

# Multiple Agency Fiscal Note Summary

<b>Bill Number:</b> 6251 2S 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	1,782,000	1,782,000	2,035,000	3.0	3,564,000	3,564,000	4,070,000	3.0	3,564,000	3,564,000	4,070,000
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>1,782,000</b>	<b>1,782,000</b>	<b>2,233,000</b>	<b>3.7</b>	<b>3,564,000</b>	<b>3,564,000</b>	<b>4,264,000</b>	<b>3.0</b>	<b>3,564,000</b>	<b>3,564,000</b>	<b>4,070,000</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> Final 2/14/2024
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# Individual State Agency Fiscal Note

<b>Bill Number:</b> 6251 2S 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:

	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	1,782,000	1,782,000	3,564,000	3,564,000
General Fund-Federal 001-2	0	253,000	253,000	506,000	506,000
<b>Total \$</b>	0	2,035,000	2,035,000	4,070,000	4,070,000

### 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: Corban Nemeth	Phone: 360-786-7736	Date: 02/07/2024
Agency Preparation: Michael Grund	Phone: 360-725-1949	Date: 02/14/2024
Agency Approval: Catrina Lucero	Phone: 360-725-7192	Date: 02/14/2024
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 02/14/2024

## 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.

Please 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.

Please 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.

Please 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	1,782,000	1,782,000	3,564,000	3,564,000
001-2	General Fund	Federal	0	253,000	253,000	506,000	506,000
<b>Total \$</b>			0	2,035,000	2,035,000	4,070,000	4,070,000

### 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		1,500,000	1,500,000	3,000,000	3,000,000
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements		105,000	105,000	210,000	210,000
9-					
<b>Total \$</b>	0	2,035,000	2,035,000	4,070,000	4,070,000

### 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 2SSB**

HCA Request #: **24-139**

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	-	1,782,000	1,782,000	1,782,000	1,782,000	1,782,000	1,782,000	3,564,000	3,564,000
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>\$ 2,035,000</b>	<b>\$ 2,035,000</b>	<b>\$ 2,035,000</b>	<b>\$ 2,035,000</b>	<b>\$ 2,035,000</b>	<b>\$ 4,070,000</b>	<b>\$ 4,070,000</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 2SSB**

HCA Request #: **24-139**

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 services. The Washington State Health Care Authority (HCA) assumes this bill will have a fiscal impact.

The second substitute bill clarifies the roles and responsibilities between BH-ASOs, HCA, and the Department of Health (DOH). The second substitute bill removes references to suicide prevention services. HCA’s fiscal impact has been adjusted to remove the costs of suicide prevention requirements.

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Section 1 adds a new section to RCW 71.24. Behavioral health administrative services organizations (BH-ASOs) shall use their authorities under RCW 71.24.045 to establish coordination within the behavioral health crisis response system in each regional service area including, but not limited to, establishing comprehensive protocols for dispatching mobile rapid response crisis teams and community-based crisis teams. BH-ASOs shall submit regional protocols to HCA for approval.

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

Section 3 amends RCW 71.24.045. BH-ASOs contracted with HCA pursuant to RCW 71.24.381 shall administer crisis services for the assigned regional service area.

Section 4 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 designated 988 contact hubs, regional crisis lines, and other coordinated regional behavioral health crisis response 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
<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>

### 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.*

# HCA Fiscal Note

Bill Number: **6251 2SSB**

HCA Request #: **24-139**

Title: **Behavioral Crisis Coord.**

## Services Fiscal Impact

Section 1 assigns the BH-ASOs as responsible for coordinating the behavioral health crisis response within each regional service area. The BH-ASOs would be the primary system coordinator and they will establish protocols with the support of 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.
  - Strategies for optimizing crisis response.
  - How information is shared in real time with 988 hubs, regional crisis lines or their successors.
2. BH-ASOs shall submit regional protocols to HCA for approval. If HCA does not respond within 90 days of submission, the regional protocols shall be considered approved until such time as the BH-ASOs and HCA agree to updated protocols. A BH-ASO must notify HCA by January 1, 2025, if it does not intend to develop and submit regional protocols.
3. 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 connect to culturally appropriate behavioral health crisis response services.
4. DOH may designate additional 988 contact hubs which have been recommended by the BH-ASOs and are able to meet state and federal certification requirements within available resources and when consistent with the regional protocols.
5. DOH and HCA shall provide support to the BH-ASOs in development of regional protocols.
6. Protocols must be in writing and copies shared with DOH, HCA, and state 911 coordination office. Protocols should be updated as needed, but no longer than 3 years.
7. Partners and stakeholders include:
  - Regional crisis lines
  - 988 contact hubs
  - Certified public safety telecommunicators
  - Local governments
  - Tribal governments
  - First responders
  - Co-response teams
  - Hospitals
  - Organizations representing persons with lived experience
  - Behavioral health agencies

HCA estimates the annual fiscal impact for each BH-ASO as \$150,000 for staffing and administration costs. For 10 BH-ASOs, the total annual fiscal impact is \$1,500,000.

## Administrative Fiscal Impact

Section 4 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 designated 988 contact hubs, regional crisis lines, and other coordinated regional behavioral health crisis response system partners.



# HCA Fiscal Note

Bill Number: **6251 2SSB**

HCA Request #: **24-139**

Title: **Behavioral Crisis Coord.**

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.
- 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	-	1,782,000	1,782,000	1,782,000	1,782,000	1,782,000	1,782,000	3,564,000	3,564,000
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>\$ 2,035,000</b>	<b>\$ 2,035,000</b>	<b>\$ 2,035,000</b>	<b>\$ 2,035,000</b>	<b>\$ 2,035,000</b>	<b>\$ 2,035,000</b>	<b>\$ 4,070,000</b>	<b>\$ 4,070,000</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	-	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	3,000,000	3,000,000
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>\$ 2,035,000</b>	<b>\$ 2,035,000</b>	<b>\$ 2,035,000</b>	<b>\$ 2,035,000</b>	<b>\$ 2,035,000</b>	<b>\$ 2,035,000</b>	<b>\$ 4,070,000</b>	<b>\$ 4,070,000</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>3.0</b>	<b>1.5</b>	<b>3.0</b>	<b>3.0</b>

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

## HCA Fiscal Note

Bill Number: **6251 2SSB**

HCA Request #: **24-139**

Title: **Behavioral Crisis Coord.**

### **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.

NONE

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 6251 2S 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: Corban Nemeth	Phone: 360-786-7736	Date: 02/07/2024
Agency Preparation: Damian Howard	Phone: 3602363000	Date: 02/14/2024
Agency Approval: Kristin Bettridge	Phone: 3607911657	Date: 02/14/2024
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 02/14/2024

## 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.*

This substitute bill has changes that are not significant to the fiscal impact of the bill. The new version of the bill retains the Department of Health's (DOH) ability to designate 988 contact hubs instead of Behavioral Health Administrative Services Organizations (BHASOs) designating them. BHASOs can recommend hubs. DOH continues to have fiscal impact with this substitute bill due to potential new work created as a result of systems changes created by this bill. Contract costs are still indeterminant due to the unknown effects of the changes created by this substitute bill.

Section 1(4) says DOH may designate additional 988 contact hubs which have been recommended by a BHASO as long as the hub is able to meet state and federal certification requirements within available resources and when the addition of more hubs is consistent with the rules adopted under RCW 27 71.24.890 and a need identified in regional protocols. If DOH declines to designate a 988 contact hub that has been recommended by a BHASO, DOH shall provide a written explanation of its reasons to the BHASO.

Section 4(2a) 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 administered by BHASOs. This is a continuation and expansion of work to divert 911 calls to 988, when appropriate.

Section 4(4)(b)(vii) directs DOH to collaborate with coordinated behavioral health crisis response system partners within a 988 contact hub's regional service area to develop protocols between the 988 contact hubs, regional crisis lines, 911 call centers, and other system partners within the region in which the hub operates, including protocols related to the dispatching of mobile rapid response crisis teams and endorsed community-based crisis teams.

### 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(4) Assumptions:

The bill retains DOH's authority to designate 988 contact hubs and allows the BHASOs to recommend 988 contact hubs to DOH for consideration. It also requires DOH to provide written explanation to the BHASO if a recommended hub is not designated. DOH must ensure that all hubs meet the national and state requirements, and manage the contracts and funds related to this system. If requested by the BHASO, DOH must also provide support to the BHASO in developing protocols.

DOH assumes the contract costs are indeterminate because it is uncertain how many hubs would be established. If new hubs are designated as a result of this bill, DOH will need to ask for additional 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.

1.0 FTE Management Analyst 5 (FY25, FY26)

Section 1(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 the Health Care Authority (HCA), and ensure coordination with designated 988 contact 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 designation following criteria laid out in the rule and state and federal requirements related to BHASO recommendations, developing processes to review hub recommendations 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.

#### Section 1(4): FOR INFORMATION 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 is needed, 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. This position would help develop certification criteria and work with the national 988 administrator to onboard new hubs. It would develop statements of work and contracts processing packets and work with the designated hubs to develop infrastructure needed to be a 988 Lifeline crisis center. It would provide input on transition and implementation plans regarding contracts, including timeframes, funding, and best practices, and 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 position would be responsible for communicating with leadership on budgets and spending reports and coordinating with the other 988 contract managers who 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 the national 988 administrator 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 the national administrator. 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 contact complexity/duration, time of day contacts are received, and geographic service area. If the hub has a high call/text/chat volume, baseline costs would not be adequate for coverage.

**Section 4(2)(a) and 4(4)(b)(vii) 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 \$250,000 in startup costs) and \$750,000/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 (\$750,000/FY ongoing) includes 24/7 coverage, staffing, overhead, embedding into the PSAP programs when possible, developing Data Sharing Agreements and Memo of Understandings, and 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 Costs to Implement this Bill (FTE only; contracts are indeterminant):**

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 2S 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: 02/14/2024
Leg. Committee Contact: Corban Nemeth	Phone: 360-786-7736	Date: 02/07/2024
Agency Approval: Allan Johnson	Phone: 360-725-5033	Date: 02/14/2024
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 02/14/2024



## Part IV: Analysis

### A. SUMMARY OF BILL

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

#### CHANGES BETWEEN THIS VERSION AND PREVIOUS BILL VERSION:

Removed Sec. 4 (4) (b) (vii). Added and removed language in all sections to ensure language referring to “988 contact bus” was consistent throughout the entire bill. Added a new Sec. 3 which requires BH-ASOs contracted with HCA to include duties under Sec. 1 of this act when administering crisis services for their assigned regional service area. Added language to Sec. 4 (4) (a) which requires DOH to revoke the designation of the 988 contact hub and instead designate a 988 contact hub recommended by a BH-ASOs if a 988 contact hub fails to substantially comply with the contract, data-sharing requirements, or approved regional protocols developed under section 1 of this act.

#### SUMMARY OF CURRENT BILL:

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.

#### 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) BH-ASOs must submit regional protocols to the authority for approval. If the authority does not respond within 90 days of submission, the regional protocols are considered approved until the BH-ASO and authority agree to updated protocols. BH-ASOs must notify the authority by January 1, 2025, if it does not intend to develop and submit regional protocols.

(3) Allows BH-ASOs to establish designate the 988 contact hub or hubs which it determines to be the best fit for partnership and implementation of regional protocols in its regional service area among candidates which are able to meet 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.

(4) The Department of Health (DOH) may designate additional 988 contact hubs which have been recommended by a behavioral health administrative services organization and are able to meet state and federal certification requirements. If the department declines to designate a 988 contact hub that has been recommended by a BH-ASO, the department shall provide a written explanation of its reasons to the behavioral health administrative services organization.

(5) DOH and the Washington state Health Care Authority (HCA) must provide support to the BHASOs in the development of protocols under subsection (1) of this section as requested by the behavioral health administrative services organization.

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

(7) 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;
- Organizations representing persons with lived experience; 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 71.24.045):

(1) (a) (viii) Added language which requires BH-ASOs contracted with HCA to include duties under Sec. 1 of this act when administering crisis services for their assigned regional service area.

Sec. 4 (Amends RCW 71.24.890):

(1) Adds and removes language which requires DOH to designate 988 contact hubs upon recommendation of BH-ASOs. The HCA to develop, implement, and facilitate coordination of crisis response system and services to support designated 988 contact hubs, regional crisis lines, and other coordinated regional 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 regional 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) (a) Added language which requires DOH to revoke the designation of the 988 contact hub and instead designate a 988 contact hub recommended by a BH-ASOs if a 988 contact hub fails to substantially comply with the contract, data-sharing requirements, or approved regional protocols developed under section 1 of this act.

(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.*

### **CHANGES IN EXPENDITURE IMPACTS BETWEEN THIS VERSION AND PREVIOUS BILL VERSION:**

The change to Sec. 4 (4) (a) would have an indeterminate increase on BH-ASO expenditures due to added required collaboration between BH-ASOs and DOH if a 988 contact hub fails to substantially comply with the contract, data-sharing requirements, or approved regional protocols developed under section 1 of this act.

### **EXPENDITURE IMPACTS OF CURRENT BILL:**

This legislation would have an indeterminate increase on behavioral health administrative services organizations (BH-ASOs) expenditures.

There is no available data that could be used to estimate the cost to BH-ASOs if they are recommend a designated 988 contact hub because a designated 988 contact hub failed to substantially comply with the contract, data-sharing requirements, or approved regional protocols developed under section 1 of this act.

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.*

### **CHANGES IN REVENUE IMPACTS BETWEEN THIS VERSION AND PREVIOUS BILL VERSION:**

There were no changes made between versions that would change the revenue impact of the bill on BH-ASOs.

### **REVENUE IMPACTS OF CURRENT BILL:**

This bill would not impact local government revenues.

### **SOURCES:**

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

