Multiple Agency Fiscal Note Summary

Bill Number: 5120 2S SB AMH ORMS	Title: Crisis relief centers
BLAC 148	

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	0	0	113,000	0	0	114,000	0	0	114,000	
Health Care										
Authority										
Washington State	In addition to	In addition to the estimate above, there are additional indeterminate costs and/or savings. Please see individual fiscal note.								
Health Care						-				
Authority										
Department of	0	0	44,000	0	0	17,000	0	0	14,000	
Health										
Total \$	0	0	157,000	0	0	131,000	0	0	128,000	

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	No fiscal impact					
Local Gov. Total						

Estimated Operating Expenditures

Agency Name		20	023-25			2	2025-27				2027-29	
	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	.7	112,000	112,000	225,000	.7	112,000	112,000	226,000	.7	112,000	112,000	226,000
Washington State Health Care Authority	In addit	ion to the estin	nate above, there	e are addition	al indeter	minate costs	and/or savings.	Please see in	dividual f	scal note.		
Criminal Justice Training Commission	.0	0	0	0	.0	0	0	0	.0	0	0	0
Department of Social and Health Services	.0	0	0	0	.0	0	0	0	.0	0	0	0
Department of Health	1.0	133,000	133,000	263,000	.8	122,000	122,000	210,000	.7	118,000	118,000	185,000
Total \$	1.7	245,000	245,000	488,000	1.5	234,000	234,000	436,000	1.4	230,000	230,000	411,000

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

Estimated Capital Budget Expenditures

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

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

Estimated Capital Budget Breakout

Prepared by: Arnel Blancas, OFM	Phone:	Date Published:
	(360) 000-0000	Final 4/21/2023

Individual State Agency Fiscal Note

Bill Number:	5120 2S SB AMH ORMS BLAC 14{	Title:	Crisis relief centers	Agency:	107-Washington State Health Care Authority	
						1

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	56,000	57,000	113,000	114,000	114,000			
Total \$	56,000	57,000	113,000	114,000	114,000			
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	0.7	0.7	0.7	0.7	0.7	
Account						
General Fund-State 001-1	56,000	56,000	112,000	112,000	112,000	
General Fund-Federal 001-2	56,000	57,000	113,000	114,000	114,000	
Total \$	112,000	113,000	225,000	226,000	226,000	
In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion						

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:

 \times If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.

If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).

Capital budget impact, complete Part IV.

Requires new rule making, complete Part V.

Legislative Contact:		Phone:	Date: 04/11/2023
Agency Preparation:	Cari Tikka	Phone: 360-725-1181	Date: 04/17/2023
Agency Approval:	Cliff Hicks	Phone: 360-725-0875	Date: 04/17/2023
OFM Review:	Arnel Blancas	Phone: (360) 000-0000	Date: 04/17/2023

Part II: Narrative Explanation

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

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

See attached narrative.

II. B - Cash receipts Impact

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

See attached narrative.

II. C - Expenditures

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

See attached narrative.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Туре	FY 2024	FY 2025	2023-25	2025-27	2027-29
001-1	General Fund	State	56,000	56,000	112,000	112,000	112,000
001-2	General Fund	Federal	56,000	57,000	113,000	114,000	114,000
		Total \$	112,000	113,000	225,000	226,000	226,000
						51 11	

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

III. B - Expenditures by Object Or Purpose

0.7 0.7 0 53,000 18,000 18,000 22,000 22,000) 106,000) 35,000	0.7 106,000 36,000 44,000	0.7 106,000 36,000 44,000
18,000) 35,000	36,000	36,000
22,000) 44,000	44,000	44,000
22,000) 44,000	44,000	44,000
20,000	40,000	40,000	40,000
	225.000	226,000	226,000
)			0 20,000 40,000 40,000 0 113,000 225,000 226,000

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 3	65,000	0.2	0.2	0.2	0.2	0.2
IT Data Management - Journey	106,000	0.5	0.5	0.5	0.5	0.5
Total FTEs		0.7	0.7	0.7	0.7	0.7

III. D - Expenditures By Program (optional)

Program	FY 2024	FY 2025	2023-25	2025-27	2027-29
HCA - Other (200)	112,000	113,000	225,000	226,000	226,000
Total \$	112,000	113,000	225,000	226,000	226,000

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

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.

