date: 03/02/2023
Agency Approval: Kristin Bettridge	Phone: 3607911657	Date: 03/02/2023
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 03/03/2023

Part II: Narrative Explanation

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

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

The fiscal impact has not changed from the previous fiscal note on Substitute Senate Bill 5120. This second substitute senate bill changes the date for rulemaking in section 2 from January 1, 2025 to January 1, 2024.

Section 2: Adds a new chapter to 71.24 RCW (Community Behavioral Health Services Act) directing the department to license or certify 23-hour crisis relief centers. It requires the department to develop rules to create minimum standards for these facilities and specify physical environment standards for the construction review process.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

Current law, RCW 43.70.250 (License fees for professions, occupations, and businesses) requires that a business-licensing program be self-supporting and sufficient revenue be collected through fees to fund expenditures. The department does not anticipate the need to increase Construction Review, Pharmacy Commission, Behavioral Health Agencies, or Medical Test Site licensing fees to support the changes proposed in this bill. However, the department anticipates raising Behavior Health Agency licensing fees over the next year to maintain a healthy fund balance. The department will monitor the program fund balance and adjust fees over a six (6) year period to ensure that fees are sufficient to cover all program expenditures.

Construction Review

Based on the department's experience with crisis stabilization units the department anticipates 10 new 23-hour crisis relief centers that will require construction review approval. The construction review program charges fees based on WAC 246-314-990 (Construction Review Fees) and anticipates an average fee of \$7,000 per application.

FY 2025 – \$70,000 (10 Applications)

Behavioral Health Agencies

The department anticipates 10 new 23-hour crisis relief centers and will charge a fee based on WAC 246-341-0365 (Agency Licensure and Certification – Fee Requirements) and anticipates \$1,000 per application. The design, local permitting, zoning, and construction process can last 9-18 months; therefore, the department expects all applicants will be eligible for licensure in fiscal year 2026 after the review process is complete.

FY 2026 – \$10,000 (10 Applications)

FY 2027 – \$10,000 (10 Renewal)

FY 2028 – \$10,000 (10 Renewals)

FY 2029 – \$10,000 (10 Renewals)

Pharmacy Commission

The Pharmacy Commission (commission) anticipates all 23-hour crisis relief centers will apply to become licensed as a health care entity to give them the authority to purchase, possess, administer, and dispense controlled substances. The commission will charge fees based on WAC 246-945-990 (Pharmaceutical Licensing Fees and Renewal Cycle) and anticipates \$540 per application. The design, local, permitting zoning and construction process can last 9-18 months; therefore, the department expects all applicants will be eligible for licensure in fiscal year 2026 after the review process is complete.

FY 2026 – \$5,000 (10 Applications)
FY 2027 – \$5,000 (10 Renewal)
FY 2028 – \$5,000 (10 Renewals)
FY 2029 – \$5,000 (10 Renewals)

Medical Test Sites

The department anticipates all 23-hour crisis relief centers will apply as a medical test site with waived service to give them the authority to conduct limited medical tests on-site. The department will charge fees based on WAC 246-338-990 (Fees) and anticipates \$190 per application. Medical test site licenses have a two-year period and are renewed on June 30th every odd year. Licenses issued for less than the two-year period are prorated. The design, local, permitting zoning and construction process can last 9-18 months; therefore, the department expects all applicants will be eligible for licensure in fiscal year 2026 after the review process is complete.

FY 2026 – \$1,000 (10 Applications)
FY 2027 – \$2,000 (10 Renewal)
FY 2028 – \$0 (0 Applications and 0 Renewals)
FY 2029 – \$2,000 (10 Renewals)

Total Revenue

FY 2025 – \$70,000
FY 2026 – \$16,000
FY 2027 – \$17,000
FY 2028 – \$15,000?
FY 2029 – \$17,000

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

Environmental Justice Assessment

Section 2: This bill requires the department to complete adopt rules establishing 23-hour crisis relief centers as a licensed or certified facility, along with creating physical environment standards for the construction review process. In compliance with RCW 70A.02.005, the HEAL Act, this bill would require a completion of an Environmental Justice Assessment for significant legislative rules with impact to the built environment. Environmental Justice Assessments require identification of strategies to ensure equitable distribution of environmental benefits and reduction of environmental harms as a result of this action. This is informed by the results of a cumulative impacts analysis to identify potential impacts to overburdened communities and vulnerable populations, input from engagement with overburdened communities and vulnerable populations, and directives from consultation with impacted tribes.

Funding for Environmental Justice (EJ) Assessments is included in the Governor's budget (#EB) for the department, therefore no additional costs for required EJ Assessments are assumed for the purposes of this fiscal note.

Rulemaking - Program

Section 2: The department will develop and adopt rules to establish 23-hour crisis relief centers as a new licenses or certified facility. This bill requires the department to create rules in consultation with the authority by January 1, 2024. Based on the department's experience with behavioral health rules, the department anticipates rulemaking will take 18 months due to its complexity and anticipates rulemaking to be completed January 1, 2025. The department anticipates utilizing a team of subject matter experts to implement this bill. This team will consist of the program manager and a

community engagement specialist to identify underreached communities and engage them in the rulemaking process. Complex rulemaking will require a rules project coordinator to support subject matter experts and ensure timely completion of rulemaking. The department will conduct extensive community engagement to identify and reach out to specific groups that have historically experienced barriers to participation in rulemaking. This process will include six meetings with interested parties as well as one formal rules hearing, all held virtually. The department anticipates providing the rules hearing announcement and materials in both English and Spanish and providing ASL and Spanish interpretation services at the rules hearing.

Costs include staff, associated expenses (including goods and services, travel, intra-agency, and indirect charges), and Office of Attorney General support in the amount of \$9,000.

FY 2024 costs will be 0.4 FTE and \$56,000 (GF-L)

FY 2025 costs will be 0.2 FTE and \$30,000 (GF-L)

Rulemaking - Construction Review

Section 2: This bill requires the department to create physical environment standards for 23-hour crisis relief centers. This rulemaking package will be conducted in parallel to the program rulemaking package and therefore will be completed by January 1, 2025. The construction review program will need to participate in special rulemaking with the state building code council to create physical environment standards and coordinate with the 23-hour crisis relief center program to ensure licensing rules align with state building code.

FY 2024 costs will be 0.1 FTE and \$15,000 (GF-L)

FY 2025 costs will be 0.1 FTE and \$18,000 (GF-L)

Construction Review

Prior to licensure as a 23-hour crisis relief center, the applicant must apply for construction review services. Each of the projects are inclusive of design, permitting, zoning, construction, stocking and final close-out. The department expects each of the 10 projects to take 9-18 months depending on complexity of each project. Costs include staff, associated expenses (including goods and services, intra-agency, and indirect charges).

FY 2025 costs will be 0.5 FTE and \$62,000 (GF-L).

FY 2026 costs will be 0.9 FTE and \$116,000 (GF-L).

Inspection

Section 2: The department will conduct initial facility inspections and review facility inspections once within a three-year period for compliance with the minimum operating and patient care standards. The average inspection is expected to take 10 hours per license.

FY 2026 costs will be 0.1 FTE and \$11,000 (GF-L).

FY 2027 and ongoing, costs will be \$3,000 (GF-L).

Investigation

Sections 2: Based on experiences with behavioral health facilities, the department is estimating receiving an additional six complaints a year with an investigation authorization rate of 20 percent, making for a total of 2 investigations per year. Since the department has begun the regulation of behavioral health agencies, the department has learned that the investigations of these facilities can easily become complicated with many safety risks. The investigations need to be conscientious to the safety of patients, facility staff, and the department's staff conducting the investigation.

The complaint response process includes five steps: 1) intake, 2) assessment, 3) investigation, 4) case disposition, and 5) adjudication. Staff review the complaint, identify the history of the facility complained about, and help assess whether an investigation is needed. The investigator obtains information about the complaint and the respondent, then prepares a report detailing the findings. After investigation, the disciplining authority decides whether to pursue legal action. Staff attorneys, paralegals, assistant attorney general, and other staff work to develop the legal documents and charge the violation. Most cases are settled, and the staff attorney manages that process. If the respondent asks for a hearing, staff must schedule the hearing, and the health law judge considers all legal motions, presides over the hearing, and draft the final order. Also, the Office of the Attorney General will represent the department at hearings and may provide advice throughout the enforcement process.

FY 2027 and ongoing, costs will be 0.2 FTE and \$22,000 (GF-L).

Health Technology Solutions

Section 2: HTS staff (\$5,000) will be required to make a new application and create a new credential in the Healthcare Enforcement and Licensing Modernization Solution (HELMS) for 23-hour crisis relief centers. Configuration in HELMS will require 46 additional hours from the integration vendor at a rate of \$262.50 per hour, for a total of \$12,000.

FY 2025 costs will be \$17,000 (GF-L).

Office of Customer Service

Section 2: Credentialing costs for staff to review and process applications, provide technical assistance, and issue certificates for qualified applicants on an estimated 10 new applications, as well as renewals.

FY 2026 and ongoing, costs will be \$1,000 each year (GF-L).

Pharmacy Commission

Section 2: The commission will conduct initial facility inspections and review facility inspections once within a two-year period for compliance with the minimum operating and patient care standards. Based on experience with health care entities, the commission is estimating authorizing one investigation per year. After investigation, the disciplining authority decides whether to pursue legal action. Staff attorneys, paralegals, assistant attorney general and other staff work to develop the legal documents and charge the violation. Most cases are settled, and the staff attorney manages that process. If the respondent asks for a hearing, staff must schedule the hearing, and the health law judge considers all legal motions, presides over the hearing, and drafts the final order. Also, the Office of the Attorney General will represent the department at hearing and may provide advice throughout the enforcement process.

FY 2026 costs will be 0.1 FTE and \$23,000 (02G).

FY 2027 and ongoing, total costs will be 0.4 FTE and \$49,000 (02G).

Medical Test Sites

Section 2: The department anticipates all 23-hour crisis relief centers will apply as a medical test site with waived service to give them the authority to conduct limited medical tests on-site. For the purpose of this fiscal note, the department estimates the staff costs to be minimal. Existing staff will accomplish the staff-time required within their normal workload. No fiscal impact to the department.

Total costs to implement this bill are:

FY 2024 – 0.5 FTE and \$71,000 (GF-L)
 FY 2025 – 0.8 FTE and \$127,000 (GF-L)
 FY 2026 – 1.1 FTE and \$128,000 (GF-L), and \$23,000 (02G)
 FY 2027 and ongoing – 0.6 FTE and \$26,000 (GF-L), and \$49,000 (02G)

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
001-7	General Fund	Private/Local	71,000	127,000	198,000	154,000	52,000
02G-1	Health Professions Account	State	0	0	0	72,000	98,000
Total \$			71,000	127,000	198,000	226,000	150,000

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.5	0.8	0.7	0.9	0.6
A-Salaries and Wages	43,000	74,000	117,000	149,000	96,000
B-Employee Benefits	16,000	25,000	41,000	52,000	34,000
C-Professional Service Contracts		13,000	13,000		
E-Goods and Other Services	9,000	11,000	20,000	10,000	6,000
G-Travel				6,000	8,000
T-Intra-Agency Reimbursements	3,000	4,000	7,000	9,000	6,000
Total \$	71,000	127,000	198,000	226,000	150,000

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 2024	FY 2025	2023-25	2025-27	2027-29
ARCHITECT 2	98,592		0.3	0.2	0.2	
Fiscal Analyst 2	53,000	0.1	0.1	0.1	0.2	0.1
FORMS & RECORDS ANALYST 2	53,100				0.1	0.1
HEALTH SERVICES CONSULTANT 2	66,420				0.1	0.1
HEALTH SERVICES CONSULTANT 4	82,896	0.3	0.2	0.3	0.1	0.1
Health Svcs Conslt 1	53,000	0.1	0.1	0.1	0.1	0.1
PHARMACIST - INVESTIGATOR	120,132				0.1	0.1
WMS02	114,360		0.1	0.1	0.1	
Total FTEs		0.5	0.8	0.7	0.9	0.6

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

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

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

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

LOCAL GOVERNMENT FISCAL NOTE

Department of Commerce

Bill Number: 5120 2S SB

Title: Crisis relief centers

Part I: Jurisdiction-Location, type or status of political subdivision defines range of fiscal impacts.

Legislation Impacts:

- Cities:
 Counties:
 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:

Estimated revenue impacts to:

None

Estimated expenditure impacts to:

None

Part III: Preparation and Approval

Fiscal Note Analyst: Brandon Rountree	Phone: (360) 999-7103	Date: 03/02/2023
Leg. Committee Contact:	Phone:	Date: 02/25/2023
Agency Approval: Allan Johnson	Phone: 360-725-5033	Date: 03/02/2023
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 03/02/2023

Part IV: Analysis

A. SUMMARY OF BILL

Description of the bill with an emphasis on how it impacts local government.

CHANGES BETWEEN THIS BILL VERSION AND PREVIOUS VERSION:

Sec. 17: (b) Replaces triage facility with 23-hour crisis relief center.

SUMMARY OF CURRENT BILL:

This bill would establish 23-hour crisis relief centers under the authority of the Department of Health and add 23-hour crisis relief centers to several crisis stabilization and behavioral health RCW (RCW 71.05.150, 71.05.153, 71.05.590, 71.34.020, 71.34.35, 71.34.700, and 71.05.755). This legislation would also convert all licensed and certified crisis triage facilities into crisis stabilization units, in addition to removing triage facilities from all related RCW.

B. SUMMARY OF EXPENDITURE IMPACTS

Expenditure impacts of the legislation on local governments with the expenditure provisions identified by section number and when appropriate, the detail of expenditures. Delineated between city, county and special district impacts.

CHANGES BETWEEN THIS BILL VERSION AND PREVIOUS VERSION:

The amendments to this bill do not change the prior fiscal impact to local governments.

EXPENDITURE IMPACTS OF CURRENT BILL:

This bill would not impact local government expenditures because all crisis triage facilities and crisis stabilization units are operated by private agencies according to the Washington State Health Care Authority.

C. SUMMARY OF REVENUE IMPACTS

Revenue impacts of the legislation on local governments, with the revenue provisions identified by section number, and when appropriate, the detail of revenue sources. Delineated between city, county and special district impacts.

CHANGES BETWEEN THIS BILL VERSION AND PREVIOUS VERSION:

The amendments to this bill do not change the prior fiscal impact to local governments.

EXPENDITURE IMPACTS OF CURRENT BILL:

This bill would not impact local government revenues.

Sources:

Local Government Fiscal Note, S SB 5120, (2023)

Washington State Health Care Authority