

Individual State Agency Fiscal Note

Bill Number: 5906 E SB	Title: Drug overdose prevention	Agency: 303-Department of Health
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.0	1.9	1.0	1.7	1.6
Account					
General Fund-State 001-1	0	3,483,000	3,483,000	5,929,000	5,566,000
Total \$	0	3,483,000	3,483,000	5,929,000	5,566,000

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.

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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 engrossed version adds two new subsections (4 and 5). Adds feasibility study and takes effect July 1, 2024.

Section 2 directs the Department of Health (DOH) to develop, implement, and maintain an ongoing statewide drug overdose prevention and education campaign to address the drug overdose epidemic.

Section 2.4 directs the department to conduct a feasibility study regarding the creation of a drug overdose prevention hotline. By December 31, 2025, the department shall provide a report detailing the results of the feasibility study and recommendations to the appropriate committees of the legislature.

DOH will need to contract with a research group that will perform a qualitative assessment with people at high risk for overdose to understand their interest, willingness, and ability to use an overdose hotline. Staff time is needed to work with the contractor to develop the assessment, review results, and help develop a report on the findings with recommendations for next steps.

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 2 directs the Department of Health (DOH) to develop, implement, and maintain an ongoing statewide drug overdose prevention and education campaign to address the drug overdose epidemic.

FTE

Health Services Consultant 3 - FY25: \$144,000 and \$140,000 ongoing; 1.0 FTE ongoing

This position serves as a health educator managing the health promotion aspects of DOH's opioid response. It helps to develop and test educational materials and contributes to planning and implementing health promotion interventions. It will manage the social marketing campaign described here and manage contractors related to the opioid crisis response. The position also will liaise with others in the department of health and other state agencies working on the opioid response to make sure efforts are aligned and complementary. The department had an opioid health educator managing a state contract for part of FY 2023, and it was a 1.0 FTE effort, therefore requesting 1.0 FTE. In addition, the department have other health educators who manage statewide campaigns for a variety of topics, and they are a 1.0 FTE workload for each topic.

CONTRACTS

The department will establish contract(s) for a statewide campaign work targeting different age demographics. The first fiscal year includes additional money to secure a contractor and develop the campaign, as well as initial placement and monitoring. Developing the campaign includes audience research and concept testing, developing effective messaging and branding for each branch, and designing the ads and content. The additional first-year money also would cover the bulk of the transcreation/translation of the campaign messages and graphics into other languages. Subsequent years are for continuation of the campaign, including placement and monitoring, adjustment of messages as needed, and additional transcreation or translation as needed. An evaluation in year 2 will show how the campaign is doing and better inform our strategies for years 3-5; a final evaluation after the campaign wraps will allow us to see the effectiveness of the overall strategy and how it changed behavior and health in Washington and allow us to report the successes to the Legislature.

These budget amounts were chosen as they are at the minimum level to have an effective campaign, and the budget is in alignment with other statewide behavior change campaigns we manage. We also were able to confirm cost estimates for this topic based on our short opioid campaign in 2024.

FY 25: \$ 3,229,000

Youth: \$1,325,000

Adults: \$450,000

General Population: \$750,000

Contractor Account management: \$379,000

Audience research (once per biennium): \$325,000

Total FY 26: \$2,729,000

Youth: \$850,000

Adults: \$400,000

General Population: \$850,000

Evaluation: \$250,000

Contractor Account management: \$379,000

Total FY 27: \$ 2,804,000

Youth: \$850,000

Adults: \$400,000

General Population: \$850,000

Contractor Account management: \$379,000

Audience research (once per biennium): \$325,000

Total FY 28: \$2,479,000

Youth: \$850,000

Adults: \$400,000

General Population: \$850,000

Contractor Account management: \$379,000

Total FY 29: \$2,729,000

Youth: \$850,000

Adults: \$400,000

General Population: \$850,000

Evaluation: \$250,000

Contractor Account management: \$379,000

Section 2.4 will require \$50,000 in contractual costs for a research group that will perform a qualitative assessment with people at high risk for overdose to understand their interest, willingness, and ability to use an overdose hotline. A Health Services Consultant 4 is needed to work with the contractor to develop the assessment, review results, and help develop a report on the findings with recommendations for next steps. Costs include staff time, associated expenses including goods and services, contractual costs, intra agency, and indirect charges.

FY 2025 costs will be 0.2 FTE and \$66,000

FY 2026 costs will be 0.1 FTE and \$33,000

Total cost to implement this bill:

FY 2025 costs will be 1.9 FTE and \$3,483,000 (GF-S)

FY 2026 costs will be 1.7 FTE and \$2,943,000 (GF-S)

FY 2027 costs will be 1.6 FTE and \$2,986,000 (GF-S)

FY 2028 costs will be 1.6 FTE and \$2,656,000 (GF-S)
 FY 2029 costs will be 1.6 FTE and \$2,910,000 (GF-S)

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

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	3,483,000	3,483,000	5,929,000	5,566,000
Total \$			0	3,483,000	3,483,000	5,929,000	5,566,000

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		1.9	1.0	1.7	1.6
A-Salaries and Wages		135,000	135,000	233,000	224,000
B-Employee Benefits		53,000	53,000	93,000	90,000
C-Professional Service Contracts		3,262,000	3,262,000	5,550,000	5,208,000
E-Goods and Other Services		22,000	22,000	34,000	26,000
T-Intra-Agency Reimbursements		11,000	11,000	19,000	18,000
9-					
Total \$	0	3,483,000	3,483,000	5,929,000	5,566,000

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

Job Classification	Salary	FY 2024	FY 2025	2023-25	2025-27	2027-29
Fiscal Analyst 2	53,000		0.7	0.4	0.6	0.6
HEALTH SERVICES CONSULTAN 3	78,120		1.0	0.5	1.0	1.0
HEALTH SERVICES CONSULTAN 4	86,208		0.2	0.1	0.1	
Total FTEs			1.9	1.0	1.7	1.6

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.