

Multiple Agency Fiscal Note Summary

Bill Number: 1134 E 2S HB AMS HLT S2637.2	Title: 988 system
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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	338,000	0	0	268,000	0	0	268,000
Washington State Health Care Authority	In addition to the estimate above, there are additional indeterminate costs and/or savings. Please see individual fiscal note.								
Total \$	0	0	338,000	0	0	268,000	0	0	268,000

Agency Name	2023-25		2025-27		2027-29	
	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	2023-25				2025-27				2027-29			
	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total
Office of Financial Management	.0	0	0	0	.0	0	0	0	.0	0	0	0
Washington State Health Care Authority	6.7	0	0	2,705,000	7.2	0	0	2,150,000	7.2	0	0	2,150,000
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	.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 Health	10.9	0	0	9,793,000	3.8	0	0	8,192,000	3.8	0	0	8,192,000
University of Washington	.3	280,409	280,409	280,409	.0	0	0	0	.0	0	0	0
University of Washington	In addition to the estimate above, there are additional indeterminate costs and/or savings. Please see individual fiscal note.											
Total \$	17.9	280,409	280,409	12,778,409	11.0	0	0	10,342,000	11.0	0	0	10,342,000

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	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
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
Criminal Justice Training Commission	.0	0	0	.0	0	0	.0	0	0
Department of Health	.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	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	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Local Gov. Total									

Estimated Capital Budget Breakout

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Prepared by: Arnel Blancas, OFM	Phone: (360) 000-0000	Date Published: Final 4/10/2023
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Individual State Agency Fiscal Note

Bill Number: 1134 E 2S HB AMS HLTC S2637.2	Title: 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:

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: Kevin Black	Phone: (360) 786-7747	Date: 03/29/2023
Agency Preparation: Keith Thunstedt	Phone: 360-810-1271	Date: 03/30/2023
Agency Approval: Kathy Cody	Phone: (360) 480-7237	Date: 03/30/2023
OFM Review: Cheri Keller	Phone: (360) 584-2207	Date: 03/30/2023

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.

There were no changes in this amended version that effected OFM's fiscal impact assumptions from the previous versions.

Amended Engrossed Second Substitute version:

Section 6 removes the directive for OFM to contract with the Behavioral Health Insitute at Harborview Medical Center to facilitate and provide staff support to the crisis response improvement strategy committee. OFM has not incurred contract costs related to this directive, therefore its removal has no fiscal impact.

Section 8 (11) requires HCA to consult with OFM staff when completing an analysis on Medicaid managed care rates, payment mechanisms, and levels for rate enhancements related to the bill. HCA's analysis must be submitted to OFM and the Legislature by December 1, 2023. OFM assumes the consultation and receipt of this analysis can be completed within current staffing and resources, and therefore this section has no fiscal impact.

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

Bill Number: 1134 E 2S HB AMS HLTC S2637.2	Title: 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 2024	FY 2025	2023-25	2025-27	2027-29
General Fund-Federal 001-2	204,000	134,000	338,000	268,000	268,000
Total \$	204,000	134,000	338,000	268,000	268,000

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

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	6.2	7.2	6.7	7.2	7.2
Account					
General Fund-Federal 001-2	204,000	134,000	338,000	268,000	268,000
Stwd 988 Behav Hlth & Suicide Prev Line-State 25N-1	1,426,000	941,000	2,367,000	1,882,000	1,882,000
Total \$	1,630,000	1,075,000	2,705,000	2,150,000	2,150,000

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: Kevin Black	Phone: (360) 786-7747	Date: 03/29/2023
Agency Preparation: Kathryn Kingman	Phone: 360-725-0455	Date: 04/05/2023
Agency Approval: Carl Yanagida	Phone: 360-725-5755	Date: 04/05/2023
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 04/06/2023

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.

Please 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.

Please 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
001-2	General Fund	Federal	204,000	134,000	338,000	268,000	268,000
25N-1	Stwd 988 Behav Hlth & Suicide Prev Line	State	1,426,000	941,000	2,367,000	1,882,000	1,882,000
Total \$			1,630,000	1,075,000	2,705,000	2,150,000	2,150,000

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 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	6.2	7.2	6.7	7.2	7.2
A-Salaries and Wages	454,000	519,000	973,000	1,038,000	1,038,000
B-Employee Benefits	154,000	179,000	333,000	358,000	358,000
C-Professional Service Contracts	675,000		675,000		
E-Goods and Other Services	162,000	162,000	324,000	324,000	324,000
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	185,000	215,000	400,000	430,000	430,000
9-					
Total \$	1,630,000	1,075,000	2,705,000	2,150,000	2,150,000

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 2024	FY 2025	2023-25	2025-27	2027-29
Contracts Specialist 3	81,000	0.3	0.5	0.4	0.5	0.5
Fiscal Analyst 3	65,000	1.4	1.7	1.6	1.7	1.7
IT Business Analyst - Senior/Specialist	111,000	1.0	1.0	1.0	1.0	1.0
IT Data Management - Senior/Specialist	111,000	1.0	1.0	1.0	1.0	1.0
Medical Assistance Program Specialist 3	83,000	2.0	2.0	2.0	2.0	2.0
Medical Program Specialist 3	90,000	0.5	1.0	0.8	1.0	1.0
Total FTEs		6.2	7.2	6.7	7.2	7.2

III. D - Expenditures By Program (optional)

Program	FY 2024	FY 2025	2023-25	2025-27	2027-29
Community Behavioral Health (150)	1,630,000	1,075,000	2,705,000	2,150,000	2,150,000
Total \$	1,630,000	1,075,000	2,705,000	2,150,000	2,150,000

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

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

See attached narrative

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: 1134 E2S HB AMS HLTC S2637.2

HCA Request #: 23-222

Part II: Narrative Explanation

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

An act relating to the 988 Behavioral Health (BH) system that establishes standards for endorsed teams, inclusive of staffing, response times and training requirements and also changes the timeline for establishing designated 988 crisis contact center hubs.

1134 E2S HB AMS HLTC S2637.2 differs from 1134 E2S HB as follows:

New Section 10 (1) requires the Washington State Health Care Authority (HCA) and the regional behavioral health administrative service organizations (BH-ASOs) to collaborate with the University of Washington (UW) and others to plan for regional collaboration and develop a needs assessment for trainings.

New Section 10 subsections (2), (3) and (4) require that HCA and the BH-ASOs, in collaboration with other stakeholders shall develop recommendations for establishing crisis workforce and resilience training collaboratives. Among other requirements, this will include strategies for better coordination and integration of 988-specific training, identify effective trainings on how the 988 system works and identify best practices to working with diverse population groups. HCA shall submit a report on the recommendations to the governor and the legislature by December 31, 2024.

NEW Section 11 requires the BH-ASOs and HCA to partner to convene an annual crisis of continuum of care forum. These will be led by the BH-ASOs and HCA will provide funding to the BH-ASOs for the forum. The BH-ASOs and HCA shall jointly submit recommendations supporting these efforts to the legislature.

In total (including the sections highlighted above), the following sections impact HCA:

Section 5 (1)(b) requires DOH and HCA to enter into data sharing agreements with the crisis call centers and regional behavioral health administrative service organizations (BH-ASOs) to provide reports and client level data as allowed by existing law to coordinate care for individuals with a history of frequent crisis system utilization.

Section 5 (5) Inclusion of 988 call centers and crisis hubs in system decision-making. Requires that the HCA include the 988 call centers and designated 988 crisis contact center hubs in the decision making process for selecting technology platforms that will be used to operate the system.