Bill Number: 5120 2SSB AMH ORMS BLAC 148

HCA Request #: 23-243

Part II: Narrative Explanation

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

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

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

- Directs the Department of Health (DOH) instead of licensing or certifying CRCs to authorize up to five CRCs to participate in a pilot program between January 1, 2024, and January 1, 2029.
- Requires any CRCs authorized by DOH to participate in the pilot program to be located in different geographic areas of the state with varying levels of population density.
- Requires DOH to create guidelines for participation in the pilot program, instead of engaging in rulemaking related to CRCs.
- Requires DOH to assess the CRC pilot program and submit a report with findings and recommendations to the Governor and Legislature by December 1, 2029.

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

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

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

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

New Section 2 adds a new section to RCW 71.24. Directs DOH to authorize up to five 23-hour crisis relief centers to participate in a pilot program between January 1, 2024, and January 1, 2029. DOH must create guidelines for participation in the pilot program, in consultation with the Health Care Authority (HCA).

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

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

Prepared by: Cari Tikka

HCA Fiscal Note

Bill Number: 5120 2SSB AMH ORMS BLAC 148

HCA Request #: 23-243

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

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

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

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

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

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

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

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

Section 2(9) Directs the DOH to assess the CRCs pilot program and submit a report and recommendations to the Governor and the Legislature by December 1, 2029. Changes the authority granted to CRCs to only apply while they are participating in the pilot project, as that authority applies to (1) designated crisis responders sending persons to CRCs; (2) peace officers delivering persons to CRCs; (3) detentions of persons at CRCs by agencies monitoring persons on less restrictive alternative treatment orders or conditional release orders or by designated crisis responders; and (4) police officers taking persons with a behavioral health condition who are believed to have committed a crime to a CRC.

HCA Fiscal Note

Bill Number: 5120 2SSB AMH ORMS BLAC 148

HCA Request #: 23-243

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

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

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

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

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

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

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

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

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

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

II. B - Cash Receipts Impact

Indeterminate.

II B - Estimated Cash Receipts to

HCA assumes the fiscal impacts associated with the administrative costs will be eligible for a federal match rate of 50 percent.

In B Estimated dash hees											
ACCOUNT			FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
General Fund-Medicaid	001-C		56,000	57,000	57,000	57,000	57,000	57,000	113,000	114,000	114,000
		Totals	\$ 56,000	\$ 57,000	\$ 57,000	\$ 57,000	\$ 57,000	\$ 57,000	\$ 113,000	\$ 114,000	\$ 114,000

II. C – Expenditures

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

Bill Number: 5120 2SSB AMH ORMS BLAC 148

HCA Request #: 23-243

Apple Health:

This amended bill directs DOH to authorize up to five CRCs, instead of licensing or certifying facilities in a pilot program between January 1, 2024, and January 1, 2029. It is possible that this new authorization will lead to new facilities opening that meet the criteria described in the bill. However, HCA is unable to determine the number of new facilities that may come on-line under this new authorization. HCA assumes that facilities would likely vary in size and cost. Should new 23-hour crisis facilities open, HCA estimates the following cost per facility to operate:

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

Administrative Costs:

HCA requests \$225,000 and .7 Full Time Equivalent (FTE) staff in the 2023-25 Biennium.

.5 FTE IT Data Management - Journey (permanent) to support the data collection for program clients. Annual salary and benefit cost \$73,000.

Ongoing IT system functionality costs \$20,000 annually.

Other FTE costs

0.2 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 is \$20,000.

Workload related to Washington Administrative Code changes, billing guide updates, and Managed Care Organization contract changes can be completed within existing resources.

II. C - Operating Budget Expenditures

Account	Account Title	Туре	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
001-1	General Fund	State	56,000	56,000	56,000	56,000	56,000	56,000	112,000	112,000	112,000
001-C	General Fund	Medicaid	56,000	57,000	57,000	57,000	57,000	57,000	113,000	114,000	114,000
		Totals	\$ 112,000	\$ 113,000	\$ 113,000	\$ 113,000	\$ 113,000	\$ 113,000	\$ 225,000	\$ 226,000	\$ 226,000

II. C - Expenditures by Object Or Purpose

		FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
FTE		0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7
A	Salaries and Wages	53,000	53,000	53,000	53,000	53,000	53,000	106,000	106,000	106,000
В	Employee Benefits	17,000	18,000	18,000	18,000	18,000	18,000	35,000	36,000	36,000
E	Goods and Other Services	22,000	22,000	22,000	22,000	22,000	22,000	44,000	44,000	44,000
Т	Intra-Agency Reimbursements	20,000	20,000	20,000	20,000	20,000	20,000	40,000	40,000	40,000
	Totals	\$ 112,000	\$ 113,000	\$ 113,000	\$ 113,000	\$ 113,000	\$ 113,000	\$ 225,000	\$ 226,000	\$ 226,000

II. C - Operating FTE Detail: List FTEs by classification and corresponding annual compensation.

Job title	Salary	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
FISCAL ANALYST 3	65,000	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
IT DATA MANAGEMENT - JOURNEY	106,000	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
	Totals	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7

II. C - E	xpenditures By Program (optional)									
Program	m	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
200	200 - HCA - Other	112,000	113,000	113,000	113,000	113,000	113,000	225,000	226,000	226,000
	Totals	\$ 112,000	\$ 113,000	\$ 113,000	\$ 113,000	\$ 113,000	\$ 113,000	\$ 225,000	\$ 226,000	\$ 226,000

Part IV: Capital Budget Impact

None.

Bill Number: 5120 2SSB AMH ORMS BLAC 148

HCA Request #: 23-243

Part V: New Rule Making Require

None.

Individual State Agency Fiscal Note

Bill Number:	5120 2S SB AMH ORMS BLAC 14{	Title:	Crisis relief centers	Agency:	227-Criminal Justice Training Commission
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Part I: Estimates

X No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from: NONE

Estimated Capital Budget Impact:

NONE

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

Check applicable boxes and follow corresponding instructions:

If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.

If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).

Capital budget impact, complete Part IV.

Requires new rule making, complete Part V.

Legislative Contact:		Phone:	Date: 04/11/2023
Agency Preparation:	Brian Elliott	Phone: 206-835-7337	Date: 04/12/2023
Agency Approval:	Brian Elliott	Phone: 206-835-7337	Date: 04/12/2023
OFM Review:	Cynthia Hollimon	Phone: (360) 810-1979	Date: 04/12/2023

Part II: Narrative Explanation

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

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

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

II. B - Cash receipts Impact

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

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

II. C - Expenditures

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

This bill has no expenditure impact.

Part III: Expenditure Detail

- **III. A Operating Budget Expenditures** NONE
- III. B Expenditures by Object Or Purpose

NONE

III. C - Operating FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part I and Part IIIA.* NONE

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods. NONE IV. D - Capital FTE Detail: FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.

NONE

Part V: New Rule Making Required

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

Individual State Agency Fiscal Note

Bill Number: 5120 2S SB AMH	Agency: 300-Department of Social and
ORMS BLAC 14	Health Services

Part I: Estimates

X No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from: NONE

Estimated Capital Budget Impact:

NONE

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

Check applicable boxes and follow corresponding instructions:

If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.

If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).

Capital budget impact, complete Part IV.

Requires new rule making, complete Part V.

Legislative Contact:		Phone:	Date: 04/11/2023
Agency Preparation:	Sara Corbin	Phone: 360-902-8194	Date: 04/12/2023
Agency Approval:	Dan Winkley	Phone: 360-902-8236	Date: 04/12/2023
OFM Review:	Arnel Blancas	Phone: (360) 000-0000	Date: 04/13/2023

Part II: Narrative Explanation

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

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

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

II. B - Cash receipts Impact

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

II. C - Expenditures

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

Part III: Expenditure Detail

III. A - Operating Budget Expenditures NONE

III. B - Expenditures by Object Or Purpose

NONE

III. C - Operating FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part I and Part IIIA.* NONE

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

- IV. A Capital Budget Expenditures NONE
- IV. B Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods. NONE

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

NONE

Part V: New Rule Making Required

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

Bill Number:	5120 2S SB AMH ORMS BLAC 14{		Crisis relief centers	Agency: 303-Department of Health
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	FY 2024	FY 2025	2023-25	2025-27	2027-29
General Fund-Private/Local 001-7	35,000	5,000	40,000	10,000	10,000
Health Professions Account-State 02G-1		3,000	3,000	6,000	4,000
Medical Test Site Licensure Account-State 202-1		1,000	1,000	1,000	
Total \$	35,000	9,000	44,000	17,000	14,000

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.8	1.1	1.0	0.8	0.7
Account					
General Fund-State 001-1	63,000	70,000	133,000	122,000	118,000
General Fund-Private/Local 001 -7	62,000	59,000	121,000	0	0
Health Professions Account-State 02G-1	0	9,000	9,000	88,000	67,000
Total \$	125,000	138,000	263,000	210,000	185,000

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:

 \times If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.

If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).

Capital budget impact, complete Part IV.

Requires new rule making, complete Part V.

Legislative Contact:		Phone:	Date: 04/11/2023
Agency Preparation:	Donna Compton	Phone: 360-236-4538	Date: 04/19/2023
Agency Approval:	Kristin Bettridge	Phone: 3607911657	Date: 04/19/2023
OFM Review:	Arnel Blancas	Phone: (360) 000-0000	Date: 04/21/2023

Part II: Narrative Explanation

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

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

The fiscal impact has changed from the previous fiscal note for the second substitute senate bill 5120. This amendment removes the requirement for the Department of Health (department) to license or certify 23-hour crisis relief centers and instead creates a pilot program for up to five 23-hour crisis relief centers. It removes the requirement to establish rules and directs the department to adopt guidelines for participation in the pilot program and directs the department to conduct an assessment of the pilot program and submit the report to the legislature by December 1, 2029.

Section 2: Adds a new chapter to 71.24 RCW (Community Behavioral Health Services Act) authorizing up to five 23-hour crisis relief centers to participate in a pilot program between January 1, 2024, and January 1, 2029. It directs the department to establish guidelines for participation by January 1, 2024 and requires the department to specify physical environment standards for the construction review process. This amendment directs the department to conduct an assessment of the pilot program and submit a report to the legislature by December 1, 2029. The assessment must make recommendations on whether the 23-hour crisis relief centers should be made permanent, be implemented statewide, and recommend if changes should occur to operational standards for the facilities.

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.

Assumption: The department assumes five participants in the 23-hour crisis relief center pilot program. All participants will be licensed behavioral health agencies to ensure reimbursement as a healthcare facility defined in RCW 48.43.005 (Definitions). The department assumes three of the pilot program participants will be established behavioral health agencies and two participants will be new behavioral health agencies. All five pilot program participants will need to build or alter facilities to ensure that physical environment standards meet the requirements of the bill which will require review by the construction review program. All participants will apply for medical test site and pharmacy licenses to meet the requirements of the bill.

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

Construction Review

This bill allows for up to five 23-hour crisis relief centers to participate in a pilot program and will require construction review approval. The construction review program charges fees based on WAC 246-314-990 (Construction Review Fees) and anticipates an average fee of \$7,000 per application.

FY 2024 - \$35,000 (5 Applications)

Behavioral Health Agencies

To receive health insurance reimbursement a participating 23-hour crisis relief center must be a licensed healthcare facility as defined in RCW 48.43.005 (Definitions). The department anticipates two new outpatient behavioral health centers will

want to participate as part of the 23-hour crisis relief center pilot program and will charge a fee based on WAC 246-341-0365 (Agency Licensure and Certification – Fee Requirements) and anticipates \$2,575 per application. The remaining three 23-hour crisis relief centers are expected to be currently licensed facilities. The department anticipates that the remaining three 23-hour crisis relief center participants will be currently licensed Behavioral Health Agencies.

FY 2025 – \$5,000 (2 Applications) FY 2027 – \$5,000 (2 Renewals) FY 2027 – \$5,000 (2 Renewals) FY 2028 – \$5,000 (2 Renewals) FY 2029 – \$5,000 (2 Renewals)

Pharmacy Commission

The Pharmacy Commission (commission) anticipates all 23-hour crisis relief centers will apply to become licensed as a health care entity to give them the authority to purchase, possess, administer, and dispense controlled substances. The commission will charge fees based on WAC 246-945-990 (Pharmaceutical Licensing Fees and Renewal Cycle) and anticipates \$540 per application. The design, local, permitting zoning and construction process can last 9-18 months; therefore, the department expects all applicants will be eligible for participation in fiscal year 2025 after the review process is complete.

FY 2025 – \$3,000 (Applications) FY 2026 – \$3,000 (5 Renewals) FY 2027 – \$3,000 (5 Renewals) FY 2028 – \$3,000 (5 Renewals) FY 2029 – \$1,000 (2 Renewals)

Medical Test Sites

The department anticipates all 23-hour crisis relief centers will apply as a medical test site with waived service to give them the authority to conduct limited medical tests on-site. The department will charge fees based on WAC 246-338-990 (Fees) and anticipates \$190 per application. Medical test site licenses have a two-year period and are renewed on June 30th every odd year. Licenses issued for less than the two-year period are prorated. The design, local, permitting zoning and construction process can last 9-18 months; therefore, the department expects all applicants will be eligible for participation in fiscal year 2025 after the review process is complete.

FY 2025 - \$1,000 (5 Applications) FY 2026 - \$0 (0 Applications and 0 Renewals) FY 2027 - \$1,000 (5 Renewal) FY 2028 - \$0 (0 Applications and 0 Renewals)

Total Revenue FY 2024 – \$35,000 FY 2025 – \$9,000 FY 2026 – \$8,000 FY 2027 – \$9,000 FY 2028 – \$8,000 FY 2029 – \$6,000

II. C - Expenditures

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

Assumption: The department will not establish a fee for participation in the 23-hour crisis relief center pilot program, as a result GF-S will be needed to support program activities. If the department determines, through an assessment of the program, that the program should continue after the pilot period the department will establish fees pursuant to RCW 43.70.250 (License fees for professions, occupations, and businesses).

Guidelines - Program

Section 2: The department will establish guidelines for participation in the 23-hour crisis relief center pilot program. This bill requires the department to create rules in consultation with the authority by January 1, 2024. 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 during this process. The department anticipates the creation of guidelines will include three meetings with interested parties and anticipates providing the meeting announcement and materials in both English and Spanish and providing ASL and Spanish interpretation services at the meetings. Costs include staff, associated expenses (including goods and services, travel, intra-agency, and indirect charges).

FY 2024 costs will be 0.2 FTE and \$34,000 (GF-S)

Rulemaking - Construction Review

Section 2: This bill requires the department to create physical environment standards for 23-hour crisis relief centers. This rulemaking package will be conducted in parallel to the program establishing guidelines and therefore will be completed by January 1, 2024. The construction review program will need to participate in special rulemaking with the state building code council to create physical environment standards and coordinate with the 23-hour crisis relief center program to ensure licensing rules align with state building code.

FY 2024 costs will be 0.2 FTE and \$31,000 (GF-L)

Program Costs

Section 2: Requires the department to establish a 23-hour crisis relief center pilot program, conduct an assessment of the pilot program, and make recommendations on whether the 23-hour crisis relief centers should be made permanent. The department assumes that staff time would be needed to review and authorize qualified participants, collect data, and provide technical assistance and monitoring activities, as well as complete and submit the assessment by December 1, 2029. Costs include staff, associated expenses (including goods and services, intra-agency, and indirect charges).

FY 2024 costs will be 0.1 FTE and \$12,000 (GF-S) FY 2025 costs will be 0.5 FTE and \$64,000 (GF-S) FY 2026 – FY 2028 costs will be 0.4 FTE and \$47,000 (GF-S) FY 2029 costs will be 0.4 FTE and \$49,000 (GF-S)

Construction Review

Prior to operating as a 23-hour crisis relief center, the applicant must apply for construction review services. Each of the projects are inclusive of design, permitting, zoning, construction, stocking and final close-out. The department expects each of the 5 projects to take 6-18 months depending on complexity of each project. Costs include staff, associated expenses (including goods and services, intra-agency, and indirect charges).

FY 2024 costs will be 0.2 FTE and \$31,000 (GF-L). FY 2025 costs will be 0.4 FTE and \$59,000 (GF-L).

Inspection

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

FY 2025 costs will be \$5,000 (GF-S). FY 2026 – FY 2029 costs will be \$1,000 (GF-S).

Investigation

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

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

FY 2026 – FY 2028 costs will be 0.1 FTE and \$12,000 (GF-S).

FY 2029 costs will be \$7,000 (GF-S).

Health Technology Solutions

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

FY 2024 costs will be \$17,000 (GF-S).

Office of Customer Service

Section 2: Credentialing costs for staff to review and process applications, provide technical assistance, and issue approvals for qualified applicants on an estimated 5 new applications, as well as renewals.

FY 2025 - FY 2029, costs will be \$1,000 each year (GF-S).

Pharmacy Commission

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

FY 2025 costs will be 0.1 FTE and \$9,000 (02G). FY 2026 – FY 2028 costs will be 0.3 FTE and \$44,000 (02G). FY 2029 costs will be 0.2 FTE and \$23,000 (02G).

Medical Test Sites

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

Total costs to implement this bill are:

FY 2024 – 0.8 FTE and \$62,000 (GF-L), and \$63,000 (GF-S) FY 2025 – 1.1 FTE and \$59,000 (GF-L), \$70,000 (GF-S), and \$9,000 (02G) FY 2026 – FY 2028 – 0.8 FTE and \$61,000 (GF-S), and \$44,000 (02G)

FY 2029 – 0.6 FTE and \$57,000 (GF-S), and \$23,000 (02G)

III. A - O	III. A - Operating Budget Expenditures									
Account	Account Title	Туре	FY 2024	FY 2025	2023-25	2025-27	2027-29			
001-1	General Fund	State	63,000	70,000	133,000	122,000	118,000			
001-7	General Fund	Private/Lo cal	62,000	59,000	121,000	0	0			
02G-1	Health Professions Account	State	0	9,000	9,000	88,000	67,000			
	-	Total \$	125,000	138,000	263,000	210,000	185,000			

Part III: Expenditure Detail

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.8	1.1	1.0	0.8	0.7
A-Salaries and Wages	75,000	92,000	167,000	136,000	119,000
B-Employee Benefits	24,000	32,000	56,000	46,000	41,000
C-Professional Service Contracts	13,000		13,000		
E-Goods and Other Services	9,000	9,000	18,000	12,000	12,000
G-Travel				6,000	5,000
T-Intra-Agency Reimbursements	4,000	5,000	9,000	10,000	8,000
Total \$	125,000	138,000	263,000	210,000	185,000

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

Job Classification	Salary	FY 2024	FY 2025	2023-25	2025-27	2027-29
ARCHITECT 2	98,592	0.2	0.2	0.2		
Fiscal Analyst 2	53,000	0.2	0.2	0.2	0.1	0.1
FORMS & RECORDS ANALYST 2	53,100				0.1	0.1
HEALTH SERVICES CONSULTAN	82,896	0.1	0.4	0.3	0.3	0.3
4						
Health Svcs Conslt 1	53,000	0.2	0.2	0.2	0.2	0.1
PHARMACIST - INVESTIGATOR	120,132				0.1	0.1
WMS02	114,360	0.1	0.1	0.1		
Total FTEs		0.8	1.1	1.0	0.8	0.7

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods. NONE

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

NONE

Part V: New Rule Making Required

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

LOCAL GOVERNMENT FISCAL NOTE

Department of Commerce

Bill Number: 5120 2S SB AMH ORMS BLAC 14 Title: Crisis relief centers
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Part I: Jurisdiction-Location, type or status of political subdivision defines range of fiscal impacts.

Legislation Impacts:

- Cities:
- Counties:
- Special Districts:
- Specific jurisdictions only:
- Variance occurs due to:

Part II: Estimates

X No fiscal impacts.

Expenditures represent one-time costs:

Legislation provides local option:

Key variables cannot be estimated with certainty at this time:

Estimated revenue impacts to:

None

Estimated expenditure impacts to:

None

Part III: Preparation and Approval

Fiscal Note Analyst: Brandon Rountree	Phone: (360) 999-7103	Date:	04/19/2023
Leg. Committee Contact:	Phone:	Date:	04/11/2023
Agency Approval: Allan Johnson	Phone: 360-725-5033	Date:	04/19/2023
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date:	04/19/2023

FNS060 Local Government Fiscal Note

Part IV: Analysis A. SUMMARY OF BILL

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

CHANGES BETWEEN THIS BILL VERSION AND PREVIOUS VERSION:

Requires 23-hour crisis relief centers (CRCs) to be authorized by the Department of Health (DOH) to participate in a pilot program, rather than be licensed or certified by the DOH. Limits participation in the program to no more than five CRCs. Requires participating CRCs to be located in different geographic areas of the state with varying levels of population density. Begins the pilot program on January 1, 2024, and concludes the pilot program December 31, 2029. Requires the DOH to adopt guidelines, rather than rules, for the pilot program according to the same parameters as the bill had established for the licensing or certification of CRCs.

SUMMARY OF CURRENT BILL:

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

B. SUMMARY OF EXPENDITURE IMPACTS

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

CHANGES BETWEEN THIS BILL VERSION AND PREVIOUS VERSION:

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

EXPENDITURE IMPACTS OF CURRENT BILL:

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

C. SUMMARY OF REVENUE IMPACTS

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

CHANGES BETWEEN THIS BILL VERSION AND PREVIOUS VERSION:

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

EXPENDITURE IMPACTS OF CURRENT BILL:

This bill would not impact local government revenues.

Sources: Local Government Fiscal Note, S SB 5120, (2023) Local Government Fiscal Note, 2S SB 5120, (2023) Washington State Health Care Authority



Multiple Agency Ten-Year Analysis Summary

Bill Number	Title
5120 2S SB AMH ORMS BLAC 148	Crisis relief centers

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

Estimated Cash Receipts

	Fiscal Year 2024	Fiscal Year 2025	Fiscal Year 2026	Fiscal Year 2027	Fiscal Year 2028	Fiscal Year 2029	Fiscal Year 2030	Fiscal Year 2031	Fiscal Year 2032	Fiscal Year 2033	2024-33 TOTAL
Washington State Health Care Authority	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
Department of Social and Health Services	0	0	0	0	0	0	0	0	0	0	0
Department of Health	35,000	9,000	8,000	9,000	8,000	6,000	0	0	0	0	75,000
Total	35,000	9,000	8,000	9,000	8,000	6,000	0	0	0	0	75,000



Bill Number	Title	Agency
5120 2S SB AMH ORMS BLAC 148	Crisis relief centers	107 Washington State Health Care Authority

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

X No Cash Receipts		F	Partially Indeterminate Cash Receipts		Indeterminate Cash Receipts							
Name of Tax or Fee	Acct Code											

Agency Preparation: Cari Tikka	Phone: 360-725-1181	Date: 4/17/2023 7:36:39 am
Agency Approval: Cliff Hicks	Phone: 360-725-0875	Date: 4/17/2023 7:36:39 am
OFM Review:	Phone:	Date:



Bill Number	Title	Agency
5120 2S SB AMH ORMS BLAC 148	Crisis relief centers	227 Criminal Justice Training Commission

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

X No Cash Receipts		Partially Indeterminate Cash Receipts				Indeterminate Cash Receipts						
Name of Tax or Fee	Acct Code											

Agency Preparation: Brian Elliott	Phone: 206-835-7337	Date: 4/12/2023 10:13:22 an
Agency Approval: Brian Elliott	Phone: 206-835-7337	Date: 4/12/2023 10:13:22 an
OFM Review:	Phone:	Date:



Bill Number	Title	Agency
5120 2S SB AMH ORMS BLAC 148	Crisis relief centers	300 Department of Social and Health Services

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

X No Cash Receipts		F	Partially Indeterminate Cash Receipts		Indeterminate Cash Receipts							
Name of Tax or Fee	Acct Code											

Agency Preparation: Sara Corbin	Phone: 360-902-8194	Date: 4/12/2023 10:14:02 an
Agency Approval: Dan Winkley	Phone: 360-902-8236	Date: 4/12/2023 10:14:02 an
OFM Review:	Phone:	Date:



Bill Number	Title	Agency
5120 2S SB AMH ORMS BLAC 148	Crisis relief centers	303 Department of Health

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

Estimated Cash Receipts

Name of Tax or Fee	Acct Code	Fiscal Year 2024	Fiscal Year 2025	Fiscal Year 2026	Fiscal Year 2027	Fiscal Year 2028	Fiscal Year 2029	Fiscal Year 2030	Fiscal Year 2031	Fiscal Year 2032	Fiscal Year 2033	2024-33 TOTAL
02G Pharmacy	02G		3,000	3,000	3,000	3,000	1,000					13,000
202 Medical Test Sites	202		1,000		1,000							2,000
GF-L Behavioral Health Agency	001		5,000	5,000	5,000	5,000	5,000					25,000
GF-L Construction Review Services	001	35,000										35,000
Total		35,000	9,000	8,000	9,000	8,000	6,000					75,000
Biennial Totals		44,0	000	17	,000	14,	000					75,000

Narrative Explanation (Required for Indeterminate Cash Receipts)

Current law, RCW 43.70.250 (License fees for professions, occupations, and businesses) requires that a business-licensing program be self-supporting and sufficient revenue be collected through fees to fund expenditures. The construction review program charges fees based on WAC 246-314-990 (Construction Review Fees) and anticipates an average fee of \$7,000 per application. The design, local permitting, zoning, and construction process can last 9-18 months; therefore, the department experial applicants will be eligible for Behavioral Health Agency, Medical Test Site, and Pharmacy licensure in fiscal year 2026. The department does not anticipate the need to increase Construction Review, Pharmacy Commission, Behavioral Health Agencies, or Medical Test Site licensing fees to support the changes proposed in this bill. However, the department anticipates raising Behavior Health Agency licensing fees over the next year maintain a health fund balance. The department will monitor the program fund balance and adjust fees over a six (6) year period to ensure that fees are sufficient to cover all program expenditures.

Agency Preparation: Donna Compton	Phone: 360-236-4538	Date: 4/19/2023 4:15:42 pm
Agency Approval: Kristin Bettridge	Phone: 3607911657	Date: 4/19/2023 4:15:42 pm
OFM Review:	Phone:	Date: