

# Multiple Agency Fiscal Note Summary

<b>Bill Number:</b> 6251 SB	<b>Title:</b> Behavioral crisis coord.
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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	253,000	0	0	506,000	0	0	506,000
<b>Total \$</b>	<b>0</b>	<b>0</b>	<b>253,000</b>	<b>0</b>	<b>0</b>	<b>506,000</b>	<b>0</b>	<b>0</b>	<b>506,000</b>

## Estimated Operating Expenditures

Agency Name	2023-25				2025-27				2027-29			
	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	1.5	2,782,000	2,782,000	3,035,000	3.0	5,564,000	5,564,000	6,070,000	3.0	5,564,000	5,564,000	6,070,000
Department of Health	.7	0	0	198,000	.7	0	0	194,000	.0	0	0	0
Department of Health	In addition to the estimate above, there are additional indeterminate costs and/or savings. Please see individual fiscal note.											
<b>Total \$</b>	<b>2.2</b>	<b>2,782,000</b>	<b>2,782,000</b>	<b>3,233,000</b>	<b>3.7</b>	<b>5,564,000</b>	<b>5,564,000</b>	<b>6,264,000</b>	<b>3.0</b>	<b>5,564,000</b>	<b>5,564,000</b>	<b>6,070,000</b>

Agency Name	2023-25			2025-27			2027-29		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Local Gov. Courts									
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
Washington State Health Care Authority	.0	0	0	.0	0	0	.0	0	0
Department of Health	.0	0	0	.0	0	0	.0	0	0
<b>Total \$</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>

Agency Name	2023-25			2025-27			2027-29		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Local Gov. Courts									
Loc School dist-SPI									
Local Gov. Other	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Local Gov. Total									

# Estimated Capital Budget Breakout

NONE

<b>Prepared by:</b> Arnel Blancas, OFM	<b>Phone:</b> (360) 000-0000	<b>Date Published:</b> Revised 2/ 9/2024
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# Individual State Agency Fiscal Note

<b>Bill Number:</b> 6251 SB	<b>Title:</b> Behavioral crisis coord.	<b>Agency:</b> 107-Washington State Health Care Authority
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## Part I: Estimates

No Fiscal Impact

### Estimated Cash Receipts to:

ACCOUNT	FY 2024	FY 2025	2023-25	2025-27	2027-29
General Fund-Federal 001-2		253,000	253,000	506,000	506,000
<b>Total \$</b>		253,000	253,000	506,000	506,000

### Estimated Operating Expenditures from:

ACCOUNT	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.0	3.0	1.5	3.0	3.0
<b>Account</b>					
General Fund-State 001-1	0	2,782,000	2,782,000	5,564,000	5,564,000
General Fund-Federal 001-2	0	253,000	253,000	506,000	506,000
<b>Total \$</b>	0	3,035,000	3,035,000	6,070,000	6,070,000

### 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: 01/22/2024
Agency Preparation: Michael Grund	Phone: 360-725-1949	Date: 01/29/2024
Agency Approval: Catrina Lucero	Phone: 360-725-7192	Date: 01/29/2024
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 02/01/2024

## 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.

### 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.

### 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.

## 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	0	2,782,000	2,782,000	5,564,000	5,564,000
001-2	General Fund	Federal	0	253,000	253,000	506,000	506,000
<b>Total \$</b>			0	3,035,000	3,035,000	6,070,000	6,070,000

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

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		3.0	1.5	3.0	3.0
A-Salaries and Wages		295,000	295,000	590,000	590,000
B-Employee Benefits		99,000	99,000	198,000	198,000
C-Professional Service Contracts					
E-Goods and Other Services		30,000	30,000	60,000	60,000
G-Travel		6,000	6,000	12,000	12,000
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services		2,500,000	2,500,000	5,000,000	5,000,000
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements		105,000	105,000	210,000	210,000
9-					
<b>Total \$</b>	0	3,035,000	3,035,000	6,070,000	6,070,000