Section 5 subsections (2)(b), (4)(b)(ix), (4)(b)(x) and (7)(f) require that HCA and DOH enter into data-sharing agreements to provide reports and client level data regarding 988 crisis hotline calls. It requires that DOH and HCA enter into data sharing agreement with designated 988 contract hubs requiring the hubs to report data to regional BH-ASOs for multiple purposes including maximizing Medicaid reimbursements and administering services and the number of providers. HCA is required to monitor trends in 988 crisis hotline caller data as reported by the hubs and submit an annual report to the governor and the legislature beginning December 1,2027.

Section 6 (8) Inclusion of a 988 geolocation subcommittee. This subcommittee will examine privacy issues in routing 988 crisis hotline calls based on the person's location.

HCA Fiscal Note

Bill Number: 1134 E2S HB AMS HLTC S2637.2

HCA Request #: 23-222

New Section 8 (1-5) HCA will establish endorsement standards, issue and renew endorsements of the mobile rapid response crisis teams. HCA will conduct on-site surveys of the mobile rapid response teams prior to issuing endorsements, issuing and renewing endorsements, renewal of endorsements and procedures for denial, suspension and revocation of endorsements.

New Section 8 (10) Response Time Standards. Requires HCA to establish standards to endorse mobile rapid response crisis teams with response time standards between January 1, 2025 and December 1, 2026 within 30 minutes for urban areas, 40 minutes for suburban areas and enroute within 15 minutes of being dispatched for rural areas at least 80 percent of the time. Those response requirements change to within 20 minutes for urban areas, 30 minutes for suburban areas and enroute within 10 minutes of being dispatched for rural areas at least 80 percent of the time beginning January 1, 2027. It also provides that becoming endorsed will allow a mobile rapid response crisis team to be eligible for performance payments as described in Section 8 (10).

New Section 8 (10) HCA will establish an Endorsed Mobile Rapid Response Crisis Team performance program. HCA will issue establishment grants, performance payments and supplemental performance payments.

The establishment grants will be issued to support mobile rapid response crisis teams seeking to meet standards to become endorsed.

Performance payments will be in the form of an enhanced case rate to mobile rapid response crisis teams and community-based crisis teams that have been endorsed and have met the response time standards for the previous three months. HCA shall design this program to maximize the matching federal funds.

New Section 8 (11) requires HCA to contract with actuaries to conduct an analysis and develop options for payment mechanisms and levels for rate enhancements in Section 8 (10) to meet several goals, including maximizing federal Medicaid match. HCA will submit a report summarizing this information to the Office of Financial Management and the legislature by December 1, 2023.

New Section 8 (12) requires HCA to conduct a review of the endorsed teams and report to the governor and the legislature by December 1, 2028.

New Section 10 subsections (2) and (3) require that HCA and the BH-ASOs, in collaboration with other stakeholders shall develop recommendations for establishing crisis workforce and resilience training collaboratives. Among other requirements, this will include strategies for better coordination and integration of 988-specific training, identify effective trainings on how the 988 system works, identify best practices to working with diverse population groups. HCA shall submit a report on the recommendations to the governor and the legislature by December 31, 2024.

NEW Section 11 requires the BH-ASOs and HCA to partner to convene an annual crisis of continuum of care forum. These will be led by the BH-ASOs and HCA will provide funding to the BH-ASOs for the forum. The BH-ASOs and HCA shall jointly submit recommendations supporting these efforts to the legislature.

II. B - Cash Receipts Impact

HCA Fiscal Note

Bill Number: 1134 E2S HB AMS HLTC S2637.2

HCA Request #: 23-222

Indeterminate.

HCA assumes the fiscal impacts associated with the staff cost will be eligible for a blended federal match rate of 12 percent.

ACCOUNT	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
General Fund-Medicaid 001-C	204,000	134,000	134,000	134,000	134,000	134,000	338,000	268,000	268,000
Totals	\$ 204,000	\$ 134,000	\$ 338,000	\$ 268,000	\$ 268,000				

II. C – Expenditures

This fiscal note is indeterminate but with costs greater than \$50,000.

Job title	Salary	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
CONTRACTS SPECIALIST 3	81,000	0.3	0.5	0.5	0.5	0.5	0.5	0.4	0.5	0.5
FISCAL ANALYST 3	65,000	1.4	1.7	1.7	1.7	1.7	1.7	1.5	1.7	1.7
IT BUSINESS ANALYST - SENIOR/SPECIALIST	111,000	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
IT DATA MANAGEMENT - SENIOR/SPECIALIST	111,000	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
MEDICAL ASSISTANCE PROGRAM SPECIALIST 3	83,000	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
MEDICAL PROGRAM SPECIALIST 3	90,000	0.5	1.0	1.0	1.0	1.0	1.0	0.8	1.0	1.0
Totals		6.2	7.2	7.2	7.2	7.2	7.2	6.7	7.2	7.2

Account	Account Title	Type	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
001-C	General Fund	Medicaid	204,000	134,000	134,000	134,000	134,000	134,000	338,000	268,000	268,000
25N-1	Stwd 988 BH & Suicide Prev Line	State	1,426,000	941,000	941,000	941,000	941,000	941,000	2,367,000	1,882,000	1,882,000
Totals			\$ 1,630,000	\$ 1,075,000	\$ 2,705,000	\$ 2,150,000	\$ 2,150,000				

	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
FTE	6.2	7.2	7.2	7.2	7.2	7.2	6.7	7.2	7.2
A Salaries and Wages	454,000	519,000	519,000	519,000	519,000	519,000	973,000	1,038,000	1,038,000
B Employee Benefits	154,000	179,000	179,000	179,000	179,000	179,000	333,000	358,000	358,000
C Professional Service Contracts	675,000	-	-	-	-	-	675,000	-	-
E Goods and Other Services	162,000	162,000	162,000	162,000	162,000	162,000	324,000	324,000	324,000
T Intra-Agency Reimbursements	185,000	215,000	215,000	215,000	215,000	215,000	400,000	430,000	430,000
Totals	\$ 1,630,000	\$ 1,075,000	\$ 2,705,000	\$ 2,150,000	\$ 2,150,000				

HCA Administrative Costs

HCA requests \$2,705,000 and 6.7 Full Time Equivalent (FTE) staff in the 2023-25 Biennium.

1.0 FTE Medical Program Specialist 3 (permanent). Support and track the establishment grants HCA will issue in Section 8 (10). Annual salary and benefit cost \$122,000.

1.0 FTE Medical Assistance Program Specialist 3 (permanent). Establish and routinely maintain endorsement standards and processes for mobile rapid response crisis teams as required in Section 8 (1) including program oversight. Annual salary and benefit cost \$133,000.

1.0 FTE Medical Assistance Program Specialist 3 (permanent). Provide oversight and support and generate reports required in Sections 10 on the training collaboratives to be completed by December 30, 2024. Upon completion of work related to Section 10 provide oversight and support for annual crisis continuum forums in each of the ten BH-ASO regions as required in Section 11. Annual salary and benefit cost \$133,000.

HCA Fiscal Note

Bill Number: 1134 E2S HB AMS HLTC S2637.2

HCA Request #: 23-222

0.5 FTE Contracts Specialist 3 (permanent). Contracts support for grants program. Annual salary and benefit cost \$56,000.

1.0 FTE IT-Data Management Senior/Specialist (permanent) – to monitor trends in 988 crisis hotline caller data and submit annual report, support set up/data analysis of data sharing agreements and provide other data and reports for quality improvement activities in Section 5. Annual salary and benefit cost \$147,000.

1.0 FTE IT-Business Analyst Senior/Specialist (permanent) – will define the requirements for the use of caller geolocation data and related privacy issues. Annual salary and benefit cost \$147,000.

Other FTE costs

1.4 FTE. Administrative costs are calculated at \$39,000 per 1.0 FTE. This cost is included in Object T based on HCA's federally approved cost allocation plan and are captured and/or included as Fiscal Analyst 3 classification. Total annual cost \$215,000.

Other costs

\$500,000 one-time actuarial costs in FY24.

\$75,000 one-time costs to contract with the University of Washington to complete an assessment of training needs, a mapping of current and future funded crisis response providers, and a comprehensive review of all behavioral health training required in statute and rule as required in Section 10 (2).

\$100,000 one-time costs to support the development of recommendations to establish crisis workforce and resilience training collaboratives in each of the ten BH-ASO regions as required in Section 10 (3).

\$150,000 annually to support and fund each of the ten BH-ASOs to conduct a crisis continuum of care forum and jointly submit recommendations to the legislature.

HCA Costs to Issue/Renew Endorsements for Mobile Rapid Response Crisis Teams

Indeterminate but greater than \$50,000.

This bill requires HCA to issue endorsements (both initial and renewals every three years) for the mobile rapid response crisis teams. HCA is unable to estimate a total cost for these endorsements as the number of teams that will choose to be endorsed is unknown as are their locations.

HCA anticipates that the cost to endorse a single team within the local area would have an average cost of \$4,700 and to endorse a team further away could increase to \$8,900 per site visit.

HCA Costs to Make Performance Payments and Supplemental Performance Payments

Indeterminate but greater than \$50,000

This bill requires HCA to establish an endorsed mobile rapid response crisis team performance program and issue performance payments and supplemental performance payments.

HCA is unable to estimate these costs given the unknowns including the number of teams that will choose to be endorsed.

HCA Fiscal Note

Bill Number: 1134 E2S HB AMS HLTC S2637.2

HCA Request #: 23-222

HCA Costs for Mobile Rapid Response Crisis Teams

Indeterminate but greater than \$50,000.

While this bill would require HCA to establish endorsement standards for mobile rapid response crisis teams, it would not require existing or new, future teams to be endorsed as a condition to participate in the crisis response system. Given this, HCA expects existing statewide demand and the response time provisions of this bill would drive the need for additional provider capacity. However, in the end, HCA is unable to estimate the total number of teams that would exist, and the number of those teams that would elect to be endorsed, if this bill were to pass.

Despite this uncertainty, HCA anticipates existing teams would have incentives to meet the endorsement standards over time, and any newly established teams would similarly choose to meet the endorsement standards upon formation. HCA assumes this for two reasons.

First, existing teams are structured to meet the response times based on the Substance Abuse and Mental Health Services (SAMHSA) toolkit, which is 60 minutes or less. The new standards proposed in this bill would require additional service capacity to allow for shorter response times. HCA expects this additional capacity could only come from expanding existing teams and the formation of new teams.

Second, providers with different service capacities (endorsed vs non-endorsed) would overlap within the same service areas. The BH-ASOs and the managed care organizations (MCO) would be required to manage this disparity of provider endorsement, and the corresponding differences in contract expectations and reimbursement levels to prevent duplications of effort. Ultimately, HCA assumes the contractual requirements it will place on the BH-ASOs and MCOs to meet the proposed response times will trickle down to providers and create natural incentives for participating teams to homogenize to meet the proposed endorsement standards.

Assumptions on Cost Drivers

Despite not knowing the number of teams (endorsed and non-endorsed) that would exist if this bill were to pass, HCA can define drivers to help define the cost to support an ideal state... where provider capacity is sufficient to meet the statewide demand within the response time requirements of the bill.

HCA assumes endorsed rapid response teams for both adult and children would be needed. Considering Washington State's population and geography, HCA estimates it would require the equivalent of 78 total endorsed teams (20 child and 58 adult teams) to meet the needs of the state within the response time requirements of this bill. HCA estimates there are currently 63 non-endorsed teams (10 child and 53 adult) within the state.

Therefore, the easiest means to estimate the total cost to bring the state to capacity sufficient to meet the response times in this bill is to calculate the cost to bring the existing 63 non-endorsed teams to meet endorsement requirements and to calculate the cost of 15 new endorsed teams.

Cost Differential for Existing Teams

Since the bill does not require any participating team to become endorsed, HCA assumes the conversion from non-endorsed to endorsed will happen over time. For the purposes of this fiscal note, HCA assumes a four-year ramp up period is appropriate:

HCA Fiscal Note

Bill Number: 1134 E2S HB AMS HLTC S2637.2

HCA Request #: 23-222

		Year 1	Year 2	Year 3	Year 4	Total
Est # of Existing Teams that will Endorse Each Year	Child	2.5	2.5	2.5	2.5	10
	Adult	10	12	14	17	53
	Total	12.5	14.5	16.5	19.5	63

Current (non-endorsed) team personnel levels are 11 staff. HCA assumes an endorsed team would need about 24 staff. Therefore, the cost difference between a non-endorsed and an endorsed team is about \$1.2 million per year for the child and adult teams.

Cost of Newly Established Teams

In addition, HCA estimates the state would need 15 new teams. HCA also assumes a four-year ramp up period is appropriate:

		Year 1	Year 2	Year 3	Year 4	Total
Est # of New, Endorsed Teams Each Year	Child	2.5	2.5	2.5	2.5	10
	Adult	1.25	1.25	1.25	1.25	5
	Total	3.75	3.75	3.75	3.75	15

As noted earlier, HCA assumes an endorsed team would need about 24 staff. HCA estimates this will cost about \$2.4 million (adult team) to \$2.5 million (child team) per year.

Anticipated Federal Match

The mix of the additional Medicaid and non-Medicaid populations that would be served is unknown. Since the state can receive federal match only on the cost of services provided to Medicaid clients, only a portion of the services costs would be eligible for federal match. Even within the Medicaid population, different subpopulations receive different percentages of federal match. As a result, it would be difficult to exactly determine the federal revenue that could cover these mobile response costs. Given this complex population mix, HCA estimates the state could receive about 36 percent of the adult team costs and about 44 percent of the child team costs in federal match.

Disclaimer

While this fiscal note only addresses the incremental funding needed to support the changes proposed in this bill, HCA's ability to implement these new provisions is dependent on its ability to implement other functionality within existing 988 law. This means funding to cover the cost impacts in this fiscal note would – alone – be insufficient to meet what would be the entirety of the 988 law if this bill were to be enacted. HCA would also require the additional funding to support existing 988 law as proposed by the Governor (KB Enhance Crisis System - 988 Line).

Part IV: Capital Budget Impact

None

Part V: New Rule Making Requirements (leave blank if no changes)

Department of Revenue Fiscal Note

Bill Number: 1134 E 2S HB AMS HLTC S2637.2	Title: 988 system	Agency: 140-Department of Revenue
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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 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: Kevin Black	Phone: (360) 786-7747	Date: 03/29/2023
Agency Preparation: Beth Leech	Phone: (360) 534-1513	Date: 03/29/2023
Agency Approval: Valerie Torres	Phone: (360) 534-1521	Date: 03/29/2023
OFM Review: Cheri Keller	Phone: (360) 584-2207	Date: 03/30/2023

Request # 1134-5-1

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.

Note: This fiscal note reflects Senate amendment S2637.2 to E2SHB 1134, 2023 Legislative Session.

This fiscal note only addresses section 9 of the bill, which impact the Department of Revenue (department).

COMPARISION OF AMENDMENT TO ENGROSSED SECOND SUBSTITUTE BILL:

The amendment does not change section 9 which impacts the department.

CURRENT LAW:

Collections from the statewide 988 behavior health crisis response and suicide prevention line tax are deposited in the statewide 988 behavioral health crisis response and suicide prevention line account. Moneys may only be spent after appropriation.

Expenditures from this account may only be used for:

- Ensuring efficient and effective routing of calls made to the 988 crisis hotline.
- Acute behavioral health, crisis outreach, and crisis stabilization services.

PROPOSAL:

Funds from the statewide 988 behavioral health crisis response and suicide prevention line tax are to be used for mobile rapid response crisis teams and community-based crisis teams.

Ten percent of the revenues from the statewide 988 behavioral health crisis response and suicide prevention line tax must be dedicated to the establishment grants, performance payments, and supplemental performance payments for mobile rapid response crisis teams and community-based crisis teams.

EFFECTIVE DATE:

The bill takes effect 90 days after final adjournment of the session.

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 legislation results in no revenue impact to taxes administered by the department.

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 legislation results in no expenditure impact to taxes administered by the department.

Part III: Expenditure Detail

III. A - Expenditures by Object Or Purpose

NONE

III. B - Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part I and Part IIIA.*

NONE

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

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

NONE

Part V: New Rule Making Required

Request # 1134-5-1

Individual State Agency Fiscal Note

Bill Number: 1134 E 2S HB AMS HLTC S2637.2	Title: 988 system	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: Kevin Black	Phone: (360) 786-7747	Date: 03/29/2023
Agency Preparation: Brian Elliott	Phone: 206-835-7337	Date: 03/29/2023
Agency Approval: Brian Elliott	Phone: 206-835-7337	Date: 03/29/2023
OFM Review: Cynthia Hollimon	Phone: (360) 810-1979	Date: 03/31/2023

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.

This bill has no fiscal impact on the Washington State Criminal Justice Training Commission.

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.

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: 1134 E 2S HB AMS HLTC S2637.2	Title: 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 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	11.7	10.0	10.9	3.8	3.8
Account					
Stwd 988 Behav Hlth & Suicide Prev Line-State 25N-1	5,009,000	4,784,000	9,793,000	8,192,000	8,192,000
Total \$	5,009,000	4,784,000	9,793,000	8,192,000	8,192,000

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: Kevin Black	Phone: (360) 786-7747	Date: 03/29/2023
Agency Preparation: Sheri Spezze	Phone: (360) 236-4557	Date: 04/04/2023
Agency Approval: Kristin Bettridge	Phone: 3607911657	Date: 04/04/2023
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 04/07/2023

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.

This striking amendment does not change the bills' fiscal impact on the Department of Health (department). After reassessment, the department revised cost estimates for 5(2) section.

The engrossed second substitute bill does not create additional fiscal impact for the department.

Section 2(18): Amends RCW 71.24.037 (Licensed or Certified Behavioral Health Agencies and Providers—Minimum Standards—Investigations and Enforcement Actions—Inspections) requiring all outpatient behavioral health agencies to display the 988 crisis hotline number in common areas on premises and include the number as a calling option on any phone messages.

Section 2(19): Amends RCW 71.24.037 (Licensed or Certified Behavioral Health Agencies and Providers—Minimum Standards—Investigations and Enforcement Actions—Inspections) requiring all inpatient or residential behavioral health agencies to include the 988 crisis hotline number on discharge paperwork.

Section 3 requires the Department of Health (department) to consult with tribes, the American Indian health commission of Washington state, the native and strong lifeline, the Washington state department of veterans affairs, and representatives of agricultural communities to develop informational materials and a social media campaign related to the 988 crisis hotline, including call, text, and chat options, and other crisis hotline lines for veterans, American Indians and Alaska Natives, and other populations.

Section 4(6)(C): Added new requirements for the department to add minimum requirements to the six-hour and three-hour instruction to include content specific to the 988 behavioral health crisis response hotline and suicide prevention system, the services that are provided, and best practices for assisting someone with accessing the hotline or system. It requires the department to review and approve the required training, and all subsequent trainings, starting September 1, 2024.

Section 4. (6)(a) Has been updated to include minimum standards for content which must be met by July 1, 2024.

Revision of training programs usually takes place every few years for each training establishment, and each establishment is on a different schedule depending on its start date. The new requirements will require all training establishments to update their content and therefore have it reviewed by Department of Health, by July 1, 2024. This will cause an influx of all training providers to submit plans for Department of Health's review increasing normal workloads.

Section 5 (2)(a) & (b) This section adds requirements for contractors, which requires the Department to amend and add to its contracts with call center contractors, and the Department to "...establish requirements that the crisis call centers report data to regional behavioral health administrative services organizations...including but not limited to

Section 5 (3) The department shall adopt rules by January 1, 2025, to establish standards for designation for crisis call centers as designated 988 crisis center hubs.

Section 5 (4)(b)(iv) creates indeterminate fiscal impacts, due to feasibility issues with directions and call center requirements that conflict with current standards set by the national call center administrator, Vibrant.

Section 6 (11) Requires the CRIS Steering committee to provide a progress report and comprehensive assessment to the governor and legislature. This bill amends to extend how long committee continues its work. The department currently provides support of two FTEs for this work and funding ends June 30, 2023. Carryforward level budget process removed the FY24 funding.

Section 8 (1)(d)(i) creates indeterminate fiscal impacts because the requirements cannot be met in the timeline specified, as the tech platform required does not currently exist.

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.

Sections 2(18) & 2(19): The department will develop and adopt rules to update requirements for behavioral health agencies and residential treatment facilities to display the 988 crisis hotline phone number. Existing staff will accomplish the rulemaking required within their normal workload. No fiscal impact to the department for this section.

Section 3 directs the department to develop informational materials and a social media campaign related to the 988 crisis hotline including call, text, and chat lines, and other crisis hotlines for veterans, American Indians, Alaska Natives, and other populations. In compliance with RCW 43.03.220, Compensation of Members of Part-Time Boards and Commissions – Class one groups, this bill would require compensation of community members with lived experience and/or those living in poverty. All community engagement activities at DOH must be in compliance with Title II of the Americans with Disabilities Act, the Heal Act Community Engagement Guide, and possibly the Open Public Meeting Act. In addition to the cost of compensation, observance of these statutory obligations includes providing reimbursement for travel, lodging, and dependent care; translation and interpretation services for all meetings and materials; and the staffing to support managing resources and associated program activities.

1.0 FTE HEALTH SERVICES CONSULTANT 3 will provide contract management, be the liaison between the contractor and department subject matter experts, review and inform the contractor of best practices in behavior change through communication techniques, review contractor products to ensure department standards and accessibility standards are met.

Outsourcing of the social media requirements of the bill will be done by contract. Language in the bill indicates a requirement to segment the campaign; therefore, costs have been broken down by target market in the table below. Cost was estimated using historical expenses for similar work. The estimated contractor's cost includes account management, audience research, printing costs, transcreation and translation costs for 40 languages . Please note, lower estimates do not reflect lower priority. Campaigns cost less money when the audience segment is narrower.

Youth (under 18)	\$250,000
Young adults	\$250,000
General adult	\$300,000
American Indian adults	\$150,000
American Indian youth	\$100,000
Agricultural workers	\$100,000
Veterans	\$100,000
Additional vendor fees*	\$750,000
Total	\$2,000,000

*Additional vendor fees include account management, audience research, print costs, transcreation and translation costs per 40 languages, etc.

FY 2024 will be 1.4 FTE and \$2,161,000 (25N-STWD 988).

FY 2025 and ongoing will be 1.4 FTE and \$2,159,000 (25N-STWD 988).

Section 3 Requires staff from Department of Health to consult with stakeholders.

0.5 FTE HEALTH SERVICES CONSULTANT 3 will provide subject matter expertise and consultation supporting the stakeholder engagement process and campaign development for 988. The position will schedule and attend meetings between communications office staff and 988 implementation partners, assist in developing and attend stakeholder meetings, provide consultation on and reviews of messaging and materials, and assist the communications office staff with situational awareness.

FY 2024 will be 0.7 FTE and \$78,000 (25N-STWD 988).

FY 2025 and ongoing will be 0.7 FTE and \$76,000 (25N-STWD 988).

Section 4(6)(C) The department will develop and adopt rules to add minimum requirements to the six-hour and three-hour instruction. 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. This process will include two meetings with interested parties as well as one formal rules hearing, all held virtually, and will take approximately 12 months to complete. The department anticipates providing the rules hearing announcement and materials in both English and Spanish and providing American Sign Language (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 \$4,000.

FY 2024 one-time costs will be 0.2 FTE and \$29,000 (25N-STWD 988).

Section 4(6)(C) Requires the department to review and approve the required training, and all subsequent trainings, starting September 1, 2024

0.5 FTE HEALTH SERVICES CONSULTANT 3 will lead the process to add 988 related criteria stipulated in the bill to the current standards for the Washington State Suicide Prevention Training Model List for Health Professionals. The position will collaborate with University of Washington to ensure recommendations related to 988 are incorporated into Model List standards, develop and implement a dissemination and communication plan for the new standards, communicate with training developers and stakeholders on updated standards, collaborate with affected disciplinary and professional associations to roll out the updated standards, coordinate and review training program applications, and collaborate with internal stakeholders to ensure standards related to this bill are met.

FY 2024 costs will be 0.7 FTE and \$78,000 (25N-STWD 988).

FY 2025 and ongoing will be 0.7 FTE and \$76,000 (25N-STWD 988).

Section 5(2)(a) & (b) Allows the department to amend or create additional contracts with the 988 crisis call centers to include funding for 988 counselors to be co-located at Public Safety Answering Points. Should this be needed, the cost estimates are as follows. The department will need to add department staff time to manage the additional contract funds. Funding for the additional contracts include staffing, equipment and technology, training, etc. \$1,675,231 for three call center contractors to co-locate at the Public Service Answering Points within each contractor's region.

2.50 FTE HEALTH SERVICES CONSULTANTS 3 will develop and implement a pilot program for the 988 co-location service. The pilot program will require data review and collection, in-depth collaboration from department staff with contractors, and other tasks related to the determination of the success of the co-location pilot. Once the pilot project is complete (projected as 2026), 0.5 FTE will manage the contracts in place for co-location and 0.1 FTE to include budget and invoice support.

FY 2024 costs will be 3.7 FTE and \$2,083,000 (25N-STWD 988).
FY 2025 and ongoing will be 3.7 FTE and \$2,080,000 (25N-STWD 988).
FY 2026 and ongoing will be 1.0 FTE and \$1,785,000 (25N-STWD 988).

Section 5 (3) Requires the department to develop and adopt rules creating standards for crisis call center hubs and update requirements for behavioral health agencies to display the 988 crisis hotline phone number. A more detailed cost breakdown is provided under Part V: New Rule Making below.

The department anticipates utilizing a team of subject matter experts and policy analysts to implement this rulemaking. Rulemaking will also require a tribal government to government collaboration and community engagement to ensure equitable of rulemaking. This process will include at least four meetings with interested parties as well as three meetings with tribal partners and at least one formal rules hearing. Some of these meetings are anticipated to be in-person and will take approximately 18 months to complete. 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 \$5,000.

FY 2024 costs will be 2.2 FTE and \$267,000 (25N-STWD 988).
FY 2025 costs will be 0.7 FTE and \$83,000 (25N-STWD 988).

Section 5 (4)(b)(iv) creates indeterminate fiscal impacts. These sections require the 988 contact center hubs to train staff to screen callers to determine if they are associated with the agricultural community to be routed to a specified Agricultural worker line. Currently, there is no Agriculture line used nationally or endorsed by Vibrant, the national 988 administrator.

These sections require a 988 contact center hub to "screen" for callers which is not an allowable practice for a national suicide prevention line. Asking someone if they are from the agriculture community breaks confidentiality and safe call standards. To do this function would require creating a separate call line that is currently indeterminate.

Section 6 (11) Requires the CRIS Steering committee to provide a progress report and comprehensive assessment to the governor and legislature each year. This bill amends the dates for the required reports. Department of Health requires funding for two years of its current staff supporting the CRIS steering committee.

2.0 FTE HEALTH SERVICES CONSULTANT 3 Provide subject matter content leadership and work collaboratively with the program unit supervisor to provide information and resources to the CRIS Committee and 988 Steering Committee. Serve as a Department of Health representative, as requested, on CRIS Committee subcommittees providing status updates and action steps to the program unit supervisor and division leadership. Provide requested content and information regarding the implementation, progress, and monitoring of 988 crisis call center hubs.

FY 2024 costs will be 2.8 FTE and \$313,000 (25N-STWD 988).
FY 2025 costs will be 2.8 FTE and \$310,000 (25N-STWD 988).

Section 8 (1)(d)(i) creates indeterminate fiscal impacts. This section requires mobile rapid response crisis teams to meet specific dispatch times based on geographic location and would require 988 contact centers to dispatch mobile response teams as early as Jan 2025, which is not feasible because there is not a tech platform that will be available for dispatch services at that time.

Other Costs:

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resource; contracts; procurement, risk management, and facilities management.

Total costs to implement this bill are:
 FY24 – 11.6 FTE and \$5,009,000 (25N-STWD 988)
 FY25 – 10.0 FTE and \$4,784,000 (25N-STWD 988)
 FY26 and ongoing – 3.8 FTE and \$4,096,000 (25N-STWD 988)

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
25N-1	Stwd 988 Behav Hlth & Suicide Prev Line	State	5,009,000	4,784,000	9,793,000	8,192,000	8,192,000
Total \$			5,009,000	4,784,000	9,793,000	8,192,000	8,192,000

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	11.7	10.0	10.9	3.8	3.8
A-Salaries and Wages	834,000	723,000	1,557,000	546,000	546,000
B-Employee Benefits	332,000	285,000	617,000	216,000	216,000
C-Professional Service Contracts	2,001,000	2,000,000	4,001,000	4,000,000	4,000,000
E-Goods and Other Services	67,000	47,000	114,000	38,000	38,000
G-Travel	6,000		6,000		
J-Capital Outlays	32,000		32,000		
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services	1,675,000	1,675,000	3,350,000	3,350,000	3,350,000
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements	62,000	54,000	116,000	42,000	42,000
9-					
Total \$	5,009,000	4,784,000	9,793,000	8,192,000	8,192,000

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
Fiscal Analyst 2	53,000	2.2	1.9	2.1	0.9	0.9
HEALTH SERVICES CONSULTANT 3	75,120	6.5	6.5	6.5	2.6	2.6
HEALTH SERVICES CONSULTANT 4	82,896	0.1		0.1		
Health Svcs Conslt 1	53,000	1.3	1.1	1.2	0.3	0.3
MANAGEMENT ANALYST 4	82,896	1.6	0.5	1.1		
Total FTEs		11.7	10.0	10.9	3.8	3.8

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.

Section 2(18), 4(6)(C) & 8 Direct the department to adopt rules in WAC 246-12-630 (Training Content) and 246-341 WAC (Behavioral Health Agency Licensing and Certification Requirements) as necessary to implement the bill. Rulemaking for Section 2(18) may require adopting rules under 246-337 WAC (Residential Treatment Facility), 246-320 WAC (Hospital Licensing Regulations), and 246-322 WAC (Private Psychiatric and Alcoholism Hospitals) in addition to 246-341 WAC (Behavioral Health Agency Licensing and Certification Requirements) to implement the bill.

Section 5 (3) Requires the department to develop and adopt rules creating standards for crisis call center hubs and update requirements for behavioral health agencies to display the 988 crisis hotline phone number.

Individual State Agency Fiscal Note

Bill Number: 1134 E 2S HB AMS HLTC S2637.2	Title: 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 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.4	0.1	0.3	0.0	0.0
Account					
General Fund-State 001-1	250,486	29,923	280,409	0	0
Total \$	250,486	29,923	280,409	0	0

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: Kevin Black	Phone: (360) 786-7747	Date: 03/29/2023
Agency Preparation: Charlotte Shannon	Phone: 2066858868	Date: 04/03/2023
Agency Approval: Charlotte Shannon	Phone: 2066858868	Date: 04/03/2023
OFM Review: Ramona Nabors	Phone: (360) 742-8948	Date: 04/04/2023

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 striking amendment makes the following changes to the underlying bill:

Requires behavioral health administrative services organizations (BH-ASOs) to convene an annual crisis continuum of care forum with participation from partners in regional service areas to identify and develop collaborative regional-based solutions, funded by the Health Care Authority.

Transfers convening authority and final report responsibility for the project to plan for regional collaboration among behavioral health providers and first responders within the 988 crisis response and suicide prevention system; standardize practices and protocols; develop a needs assessment for training; and develop recommendations for establishing crisis workforce and resilience training collaboratives to the Health Care Authority and BH-ASOs in collaboration with the University of Washington (UW), the Washington Council on Behavioral Health, and the Statewide 988 Coordinator.

Requires future contracts between the Department of Health and designated 988 contract hubs to require the hubs to prominently display 988 crisis hotline information on their social media, in addition to their websites.

Expands the new definition of "community-based crisis team" to include teams which are part of a nonprofit crisis response provider.

FISCAL IMPACTS OF STRIKING AMENDMENT:

1134 E2S HB AMS HLTC S2637.2 makes significant revisions to Section 10 and transfers the convening authority to the Health Care Authority in collaboration with the UW and other stakeholders. These changes significantly impact the UW's fiscal analysis, and the expenditures section reflects those changes below.

Overall SHB 1134 Further implements the 988 behavioral health crisis response and suicide prevention system.

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.

SECTION 6:

This section extends the work of the Behavioral Health Institute at Harborview Medical Center to facilitate and provide staff support to the steering committee and to the crisis response improvement strategy committee by one year (June 30, 2025), and adds language allowing them to contract for the provision of these services. It also adds a Geolocation Subcommittee to examine privacy issues related to federal planning efforts to route 988 crisis hotline calls based on the person's location, rather than area code, and provides some membership requirements.

FISCAL IMPACTS OF SECTION 6:

The UW assumes the following FTE will be required to support the work of the committee:

.1 FTE Director Government Relations (salary \$263,508, benefits 31.8%) in FY24 and FY25

.1 FTE Director BHI (salary \$230,004, benefits 31.8%) in FY24 and FY25.

Totaling \$24,676 in salaries and wages and \$7,847 FY24 in benefits

\$588,956 in professional service contracts to provide staff support to the committees in FY24 and FY25.

Totaling \$621,479 in FY24 and \$621,479 in FY25.

The Ballmer Group has expressed interest in funding the extension of the committee’s work, and therefore the UW is leaving these fiscal impacts as indeterminate and reflected in the narrative only.

SECTION 10:

Subsection (1):

The authority and behavioral health administrative services organizations, in collaboration with the University of Washington, the Washington council for behavioral health, and the statewide 988 coordinator, shall plan for regional collaboration among behavioral health providers and first responders working within the 988 crisis response and suicide prevention system, standardize practices and protocols, and develop a needs assessment for trainings. Under leadership by the authority and behavioral health administrative services organizations this work shall be divided as described in this section.

Subsection (2):

The University of Washington shall develop an assessment of training needs, a mapping of current and future funded crisis response providers, and a comprehensive review of all behavioral health training required in statute and in rule. The training needs assessment, mapping of crisis providers, and research on existing training requirements must be completed by June 30, 2024. This section also prescribes the stakeholders the UW shall consult with in this process. The university shall consult with, at a minimum, the following key stakeholders:

In order to conduct an assessment of training needs, a mapping of current and future funded crisis response providers, and a comprehensive review of all behavioral health training required in statute and in rule, in addition to convening the stakeholders prescribed in subsection 3, the UW assess the following fiscal impacts:

.2 FTE in FY24 Project Operations Specialist, Behavioral Health Institute (salary \$123,900, benefits 31.8%)

.1 FTE in FY24 Director, Behavioral Health Institute, (salary \$230,004, benefits 31.8%)

\$158,400 in FY24 for professional service contracts for the Behavioral Health Institute to contract assistance in convening all of the stakeholders and providing input on the additional requirements of subsection 2, including assessment of training needs, a mapping of current and future funded crisis response providers, and a comprehensive review of all behavioral health training required in statute and in rule by June 30, 2024.

SUBSECTION 2 FISCAL IMPACTS:

FY24: \$250,486

FY25: \$29,923

SUBSECTION (3):

The authority and behavioral health services organizations, in collaboration with the stakeholders specified in subsection (1) of this section, shall develop recommendations for establishing crisis workforce and resilience training collaboratives that would offer voluntary regional trainings for behavioral health providers, peers, first responders, co-responders, 988 contact center personnel, designated 988 contact hub personnel, 911 operators, regional leaders, and interested members of the public, specific to a geographic region and the population they serve as informed by the 23needs assessment. The collaboratives shall encourage the development of foundational and advanced skills and practices in crisis response as well as foster regional collaboration. The authority shall submit a report on the items developed in this section to the governor and the appropriate committees of the legislature by December 31, 2024.

SUBSECTION 3 FISCAL IMPACTS:

.1 FTE in FY24 and .1 FTE in FY25 Director, Behavioral Health Institute, (salary \$230,004, benefits 31.8%)

This FTE is a baseline estimate to support the consultation requirements from subsection 2. If the HCA were to require additional collaboration that would be in addition to these estimates. This section states the HCA shall collaborate with stakeholders identified in subsection 1, including the UW. However, without further consultation with the HCA on what collaboration would entail, the fiscal impacts for subsection 3 are indeterminate. Any collaboration with UW in subsection 3 would occur in FY24 and the first half of FY25, based on reporting timelines.

TOTAL DETERMINATE FISCAL IMPACTS OF SECTION 10:

FY24: \$250,486

FY25: \$29,923

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	250,486	29,923	280,409	0	0
Total \$			250,486	29,923	280,409	0	0

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 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.4	0.1	0.3		
A-Salaries and Wages	70,781	23,000	93,781		
B-Employee Benefits	21,305	6,923	28,228		
C-Professional Service Contracts	158,400		158,400		
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 \$	250,486	29,923	280,409	0	0

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 2024	FY 2025	2023-25	2025-27	2027-29
Director, BHI	230,004	0.2	0.1	0.2		
Project Operations Specialist, BHI	123,900	0.2		0.1		
Total FTEs		0.4	0.1	0.3		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

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: 1134 E 2S HB AMS HLTC S2637.2	Title: 988 system
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Part I: Jurisdiction

Location, type or status of political subdivision defines range of fiscal impacts.

Legislation Impacts:

- Cities: Cities may participate on mobile rapid response crisis teams.
- Counties: Same as above
- Special Districts: Behavioral health administrative services organizations (BHASO) would have to coordinate with the University of Washington (UW) to develop and implement training for mobile rapid response crisis team personnel and emergency medical services personnel and law enforcement personnel. Every licensed or certified behavioral health agency will have to post 988 crisis hotline displays. BHASOs are required to enter into data-sharing agreements with crisis call centers and 988 contact hubs for the purpose of maximizing Medicaid reimbursement.

Specific jurisdictions only:

Variance occurs due to:

Part II: Estimates

No fiscal impacts.

Expenditures represent one-time costs:

Legislation provides local option: Not all cities and counties may elect to apply for grant funding

Key variables cannot be estimated with certainty at this time: The cost of posting the 988 crisis hotline number in the common areas of every licensed or certified behavioral health agency; BHASOs to coordinate with UW to develop and implement training; cost of applying to grants for mobile rapid response crisis teams and community-based crisis teams; cost to BHASOs for processing data shared with them from crisis call centers and 988 contact hubs; not all mobile rapid response crisis teams and community-based crisis teams will qualify for performance payments and supplemental performance payments

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: Brandon Rountree	Phone: (360) 999-7103	Date: 04/10/2023
Leg. Committee Contact: Kevin Black	Phone: (360) 786-7747	Date: 03/29/2023
Agency Approval: Alice Zillah	Phone: 360-725-5035	Date: 04/10/2023
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 04/10/2023

Part IV: Analysis

A. SUMMARY OF BILL

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

CHANGES BETWEEN THIS VERSION AND PREVIOUS BILL VERSION:

The amendment authorizes the Health Care Authority and behavioral health administrative services organizations (BHASO) to lead the collaborative development of 988 crisis response training, standardization processes and protocols. Requires BHASOs, in partnership with the authority, to convene and led an annual crisis continuum of care forum. Added “nonprofit crisis response provider” to list of teams recognized as a “Community-based crisis team”. Requires designated 988 contact hubs to post required contact information to the designated contact hub’s social media.

SUMMARY OF CURRENT BILL:

Sec. 1:

(2) Removed definition for “988 rapid response crisis team”.

(17) Adds “nonprofit crisis response provider” to list of teams recognized as a “Community-based crisis team”.

Sec. 5: (2) Expanded on requirements and authorities of the department when contracting with crisis call centers.

(4) (b) (v) Adds language which requires designated 988 contact hubs to post the required contact information outlined within the subsection to the designated contact hub’s social media.

(4) (b) (viii) Remove “988” and replaced it with “mobile”. Added “community-based crisis teams” to the list of services which would require 988 contact hubs to jointly develop dispatching protocols with regional behavioral health administrative services organizations (BHASO).

(2) (b) (x) Requires crisis call centers to enter into data-sharing agreements with the department, the authority, and applicable regional BHASOs. The department and the authority shall establish requirements that the crisis call centers report the data identified in this subsection (2) (b) to regional BHASOs for the purposes of maximizing Medicaid reimbursement.

Sec. 8: (1) Adds language which authorizes the authority to issue an endorsement to any mobile rapid response crisis team or community-based crisis team that meets the criteria under either subsection (2) or (3) of this section. The endorsement is a voluntary credential that a mobile rapid response crisis team or community-based crisis team can obtain to signify that it maintains the capacity to respond to persons who are experiencing a significant behavioral health emergency requiring an urgent, in-person response. The attainment of an endorsement allows the mobile rapid response crisis team or community-based crisis team to become eligible for performance payments.

(2) Outlines the authority's standards for issuing an endorsement to a mobile rapid response crisis team or a community-based crisis team.

(3) Removed and added language which directed the authority adjust the standards for issuing an endorsement to a community-based crisis team if the team is comprised solely of an emergency medical services agency and is located in a rural county in eastern Washington with a population of less than 60,000 residents. Additionally, this subsection (3) authorizes the authority to exempt a team from the personnel standards under subsection (2)(a) of this section and issue an endorsement to a team until January 1, 2030.

(4) Requires the authority to conduct an on-site survey of the applicant's operation before issuing an initial endorsement or renewing an endorsement.

(5) An endorsement must be renewed every three years.

(6) Requires the authority to establish forms and procedures for issuing and renewing an endorsement.

(8) (a) Changes “988 rapid repose crisis team” to “mobile rapid response crisis team or community-based crisis team to seek endorsement”.

(8) (b) Establishes that an unendorsed mobile rapid response crisis team are not exempt from the obligation to comply with any standards adopted by the authority with respect to mobile rapid response crisis teams.

(8) (c) Establishes that an unendorsed mobile rapid response crisis team are not exempt from the responsibilities and reimbursement for services as they may be defined in contracts with managed care organizations or BHASOs.

(10) Directs the authority to establish an endorsed mobile rapid response crisis team and community-based crisis team performance program with receipts from the statewide 988 behavioral health crisis response and suicide prevention line account.

(10) (a) Outlines the requirements for the performance program.

(10) (a) (i) Creates an establishment grant to support mobile rapid response crisis teams and community-based crisis teams seeking to meet the elements necessary to become endorsed.

(10) (a) (ii) Establishes performance payments in the form of an enhanced case rate to mobile rapid response crisis teams and community-based crisis teams that have received an endorsement from the authority.

(10) (a) (iii) Establishes supplemental performance payments in the form of an enhanced case rate higher than that available in (a)(ii) to mobile rapid response crisis teams and community-based crisis teams that have received an endorsement and demonstrate to the authority that for the previous three months they met the requirements in (10) (a) (iii) (A-C).

Sec. 10:

(1) Added language which requires the authority and behavioral health administrative services organizations (BHASO) to collaborate with the University of Washington (UW), the Washington council for behavioral health, and the statewide 988 coordinator to plan the regional collaboration between behavioral health providers and first responders working within the 988 crisis response and suicide prevention system. All identified organizations will collaboratively work to standardize practices and protocols, while also developing a needs assessment for training. The authority and BHASOs will lead all identified organizations by dividing up the work as described in this section.

(2) Removes and adds language that directs the UW to develop an assessment of training needs, a mapping of current and future funded crisis response providers, and a comprehensive review of all behavioral health training required in statute and in rule. The new language also establishes a required completion date of June 30, 2024 and outlines the minimum key stakeholders that must be consulted.

(3) Adds and removes language which requires the authority and BHASOs to collaborate with the stakeholders specified in subsection (1) to develop recommendations for establishing crisis workforce and resilience training collaboratives that would offer voluntary regional trainings for behavioral health providers, peers, first responders, co-responders, 988 contact center personnel, designated 988 contact hub personnel, 911 operators, regional leaders, and interested members of the public, specific to a geographic region and the population they serve as informed by the needs assessment.

Sec. 11: Adds a new section to chapter 71.24 RCW.

Requires BHASOs, in partnership with the authority, to convene and lead an annual crisis continuum of care forum.

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 IN EXPENDITURE IMPACTS BETWEEN THIS VERSION AND PREVIOUS BILL VERSION:

Behavioral health administrative services organizations (BHASO) are required, in partnership with the Health Care Authority, to convene and led an annual crisis continuum of care forum. BHASOs and the authority must lead the collaborative development of 988 crisis response training, standardization processes and protocols. Requires designated 988 contact hubs to post required contact information to the designated contact hub's social media.

EXPENDITURE IMPACTS OF CURRENT BILL:

This legislation would have an indeterminate expenditure impact on BHASOs and local government.

IMPACT ON HBASO

BH-ASOs can expect a minimal indeterminate increase in expenditures because of the legislations requirement to post 988 information in all common areas.

BHASOs would also see indeterminate expenditures due to required participation of two BHASOs representatives in the University of Washington School of Social Work development of a needs assessment for training and a plan for regional collaboration among noted stakeholders (Sec. 10 (1) (a)).

BHASOs would see additional indeterminate costs BHASOs from the substitute bills requirement for them to collaborate with the University of Washington School of Social Work to develop recommendations for establishing crisis workforce and resilience training collaboratives that would offer voluntary regional trainings specific to a geographic region and the population they serve as informed by the needs assessment

BHASOs can expect an indeterminate expenditure increase due to the changes made to 988 contact hub contact requirements and crisis call centers which now require them to enter into data-sharing agreements with the department, the authority, and applicable regional BHASOs. As a result of the data sharing requirements, BHASOs would see an increase in work hour demand or a need for new data processing procedures for the purposes of maximizing Medicaid reimbursement.

The cost to BHASOs for convening and leading an annual crisis continuum of care forum will indeterminately increase expenditures depending on where or how the forum with be convened, who will be participating from each BHASO, and how many work hours will be required to convene and lead the forum.

BHASOs would see an indeterminate increase in expenditures due to the requirement to collaborate with the University of Washington (UW), the Washington council for behavioral health, and the statewide 988 coordinator to develop recommendations for the creation of crisis workforce and resilience training collaborative to offer voluntary regional trainings for personnel in the behavioral health crisis system.

There would be an indeterminate increase in BHASO expenditures to develop recommendations for establishing crisis workforce and resilience training collaboratives that would offer voluntary regional trainings for behavioral health providers, peers, first responders, co-responders, 988 contact center personnel, designated 988 contact hub personnel, 911 operators, regional leaders, and interested members of the public, specific to a geographic region and the population they serve as informed by the needs assessment.

IMPACT ON LOCAL GOVERNMENT

Indeterminate costs are expected for local governments that choose to implement mobile rapid response crisis teams or community-based crisis teams because their implementation could require more investment from local governments on top of the possible grant money awarded to them.

Local governments with a community-based crisis team comprised solely of an emergency medical services organization and located in a rural county in eastern Washington with a population of less than 60,000 residents can expect expenditures to be an indeterminate amount less because the authority is required to adjust the standards for issuing an endorsement to community-based crisis teams that meet the resident and location requirements.

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 IN REVENUE IMPACTS BETWEEN THIS VERSION AND PREVIOUS BILL VERSION:

There were no changes made which would change the impact on BHASO and local government revenue.

REVENUE IMPACTS OF CURRENT BILL:

This legislation would have an indeterminate revenue impact on behavioral health administrative services organizations (BHASO) and local governments. The amount of grant money that will be available is unknown and cannot be projected. Commerce also cannot project how the money will be distributed because the amount of grant money available and the number of crisis teams that will apply for grant money is unknown at the time. Additionally, performance payments and supplemental performance payments that will be awarded to mobile rapid response crisis teams and community-based crisis teams is unknown at the time because not all crisis teams will be endorsed by the authority and may not meet the requirements outlined in subsections (10) (a) (iii) (A-C).

Sources:

E2S HB 1134, (2023)

Local Government Fiscal Note, HB 1134, (2023)

Local Government Fiscal Note, S HB 1134, (2023)

Local Government Fiscal Note, 2S HB 1134, (2023)

Local Government Fiscal Note, E2S HB 1134, (2023)

House Bill Report, HB 1134, Health Care & Wellness Committee (2023)

House Bill Report, SHB 1134, Health Care & Wellness Committee (2023)

House Bill Report, E2S HB 1134, Health Care & Wellness Committee (2023)

Washington State Hospital Association



Multiple Agency Ten-Year Analysis Summary

Bill Number	Title
1134 E 2S HB AMS HLTC S2637.2	988 system

This ten-year analysis is limited to the estimated cash receipts associated with the proposed tax or fee increases.

Estimated Cash Receipts

Office of Financial Management	0	0	0	0	0	0	0	0	0	0	0	0
Washington State Health Care Authority	0	0	0	0	0	0	0	0	0	0	0	0
Department of Revenue	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 Health	0	0	0	0	0	0	0	0	0	0	0	0
University of Washington	0	0	0	0	0	0	0	0	0	0	0	0
Total	0											



Ten-Year Analysis

Bill Number 1134 E 2S HB AMS HLTC S2637.2	Title 988 system	Agency 105 Office of Financial Management
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This ten-year analysis is limited to agency estimated cash receipts associated with the proposed tax or fee increases. The Office of Financial Management ten-year projection can be found at <http://www.ofm.wa.gov/tax/default.asp>.

Estimates

No Cash Receipts

 Partially Indeterminate Cash Receipts

 Indeterminate Cash Receipts

Name of Tax or Fee	Acct Code												
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Agency Preparation: Keith Thunstedt	Phone: 360-810-1271	Date: 3/30/2023 4:13:24 pm
Agency Approval: Kathy Cody	Phone: (360) 480-7237	Date: 3/30/2023 4:13:24 pm
OFM Review:	Phone:	Date:



Ten-Year Analysis

Bill Number 1134 E 2S HB AMS HLTC S2637.2	Title 988 system	Agency 107 Washington State Health Care Authority
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This ten-year analysis is limited to agency estimated cash receipts associated with the proposed tax or fee increases. The Office of Financial Management ten-year projection can be found at <http://www.ofm.wa.gov/tax/default.asp>.

Estimates

No Cash Receipts **Partially Indeterminate Cash Receipts** **Indeterminate Cash Receipts**

Name of Tax or Fee	Acct Code												
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Agency Preparation: Kathryn Kingman	Phone: 360-725-0455	Date: 4/5/2023 8:47:52 am
Agency Approval: Carl Yanagida	Phone: 360-725-5755	Date: 4/5/2023 8:47:52 am
OFM Review:	Phone:	Date:



Ten-Year Analysis

Bill Number 1134 E 2S HB AMS HLTC S2637.2	Title 988 system	Agency 140 Department of Revenue
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This ten-year analysis is limited to agency estimated cash receipts associated with the proposed tax or fee increases. The Office of Financial Management ten-year projection can be found at <http://www.ofm.wa.gov/tax/default.asp>.

Estimates

No Cash Receipts

 Partially Indeterminate Cash Receipts

 Indeterminate Cash Receipts

Name of Tax or Fee	Acct Code												
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Agency Preparation: Beth Leech	Phone: 360-534-1513	Date: 3/29/2023 6:09:04 pm
Agency Approval: Valerie Torres	Phone: 360-534-1521	Date: 3/29/2023 6:09:04 pm
OFM Review:	Phone:	Date:



Ten-Year Analysis

Bill Number 1134 E 2S HB AMS HLTC S2637.2	Title 988 system	Agency 227 Criminal Justice Training Commission
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This ten-year analysis is limited to agency estimated cash receipts associated with the proposed tax or fee increases. The Office of Financial Management ten-year projection can be found at <http://www.ofm.wa.gov/tax/default.asp>.

Estimates

No Cash Receipts **Partially Indeterminate Cash Receipts** **Indeterminate Cash Receipts**

Name of Tax or Fee	Acct Code												
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Agency Preparation: Brian Elliott	Phone: 206-835-7337	Date: 3/29/2023 4:06:34 pm
Agency Approval: Brian Elliott	Phone: 206-835-7337	Date: 3/29/2023 4:06:34 pm
OFM Review:	Phone:	Date:



Ten-Year Analysis

Bill Number 1134 E 2S HB AMS HLTC S2637.2	Title 988 system	Agency 303 Department of Health
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This ten-year analysis is limited to agency estimated cash receipts associated with the proposed tax or fee increases. The Office of Financial Management ten-year projection can be found at <http://www.ofm.wa.gov/tax/default.asp>.

Estimates

No Cash Receipts **Partially Indeterminate Cash Receipts** **Indeterminate Cash Receipts**

Name of Tax or Fee	Acct Code												
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Agency Preparation: Sheri Spezze	Phone: (360) 236-4557	Date: 4/4/2023 1:52:13 pm
Agency Approval: Kristin Bettridge	Phone: 3607911657	Date: 4/4/2023 1:52:13 pm
OFM Review:	Phone:	Date:



Ten-Year Analysis

Bill Number 1134 E 2S HB AMS HLTC S2637.2	Title 988 system	Agency 360 University of Washington
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This ten-year analysis is limited to agency estimated cash receipts associated with the proposed tax or fee increases. The Office of Financial Management ten-year projection can be found at <http://www.ofm.wa.gov/tax/default.asp>.

Estimates

No Cash Receipts

 Partially Indeterminate Cash Receipts

 Indeterminate Cash Receipts

Name of Tax or Fee	Acct Code												
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Agency Preparation: Charlotte Shannon	Phone: 2066858868	Date: 4/3/2023 7:43:40 pm
Agency Approval: Charlotte Shannon	Phone: 2066858868	Date: 4/3/2023 7:43:40 pm
OFM Review:	Phone:	Date: