

# Multiple Agency Fiscal Note Summary

<b>Bill Number:</b> 5130 E SB AMH CRJ H1782.1	<b>Title:</b> Assisted outpatient treat.
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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
Washington State Health Care Authority	0	0	1,752,000	0	0	1,752,000	0	0	1,752,000
<b>Total \$</b>	<b>0</b>	<b>0</b>	<b>1,752,000</b>	<b>0</b>	<b>0</b>	<b>1,752,000</b>	<b>0</b>	<b>0</b>	<b>1,752,000</b>

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

## 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
Administrative Office of the Courts	.0	0	0	0	.0	0	0	0	.0	0	0	0
Washington State Health Care Authority	.0	6,982,000	6,982,000	8,734,000	.0	6,982,000	6,982,000	8,734,000	.0	6,982,000	6,982,000	8,734,000
<b>Total \$</b>	<b>0.0</b>	<b>6,982,000</b>	<b>6,982,000</b>	<b>8,734,000</b>	<b>0.0</b>	<b>6,982,000</b>	<b>6,982,000</b>	<b>8,734,000</b>	<b>0.0</b>	<b>6,982,000</b>	<b>6,982,000</b>	<b>8,734,000</b>

Agency Name	2023-25			2025-27			2027-29		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Local Gov. Courts	No fiscal impact								
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	2023-25			2025-27			2027-29		
	FTEs	Bonds	Total	FTEs	Bonds	Total	FTEs	Bonds	Total
Administrative Office of the Courts	.0	0	0	.0	0	0	.0	0	0
Washington State Health Care Authority	.0	0	0	.0	0	0	.0	0	0
<b>Total \$</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>

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

NONE

<b>Prepared by:</b> Arnel Blancas, OFM	<b>Phone:</b> (360) 000-0000	<b>Date Published:</b> Final 4/ 5/2023
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# Judicial Impact Fiscal Note

<b>Bill Number:</b> 5130 E SB AMH CRJ H1782.1	<b>Title:</b> Assisted outpatient treat.	<b>Agency:</b> 055-Administrative Office of the Courts
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## Part I: Estimates

**No Fiscal Impact**

**Estimated Cash Receipts to:**

NONE

**Estimated Expenditures from:**

NONE

**Estimated Capital Budget Impact:**

NONE

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

Check applicable boxes and follow corresponding instructions:

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

Legislative Contact: Edie Adams	Phone: 360-786-7180	Date: 03/30/2023
Agency Preparation: Angie Wirkkala	Phone: 360-704-5528	Date: 04/04/2023
Agency Approval: Chris Stanley	Phone: 360-357-2406	Date: 04/04/2023
OFM Review: Gaius Horton	Phone: (360) 819-3112	Date: 04/05/2023

187,351.00

Request # 273-1

## Part II: Narrative Explanation

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

The striking amendment would not have additional fiscal impacts to the Administrative Office of the Courts or the courts.

The proposed legislation amends RCW 71.05 and RCW 71.34 relating to assisted outpatient treatment. The Administrative Office of the Courts would have to update court forms to address changes made by the bill.

### II. B - Cash Receipts Impact

None

### II. C - Expenditures

Minimal Fiscal Impact. The form changes are estimated to take 15 hours and cost less than \$2,000.

## Part III: Expenditure Detail

### III. A - Expenditure By Object or Purpose (State)

NONE

### III. B - Expenditure By Object or Purpose (County)

NONE

### III. C - Expenditure By Object or Purpose (City)

NONE

### III. D - FTE Detail

NONE

### III. E - Expenditures By Program (optional)

NONE

## Part IV: Capital Budget Impact

### IV. A - Capital Budget Expenditures

NONE

### IV. B1 - Expenditures by Object Or Purpose (State)

NONE

### IV. B2 - Expenditures by Object Or Purpose (County)

NONE

### IV. B3 - Expenditures by Object Or Purpose (City)

NONE

### IV. C - Capital Budget Breakout

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

NONE

187,351.00

Form FN (Rev 1/00)

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Request # 273-1

Bill # 5130 E SB AMH CRJ H1782.1

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 5130 E SB AMH CRJ H1782.1	<b>Title:</b> Assisted outpatient treat.	<b>Agency:</b> 107-Washington State Health Care Authority
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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-Federal 001-2	876,000	876,000	1,752,000	1,752,000	1,752,000
<b>Total \$</b>	876,000	876,000	1,752,000	1,752,000	1,752,000

### Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
<b>Account</b>					
General Fund-State 001-1	3,491,000	3,491,000	6,982,000	6,982,000	6,982,000
General Fund-Federal 001-2	876,000	876,000	1,752,000	1,752,000	1,752,000
<b>Total \$</b>	4,367,000	4,367,000	8,734,000	8,734,000	8,734,000

### 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: Edie Adams	Phone: 360-786-7180	Date: 03/30/2023
Agency Preparation: Hanh OBrien	Phone: 360-725-1447	Date: 04/04/2023
Agency Approval: Madina Cavendish	Phone: 360-725-0902	Date: 04/04/2023
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 04/05/2023

## 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

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
001-1	General Fund	State	3,491,000	3,491,000	6,982,000	6,982,000	6,982,000
001-2	General Fund	Federal	876,000	876,000	1,752,000	1,752,000	1,752,000
<b>Total \$</b>			<b>4,367,000</b>	<b>4,367,000</b>	<b>8,734,000</b>	<b>8,734,000</b>	<b>8,734,000</b>

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

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years					
A-Salaries and Wages					
B-Employee Benefits					
C-Professional Service Contracts					
E-Goods and Other Services					
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services	4,367,000	4,367,000	8,734,000	8,734,000	8,734,000
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
<b>Total \$</b>	<b>4,367,000</b>	<b>4,367,000</b>	<b>8,734,000</b>	<b>8,734,000</b>	<b>8,734,000</b>

**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.*

# HCA Fiscal Note

Bill Number: 5130 ESB AMH CRJ H1782.1

HCA Request #: 23-227

## Part II: Narrative Explanation

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

An act relating to assisted outpatient treatment (AOT) for persons with behavioral health disorders by resolving several conflicts created by SHB 1773 passed during the 2022 Legislative Session.

The striking amendment bill makes the following changes from engrossed bill:

- Section 1(1) – Revert back to higher burden of proof to find a person in need of AOT LRA program from a preponderance to clear, cogent, and convincing of the evidence;
- Section 10(b) - Revert back the evidentiary burden at the 14-day hearing to clear, cogent, and convincing, that the minor is in need of AOT pursuant to a petition filed under RCW 71.05.815 the court shall order an appropriate less restrictive course of treatment for up to 18 months.
- Section 11(1) – Revert back to higher burden of proof to find a person in need of AOT LRA program from a preponderance to clear, cogent, and convincing of the evidence.

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Sec 1 Amends RCW 71.05.148 (Assisted outpatient treatment – Petitions, court orders for less restrictive alternative treatment – Procedure) to:

- (1) Revert back to higher burden of proof to find a person in need of AOT from preponderance to clear, cogent, and convincing of the evidence;
- (3) Change all AOT orders effective for up to 18 months, with the exception that in the case that the person is already detained for inpatient treatment under RCW 71.05.240 or RCW 71.05.320 the AOT order may only be effective up to 90 days (if currently detained for 14 days of inpatient treatment) or up to 180 days (if currently detained for 90 or 180 days of inpatient treatment).
- (5) Add a person’s behavioral health (BH) case manager, if the person is enrolled in treatment at a behavioral health agency (BHA), to the list of those that may write the accompanying declaration to an AOT petition and removes the requirement for a petition by a treating mental health professional (MHP) or substance use disorder professional (SUDP) to be co-signed by supervising medical professional.

Sec 2 Amends RCW 71.05.365 (Involuntary commitment – individualized discharge plan) to remove the requirement to consider filing a petition for AOT for a person on a 90-day or 180-day inpatient order, discharging from a hospital.

Secs 3(5)(d) and Sec 4(5)(d) Amend RCW 71.05.590 (Enforcement, modification, or revocation of less restrictive alternative or conditional release orders – Initiation of inpatient detention procedures) to:

- Add conditional release verbiage and remove order from conditional release order;
- Add a person on an AOT order that is revoked to inpatient treatment, at the end of the 14-day revocation must return to less restrictive treatment under the order at the end of the 14 days unless a petition is filed for further treatment under RCW 71.05.320 or the person accepts voluntary treatment.

Secs 7 and 8 Amend RCW 71.34.740

Sec 9(1)(4) and Sec 10(1)(4) Amend RCW 71.34.780 (Minor’s failure to adhere to outpatient conditions) to add language and process for revocation of an AOT petition.

- Section 10(b) - Revert back the evidentiary burden at the 14-day hearing to clear, cogent, and convincing, that the minor is in need of AOT pursuant to a petition filed under RCW 71.05.815 the court shall order an appropriate less restrictive course of treatment for up to 18 months.

# HCA Fiscal Note

Bill Number: 5130 ESB AMH CRJ H1782.1

HCA Request #: 23-227

Sec 11 Amends RCW 71.34.815 (Assisted outpatient treatment – Petitions, court orders for less restrictive alternative treatment – Procedure (Youth)) to:

- (1) Revert back to higher burden of proof to find a person in need of AOT from preponderance to clear, cogent, and convincing of the evidence;
- (3) Change all AOT orders effective for up to 18 months, adding that in the case that the adolescent is already detained for inpatient treatment under RCW 71.34.740 or RCW 71.34.750 for 14 days or more, the AOT order may only be effective up to 180 days;
- (5) Add a person’s BH case manager, if the person is enrolled in treatment at a BHA, to the list of those that may write the accompanying declaration to an AOT petition and removes the requirement for a petition by a treating MHP or SUDP to be co-signed by supervising medical professional.

## II. B - Cash Receipts Impact

HCA assumes the Medicaid utilization is 69% for the added AOT treatment costs. HCA assumes that the fiscal impact associated with the added AOT treatment costs would be eligible for Federal Medical Assistance Percentage (FMAP). HCA estimates an average FMAP of 50 percent.

### II. B - Estimated Cash Receipts to:

ACCOUNT	FY-2024	FY-2025	2023-25	2025-27	2027-29
General Fund-Medicaid 001-C	876,000	876,000	1,752,000	1,752,000	1,752,000
<b>Totals</b>	<b>\$ 876,000</b>	<b>\$ 876,000</b>	<b>\$ 1,752,000</b>	<b>\$ 1,752,000</b>	<b>\$ 1,752,000</b>

## II. C – Expenditures

Fiscal impact. HCA requests \$8,734,000 (\$6,982,000 GF-S) in 2023-25 biennium.

### Court Costs:

The proposed bill will increase the need for AOT less restrictive alternative (LRA) detentions based on front-end expansion of community referrals into the program and back-end clients coming out of hospital using current 90-day and 180-day AOT LRAs as basis. HCA estimates an increase in the number of AOT LRAs to 289. This represents 10 percent of current annual 90-day Mental Health LRAs. AOT LRA program will require an average of 10.5 hearings per case, and an average \$5,833 per case, the total annual hearing cost is estimated at \$1,685,000 GF-S. HCA requests \$3,370,000 GF-S in 2023-25 biennium.

### Treatment Costs:

HCA anticipates an increase in AOT related treatment cost. HCA analysis of LRA services package cost services at \$8,787 per client annually and estimating annual statewide cost of \$2,539,000 with 10 percent increase of AOT LRA clients.

The expansion of AOT LRA to include partial hospitalization, Intensive Outpatient Plans (IOP) and AOT process of for youth are also expected to increase treatment costs. HCA assumes an additional three percent of targeted clients using these new treatments, costing approximately \$143,000 annually.

HCA requests \$5,364,000 (\$3,612,000 GF-S) in 2023-25 biennium.

### By Fund:

# HCA Fiscal Note

Bill Number: 5130 ESB AMH CRJ H1782.1

HCA Request #: 23-227

**II. C - Operating Budget Expenditures**

Account	Account Title	Type	FY-2024	FY-2025	2023- 25	2025-27	2027-29
001-1	General Fund	State	3,491,000	3,491,000	6,982,000	6,982,000	6,982,000
001-C	General Fund	Medicaid	876,000	876,000	1,752,000	1,752,000	1,752,000
<b>Totals</b>			<b>\$ 4,367,000</b>	<b>\$ 4,367,000</b>	<b>\$ 8,734,000</b>	<b>\$ 8,734,000</b>	<b>\$ 8,734,000</b>

**By Object:**

**II. C - Expenditures by Object Or Purpose**

		FY-2024	FY-2025	2023- 25	2025-27	2027-29
N	Grants, Benefits & Client Services	4,367,000	4,367,000	8,734,000	8,734,000	8,734,000
<b>Totals</b>		<b>\$ 4,367,000</b>	<b>\$ 4,367,000</b>	<b>\$ 8,734,000</b>	<b>\$ 8,734,000</b>	<b>\$ 8,734,000</b>

**Part IV: Capital Budget Impact**

None

**Part V: New Rule Making Require**

None

# LOCAL GOVERNMENT FISCAL NOTE

Department of Commerce

<b>Bill Number:</b> 5130 E SB AMH CRJ H1782.1	<b>Title:</b> Assisted outpatient treat.
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## Part I: Jurisdiction-Location, type or status of political subdivision defines range of fiscal impacts.

### Legislation Impacts:

- Cities:
- Counties:
- Special Districts: Indeterminate costs for Behavioral Health-Administrative Service Organizations due to higher number of patients referred for assisted outpatient treatment.
- 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: Number of patients referred for assisted outpatient treatment.

### Estimated revenue impacts to:

None

### Estimated expenditure impacts to:

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

## Part III: Preparation and Approval

Fiscal Note Analyst: Alice Zillah	Phone: 360-725-5035	Date: 04/03/2023
Leg. Committee Contact: Edie Adams	Phone: 360-786-7180	Date: 03/30/2023
Agency Approval: Allan Johnson	Phone: 360-725-5033	Date: 04/03/2023
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 04/04/2023

## **Part IV: Analysis**

### **A. SUMMARY OF BILL**

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

This fiscal note compares 5130 E SB AMH CRJ H1782.1 to prior version ESB 5130.

#### **CHANGES BETWEEN THIS VERSION AND PRIOR BILL VERSION:**

The amendment retains current law that the burden of proof for finding an adult or juvenile in need of assisted outpatient treatment is clear, cogent, and convincing evidence. This change does not affect the indeterminate impacts discussed below.

#### **SUMMARY OF CURRENT BILL VERSION:**

Sec. 1 modifies RCW 71.05.148. A petition for assisted outpatient treatment must include a declaration from a physician, physician assistant, advanced registered nurse practitioner, the person's treating mental health professional or substance use disorder professional, or in the case of a person enrolled in treatment in a behavioral health agency, the person's behavioral health case manager.

Sec. 4 modifies RCW 71.05.590. If the court orders detention for inpatient treatment, the treatment period must be for 14 days from the revocation hearing. The person must return to less restrictive alternative treatment under the order at the end of the 14-day period unless a petition for further treatment is filed under RCW 71.05.320 or the person accepts voluntary treatment.

Sec. 6 modifies RCW 71.34.020. "In need of assisted outpatient treatment" refers to a minor who meets the criteria for assisted outpatient treatment established under RCW 71.34.815.

Sec. 7 modifies RCW 71.34.740. If the court finds by clear, cogent, and convincing evidence that the minor is in need of assisted outpatient treatment pursuant to a petition filed under RCW 71.34.815, the court shall order an appropriate less restrictive course of treatment for up to 18 months.

Sec. 9 modifies RCW 71.34.780. An agency or facility designated to monitor or provide less restrictive alternative treatment services to a minor under a court order or conditional release may take a range of actions to enforce the terms of the order or conditional release in the event the minor is not adhering to the terms or is experiencing substantial deterioration, decompensation, or a likelihood of serious harm. Such actions may include: (a) Counseling the minor and offering incentives for compliance; (b) Increasing the intensity of services; (c) Petitioning the court to review the minor's compliance and optionally modify the terms of the order or conditional release while the minor remains in outpatient treatment; (d) To request assistance from a peace officer for temporarily detaining the minor for up to 12 hours for evaluation at a crisis stabilization unit, evaluation and treatment facility, secure withdrawal management and stabilization facility, facility providing services under a court order, or emergency department to determine if revocation or enforcement proceedings under this section are necessary and appropriate to stabilize the minor, if there has been a pattern of noncompliance or failure of reasonable attempts at outreach and engagement; or (e) Initiation of revocation proceedings under subsection (2) of this section.

### **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.*

The legislation would have indeterminate impacts to Behavioral Health-Administrative Service Organizations (BH-ASOs) which are funded in part by counties. The bill is likely to result in a higher number of adults and adolescents being referred for assisted outpatient assistance. Because the number of referrals is not known, and because many or most of these patients will be eligible for Medicaid or covered by private insurance, the total impacts cannot be estimated at this time.

## **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.*

The legislation would have no revenue impact for local governments.

### **SOURCES:**

Washington State Health Care Authority

Administrative Office of the Courts