### 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
IT APP DEVELOPMENT - SENIOR/SPECIALIST	121,000		1.0	0.5	1.0	1.0
MEDICAL ASSISTANCE PROGRA SPECIALIST 3	87,000		2.0	1.0	2.0	2.0
<b>Total FTEs</b>			3.0	1.5	3.0	3.0

**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.*

# HCA Fiscal Note

Bill Number: **6251 SB**

HCA Request #: **24-085**

Title: **Behavioral Crisis Coord.**

## Part I: Estimates

No Fiscal Impact

### Estimated Cash Receipts to:

ACCOUNT	REV SOURCE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
General Fund-Federal 001-2	0393	-	253,000	253,000	253,000	253,000	253,000	253,000	506,000	506,000
<b>REVENUE - TOTAL \$</b>		<b>\$ -</b>	<b>\$ 253,000</b>	<b>\$ 253,000</b>	<b>\$ 253,000</b>	<b>\$ 253,000</b>	<b>\$ 253,000</b>	<b>\$ 253,000</b>	<b>\$ 506,000</b>	<b>\$ 506,000</b>

### Estimated Operating Expenditures from:

	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
FTE Staff Years	0.0	3.0	3.0	3.0	3.0	3.0	1.5	3.0	3.0
<b>ACCOUNT</b>									
General Fund-State 001-1	-	2,782,000	2,782,000	2,782,000	2,782,000	2,782,000	2,782,000	5,564,000	5,564,000
General Fund-Federal 001-2	-	253,000	253,000	253,000	253,000	253,000	253,000	506,000	506,000
<b>ACCOUNT - TOTAL \$</b>		<b>\$ -</b>	<b>\$ 3,035,000</b>	<b>\$ 3,035,000</b>	<b>\$ 3,035,000</b>	<b>\$ 3,035,000</b>	<b>\$ 3,035,000</b>	<b>\$ 6,070,000</b>	<b>\$ 6,070,000</b>

### 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.

# HCA Fiscal Note

Bill Number: **6251 SB**

HCA Request #: **24-085**

Title: **Behavioral Crisis Coord.**

## 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 relates to coordination of regional behavioral health crisis response and suicide prevention services. The Washington State Health Care Authority (HCA) assumes this bill will have a fiscal impact.

Section 1 adds a new section to RCW 71.24. Behavioral health administrative services organizations (BH-ASOs) shall have the responsibility to coordinate the behavioral health crisis response and suicide prevention system within each regional service area, and the lead role in establishing a comprehensive plan for dispatching mobile rapid response crisis teams and community-based crisis teams.

Section 2 amends RCW 71.24.025. Definitions are added for “Coordinated behavioral health crisis response and suicide prevention system” and “Regional crisis line”.

Section 3 amends RCW 71.24.890. HCA shall have primary responsibility for developing, implementing, and facilitating coordination of the crisis response system and services to support the work of the 988 contact hubs, regional crisis lines, and other coordinated behavioral health crisis response and suicide prevention system partners.

### 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. Distinguish between one time and ongoing functions.*

HCA assumes administrative costs would be eligible for a federal match rate of 47.28 percent.

ACCOUNT	REV SOURCE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
General Fund-Federal 001-2	0393	-	253,000	253,000	253,000	253,000	253,000	253,000	506,000	506,000
REVENUE - TOTAL \$		\$ -	\$ 253,000	\$ 253,000	\$ 253,000	\$ 253,000	\$ 253,000	\$ 253,000	\$ 506,000	\$ 506,000

### 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. Distinguish between one time and ongoing functions.*

#### Services Fiscal Impact

Section 1 assigns the BH-ASOs as responsible for coordinating the behavioral health crisis response and suicide prevention system within each regional service area. The BH-ASOs would be the primary system coordinator and they will establish protocols with the support of the Department of Health (DOH) and HCA.

1. BH-ASOs are to be the primary system coordinator for their regional service area and with the support of HCA convene system partners to develop clear regional protocols. Protocols must include:
  - Memorialize expectations and understandings.
  - Lines of communication.

# HCA Fiscal Note

Bill Number: **6251 SB**

HCA Request #: **24-085**

Title: **Behavioral Crisis Coord.**

- Strategies for optimizing crisis response.
  - How information is shared in real time with 988 hubs, regional crisis lines or their successors.
2. Allows BH-ASOs to designate a 988 contact hub or hubs to be the best fit for their region. These hubs must be able to provide the full panoply of culturally appropriate behavioral health services. New hubs should only be designated when they are needed to fulfill an articulated need identified in the regional protocols developed by the BH-ASOs.
  3. DOH will certify additional 988 contact hubs which meet state and federal certification requirements at a BH-ASOs request and consistent with the regional protocols.
  4. DOH and HCA shall facilitate and provide support to BH-ASO in their role as system coordinators to develop regional protocols.
  5. Protocols must be in writing and copies shared with DOH, HCA state 911 and updated as needed, but no longer than 3 years.
  6. Lists required partners to develop the regional protocols these are:
    - Regional crisis lines
    - 988 contact hubs
    - PSAPs
    - Local governments
    - Tribal governments
    - First responders
    - Co-response teams
    - Hospitals
    - Behavioral health agencies

HCA estimates the annual fiscal impact for each BH-ASO as \$150,000 for staffing and administration costs and \$100,000 for suicide prevention requirements. For 10 BH-ASOs, the total annual fiscal impact is \$2,500,000.

## Administrative Fiscal Impact

Section 3 states HCA shall have primary responsibility for developing, implementing, and facilitating coordination of the crisis response system and services to support the work of the 988 contact hubs, regional crisis lines, and other coordinated behavioral health crisis response and suicide prevention system partners.

HCA is required to work with DOH and the state 911 to facilitate and support BH-ASOs to develop regional protocols. There may need to be additional requirement additions to the 988 system and interoperability platform to support these changes. Data would be shared with regional crisis lines, 988 contact hubs, certified public safety telecommunicators, local governments, tribal governments, first responders, co-response teams, hospitals, and behavioral health agencies for coordination purposes.

HCA will need to devote staff time and potential travel costs to fulfill the needs to facilitate the development of crisis protocols.

- 1.0 FTE Medical Assistance Program Specialist 3 (permanent) - To provide technical support, assistance, and contract monitoring.
- 1.0 FTE IT Data Management-Senior/Specialist (permanent) - To build additional system components as a result of the added coordination and interoperability requirements.



# HCA Fiscal Note

Bill Number: **6251 SB**

HCA Request #: **24-085**

Title: **Behavioral Crisis Coord.**

- 1.0 FTE Medical Assistance Program Specialist 3 (permanent) - To support behavioral health work and crisis response with our partnerships with Tribes, Urban Indian Health Programs (UIHPs), Tribal consortia, and American Indian and Alaska Native (AI/AN) individuals.

Goods and services, travel, and equipment are calculated on actual program averages per FTE. Administrative costs are calculated at \$35,000 per 1.0 FTE. This cost is included in Object T based on HCA's federally approved cost allocation plan.

## Part III: Expenditure Detail

### III. A - Operating Budget Expenditure

ACCOUNT	ACCOUNT TITLE	TYPE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
001-1	General Fund	State	-	2,782,000	2,782,000	2,782,000	2,782,000	2,782,000	2,782,000	5,564,000	5,564,000
001-2	General Fund	Federal	-	253,000	253,000	253,000	253,000	253,000	253,000	506,000	506,000
<b>ACCOUNT - TOTAL \$</b>			<b>\$ -</b>	<b>\$ 3,035,000</b>	<b>\$ 3,035,000</b>	<b>\$ 3,035,000</b>	<b>\$ 3,035,000</b>	<b>\$ 3,035,000</b>	<b>\$ 3,035,000</b>	<b>\$ 6,070,000</b>	<b>\$ 6,070,000</b>

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

OBJECT	OBJECT TITLE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
A	Salaries and Wages	-	295,000	295,000	295,000	295,000	295,000	295,000	590,000	590,000
B	Employee Benefits	-	99,000	99,000	99,000	99,000	99,000	99,000	198,000	198,000
E	Goods and Other Services	-	30,000	30,000	30,000	30,000	30,000	30,000	60,000	60,000
G	Travel	-	6,000	6,000	6,000	6,000	6,000	6,000	12,000	12,000
N	Grants, Benefits & Client Services	-	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	5,000,000	5,000,000
T	Intra-Agency Reimbursements	-	105,000	105,000	105,000	105,000	105,000	105,000	210,000	210,000
<b>OBJECT - TOTAL \$</b>		<b>\$ -</b>	<b>\$ 3,035,000</b>	<b>\$ 3,035,000</b>	<b>\$ 3,035,000</b>	<b>\$ 3,035,000</b>	<b>\$ 3,035,000</b>	<b>\$ 3,035,000</b>	<b>\$ 6,070,000</b>	<b>\$ 6,070,000</b>

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

FTE JOB TITLE	SALARY	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
IT APP DEVELOPMENT - SENIOR/SPECIALIST	121,000	0.0	1.0	1.0	1.0	1.0	1.0	0.5	1.0	1.0
MEDICAL ASSISTANCE PROGRAM SPECIALIST 3	87,000	0.0	2.0	2.0	2.0	2.0	2.0	1.0	2.0	2.0
<b>ANNUAL SALARY &amp; FTE - TOTAL \$</b>		<b>\$ 208,000</b>	<b>0.0</b>	<b>3.0</b>	<b>3.0</b>	<b>3.0</b>	<b>3.0</b>	<b>1.5</b>	<b>3.0</b>	<b>3.0</b>

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

## Part IV: Capital Budget Impact

### IV. A - Capital Budget Expenditures

NONE

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

NONE

## HCA Fiscal Note

Bill Number: **6251 SB**

HCA Request #: **24-085**

Title: **Behavioral Crisis Coord.**

**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.

NONE

# Individual State Agency Fiscal Note

Revised

<b>Bill Number:</b> 6251 SB	<b>Title:</b> Behavioral crisis coord.	<b>Agency:</b> 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	0.0	1.3	0.7	0.7	0.0
<b>Account</b>					
Stwd 988 Behav Hlth & Suicide Prev Line-State 25N-1	0	198,000	198,000	194,000	0
<b>Total \$</b>	0	198,000	198,000	194,000	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: 01/22/2024
Agency Preparation: Damian Howard	Phone: 3602363000	Date: 02/08/2024
Agency Approval: Kristin Bettridge	Phone: 3607911657	Date: 02/08/2024
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 02/09/2024

## 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 1(3) directs the Department of Health (DOH) to certify additional 988 contact hubs which can meet state and federal certification requirements upon request from a behavioral health administrative services organizations (BHASO) and consistent with the need identified in the coordinated behavioral health crisis response and suicide prevention system protocol.

Section 1(4) directs DOH, along with the Health Care Authority (HCA), to facilitate BHASOs in their role as primary system coordinators of the coordinated behavioral health crisis response and suicide prevention system within each regional service area, including providing support in the development of protocols under subsection (1) of this section as requested by the BHASOs.

Section 3(2)(a) expands and clarifies who DOH may provide funding to for Mental Health Crisis Call Diversion work. The language is changed from providing funding to 988 crisis centers/contact hubs only to including regional crisis lines and adds coordinating the diversion work with the coordinated behavioral health crisis response and suicide prevention system. This is a continuation and expansion of work to divert 911 calls to 988, when appropriate.

Section 3(4)(b)(vii) directs DOH to collaborate with coordinated behavioral health crisis response and suicide prevention system partners within a 988 contact hub's regional service area to develop and submit to DOH, HCA, and the state 911 coordination office protocols between the designated hubs, regional crisis lines, 911 call centers, and other system partners within the region in which the hub operates.

### 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 1(3,4):

Assumptions:

The bill shifts authority from DOH to BHASOs in coordinating behavioral health crisis response and suicide prevention system within each regional service area, and the lead role in establishing a comprehensive plan for dispatching mobile rapid response crisis teams and community-based crisis teams. However, this doesn't take away responsibility from DOH to certify hubs, ensure that all hubs meet the national and state requirements, and manage the contracts and funds related to this system. This bill added certifying responsibilities to DOH for additional 988 contact hubs that meet federal certification requirements upon BHASO request.

DOH assumes the contract cost is indeterminate because it is uncertain how many hubs would be established. If new hubs are designated because of this bill, DOH will need to request additional funding for contracts and staffing to coordinate the system changes and coordinate with the national 988 administrator to request adjustments to geographic service areas and associated routing changes on an ongoing basis and manage additional contracts.

Additionally, DOH would be responsible for coordination with new hubs around contracting to ensure the overarching system is functioning and meeting law requirements. Workload would increase due to the development and potential management of new contracts with the hubs, which entails regular contract amendments, invoicing and processing, and

regular discussions and check-ins with the hubs to inform their procedures. Changes in geographic service areas would require additional coordination around Tribal crisis coordination protocols currently being implemented across the crisis care continuum, requiring 988 hubs to align their protocols with expressed needs of Tribes. BHASO's may submit more hubs for certification in the future and that is indeterminate.

#### 1.0 FTE Management Analyst 5 – Program Analyst (FY25 and FY26)

Section 1(3,4): This position would analyze the needs of the coordinated behavioral health crisis response and suicide prevention system and DOH's roles and responsibilities in it and manage changes created in the system. It would develop relationships and coordinate with the BHASOs, regional partners, and HCA, and ensure coordination with designated hubs. It would support evolving workforce needs and potential workforce transitions as workloads shift with the onboarding of new hubs. It would attend meetings, participate in workgroups, and develop MOUs as needed. It would coordinate with the national 988 administrator to ensure designated hubs are onboarded and in network agreements with the 988 Lifeline to be able to answer 988 calls, texts, and chats. It would participate in workgroups to develop transition and implementation plans and communicate with HCA (the BHASO contract manager). As new hubs onboard, this position will be responsible for ensuring integration of new hubs to existing workstreams, such as the Mental Health Crisis Call Diversion Initiative (previously referred to as 988-911 co-location). This position would be responsible for working with HCA to set up the process for BHASOs to recommend hubs. The position would set up and document processes for hub certification following criteria laid out in the rule and state and federal requirements related to BHASO recommendations, developing processes to review hub suggestions from BHASOs, communicating criteria and processes with the BHASOs, analyzing the hub applications and recommendations, and leading the roll-out of new hubs recommended by BHASOs. This could involve changes to existing infrastructure and would need to be intentionally planned out. This position would collaborate with HCA and other partners, and coordinate with the BHASOs.

#### Section 1(3,4): For informational purposes only

If new hubs are identified, DOH anticipates needing 1.2 FTE HSC3 Contract Manager and Technical Assistance to Hubs (FY26 and ongoing). DOH would request in a future decision package if needed funding for hubs and additional staffing needs should additional hubs need to be certified and funded. This position would be needed due to increased contract workload, to manage and track contracts with the designated hubs. Help to develop certification criteria and work with the national 988 administrator to onboard new hubs. Develop statements of work and contracts processing packets. Work with the designated hubs to develop infrastructure needed to be a 988 Lifeline crisis center. Provide input on transition and implementation plans regarding contracts, including timeframes, funding, and best practices. Coordinate with potential hubs on invoicing and reporting. This position would establish and manage contracts with the designated 988 contact hubs recommended by the BHASOs. The position would manage hub budgets, maintain tracking of hub performance measures and metrics, and report outcomes. The HSC3 would be responsible for communicating with leadership on budgets and spending reports, and coordinating with the HSC3 that manages the current 988 crisis center contracts.

If new hubs are identified, DOH anticipates needing 0.2 FTE HSC1 Program Assistant (FY25 and ongoing). This position would track contracts, payments, invoices, and deliverables. This position would provide meeting support.

#### Goods and Services (FY25 and FY26)

\$2,000 Professional development, Continuing Education Credits

#### \$6,000 Crisis Con (FY25 and FY26)

- (2 trips total, 4 nights, flight, per diem, registration, 1 staff). All 988 Crisis System Section staff attend this important topical conference.

#### \$6,000 American Association of Suicidology (FY25 and FY26)

- (2 trips total, 4 nights, flight, per diem, registration, 1 staff) All 988 Crisis System Section staff attend this important topical conference.

#### Contracts: Indeterminant

The fiscal note for contracts related to this bill is indeterminant because DOH does not know how many hubs would be designated by the BHASOs, what the hubs would need for infrastructure, or what geographic areas would be covered by the hubs. Before DOH can onboard any new hubs, DOH anticipates submitting a decision package with new forecasted numbers building off this base level. DOH estimates one additional hub that has some infrastructure in place would cost approximately \$6,500,000 for base level staffing/overhead/etc. for call and texts/chats. The first year would be used on start-up costs for the hub to establish the program and meet accreditation criteria. Starting a new hub with Vibrant takes 8-12 months. The bare minimum amount would staff a hub with minimal staffing 24/7 (teams of 3 for each shift in addition to support staff), which is required for designation by Vibrant. DOH estimates the potential call volume that could be addressed with baseline funding would be shift based on current crisis center estimates. DOH estimates that baseline funding could result in processing between 9,000-10,000 calls and 9,000-10,000 text/chats annually. This baseline staffing might not meet the 90% in-state answer rate depending on call complexity/duration, time calls are received and geographic service area. If the hub has a high call volume, baseline costs would not be adequate for coverage.

**Section 3(2)(a) and 3(4)(b)(vii): Indeterminate**

Assumptions: DOH’s current budget for the Mental Health Crisis Call Diversion Initiative is not sufficient for implementing this work after FY25 or with the expansion of funding of regional crisis lines to enter into limited onsite partnerships with Public Safety Answering Points (PSAPs).

**Contracts: Indeterminate**

Additional contracts needed for expanding diversion work to the regional crisis lines. DOH would contract with the crisis centers/hubs and regional crisis lines to refine and apply protocols developed during the diversion pilot funded by HB 1134, coordinate with PSAPs, and provide data and reports to DOH. DOH estimates that for a new center to provide 24/7 coverage at/with a PSAP, the average cost would be \$1 million to get set up (including \$250K in startup costs) and \$750K/FY ongoing for implementation. The start-up costs include planning, onboarding, developing processes with the PSAPs, meetings with DOH, community outreach, etc. The ongoing funding for implementation (\$750K) includes 24/7 coverage, staffing, overhead, embedding into the PSAP programs, developing DSAs and MOUs, meetings with DOH. Implementation of this work would require the crisis centers/hubs and regional crisis lines to hire additional staff and incur additional infrastructure costs, including staffing for co-location when feasible.

**Total Known Costs to Implement this Bill:**

FY25: 1.3 FTE and \$198,000 (25N)  
 FY26: 1.3 FTE and \$194,000 (25N)

Total FY costs and FTE can include staff and associated expenses, including goods and services, travel, intra-agency, and indirect/overhead personnel/costs.

**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	0	198,000	198,000	194,000	0
<b>Total \$</b>			0	198,000	198,000	194,000	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		1.3	0.7	0.7	
A-Salaries and Wages		114,000	114,000	114,000	
B-Employee Benefits		41,000	41,000	41,000	
E-Goods and Other Services		19,000	19,000	18,000	
G-Travel		12,000	12,000	12,000	
J-Capital Outlays		3,000	3,000		
T-Intra-Agency Reimbursements		9,000	9,000	9,000	
9-					
<b>Total \$</b>	0	198,000	198,000	194,000	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
Fiscal Analyst 2	53,000		0.2	0.1	0.1	
Health Svcs Conslt 1	53,000		0.1	0.1	0.1	
MANAGEMENT ANALYST 5	95,184		1.0	0.5	0.5	
<b>Total FTEs</b>			1.3	0.7	0.7	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:** 6251 SB

**Title:** Behavioral crisis coord.

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

### Legislation Impacts:

- Cities:
- Counties:
- Special Districts: expenditure increases related to new behavioral health administrative services organizations (BH-ASOs) duties”?
- Specific jurisdictions only: BH-ASOs
- Variance occurs due to:

## Part II: Estimates

- No fiscal impacts.
- Expenditures represent one-time costs:
- Legislation provides local option: BH-ASOs have the option to convene regional behavioral health crisis response and suicide prevention system partners and stakeholders to establish regional protocols
- Key variables cannot be estimated with certainty at this time: expenditure increases related to new BH-ASO duties”?

### Estimated revenue impacts to:

None

### Estimated expenditure impacts to:

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

## Part III: Preparation and Approval

Fiscal Note Analyst: Brandon Rountree	Phone: (360) 999-7103	Date: 01/30/2024
Leg. Committee Contact: Kevin Black	Phone: (360) 786-7747	Date: 01/22/2024
Agency Approval: Allan Johnson	Phone: 360-725-5033	Date: 01/30/2024
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 02/01/2024



## Part IV: Analysis

### A. SUMMARY OF BILL

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

Summary: Requires behavioral health administrative service organizations (BHASOs) to serve as the primary system coordinators within each of ten regional service areas and convene regional partners and stakeholders to develop protocols for coordination of the behavioral health crisis response and suicide prevention system. Empowers BH-ASOs, instead of the Department of Health, to designate 988 contact hubs within each regional service area. Directs BH-ASOs to assume the lead role in coordinating dispatch of mobile rapid response crisis teams and community-based crisis teams.

Sections that impact BH-ASOs:

Sec. 1 (Adds new section to RCW 71.24):

Requires behavioral health administrative services organizations (BH-ASOs) to assume the responsibility to coordinate the behavioral health crisis response and suicide prevention system within each regional service area and the lead role in establishing a comprehensive plan for dispatching mobile rapid response crisis teams and community-based crisis team to further:

(1) Establishes that BH-ASOs must be the primary system coordinator within each regional service area. BHASOs have the authority to convene regional behavioral health crisis response and suicide prevention system partners and stakeholders to establish clear regional protocols. The protocols must describe how crisis response and suicide prevention system partners will share information.

(2) Allows BH-ASOs to establish designate the 988 contact hub or hubs which it determines to be the best fit for partnership in its regional service area once they have met necessary state and federal certification requirements. 988 contact hubs must provide the full panoply of culturally appropriate behavioral health crisis response services. New hubs should only be designated if need to fulfill protocol established by BH-ASOs.

(3) The Department of Health (DOH) must certify additional 988 contact hubs.

(4) DOH and the Washington state Health Care Authority (HCA) must help facilitate BHASOs in their role as the primary system coordinators of the coordinated behavioral health crisis response and suicide prevention system within each regional service area.

(5) BHASOs must be in writing and copies provided to DOH, HCA, and state 911 coordination office. The protocols for each regional service area must be updated as needed and at intervals of no longer than three years.

(6) Partners and stakeholders in the regional coordinated behavioral health crisis response and suicide prevention system must include but are not limited to:

- Regional crisis lines
- 988 contact hubs
- Certified public safety tele-communicators;
- Local governments;
- Tribal governments;
- First responders;
- Co-response teams;
- Hospitals; and
- Behavioral health agencies

Sec. 2 (Amends RCW 71.24.025):

(53) Adds language that defines “coordinated behavioral health crisis response and suicide prevention system”

(54) Adds language that defines “Regional crisis line”

Sec. 3 (Amends RCW 71.24.890):

(1) Adds and removes language which requires DOH to certify 988 contact hubs and the HCA to develop, implement, and facilitate coordination of crisis response system and services to support 988 contact hubs, regional crisis lines, and other coordinated behavioral health crisis response and suicide prevention system partners. Requires lead agencies to communicate and collaborate with the other to facilitate and support development and execution of protocols for regional coordination of behavioral health crisis response and suicide prevention services that ensure seamless, continuous, and

effective service delivery within the statewide crisis response system.

(2) (b) Adds language which requires DOH, HCA, regional crisis lines, and applicable BH-ASOs to enter into Data-sharing agreements with regional crisis lines must include real-time information sharing.

All coordinated behavioral health crisis response and suicide prevention system partners must share dispatch time, arrival time, and disposition for behavioral health calls referred for outreach by each region as agreed through regional protocols. Allows BH-ASOs use information received from the 988 call centers to assist with administering crisis services for the assigned regional service area, contracting with a sufficient number of licensed or certified providers for crisis services, establishing and maintaining quality assurance processes, maintaining patient tracking, and developing and implementing strategies to coordinate care for individuals with a history of frequent crisis system utilization.

BHASOs may use information received from the 988 call centers to assist.

(4) (b) (vii) Adds language which requires 988 contract hubs to collaborate with behavioral health crisis response and suicide prevention system within the 988 contact hub's regional service area to develop and submit to the department, authority, and state 911 coordination office protocols.

(5) Adds language that require DOH and HCA to coordinate with BH-ASOs to develop the technology and platforms necessary to manage and operate the behavioral health crisis response and suicide prevention system.

(7) (c) Adds language which requires HCA to create best practice guidelines for the deployment of appropriate and available crisis response services by BH-ASOs with 988 contact hubs to assist hotline callers and minimize nonessential reliance on emergency room services and use of law enforcement.

## **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.*

This legislation would indeterminately increase behavioral health administrative services organizations (BH-ASOs) expenditures.

There is no available data to estimate the cost for BH-ASOs to fulfill the added collaboration and reporting requirements with the Department of Health (DOH) and the Washington state Health Care Authority (HCA).

There is no available data that could be used to estimate the cost for BH-ASOs to coordinate with the behavioral health crisis response and suicide prevention systems within each regional service area. There are currently three 988 Lifeline crisis centers in Washington that are contracted by DOH to answer 988 calls, texts, and chats.

There is no available data to estimate the cost increase for BH-ASOs to take on the lead role in coordinating dispatch of mobile rapid response crisis teams and community-based crisis teams.

There is no available data that could be used to estimate the cost increase for BH-ASOs that choose to designate 988 contact hubs within their regional service area.

There is no available data to estimate the cost increase for BH-ASOs to convene regional behavioral health crisis response and suicide prevention system partners and stakeholders to establish regional protocols.

The DOH 988 Usage Report anticipates DOH and HCA workload levels to increase with the media campaign promoting the 988 Lifeline to the general public, which will begin in 2024. The same report indicated that from FY 2022 to FY 2023 DOH expenditures increased from \$1,235,420 to \$12,847,776. The HCA reported their 988 related expenditures increased from \$213,650 in FY 2022 to \$430,090 in FY 2023. It is unclear what proportion of DOH and HCA 988 related expenditures will be assumed by BH-ASOs. Additionally, the 988 Usage Report makes clear that interpretations of the financial data provided in the report should be made with caution as the program is still being implemented.

## **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.*

This bill would not impact local government revenues.

### **SOURCES:**

Senate Bill Report, SB 6251, Health & Long Term Care Committee

Washington State Department of Health (DOH)

988 Usage Report (2023)