

Department of Planning and Budget 2017 Fiscal Impact Statement

1. Bill Number: HB1549

House of Origin Introduced Substitute Engrossed
 Second House In Committee Substitute Enrolled

2. Patron: Farrell

3. Committee: Appropriations

4. Title: Community services boards and behavioral health authorities; services to be provided.

5. Summary: Provides that the core of services provided by community services boards and behavioral health authorities shall include, effective July 1, 2019, same-day access to mental health screening services. The bill also requires the Department of Behavioral Health and Developmental Services to report annually regarding progress in the implementation of this act..

6. Budget Amendment Necessary: No. Funds associated with the requirements for the 2017-2018 biennium are included in the Governor’s introduced budget.

7. Fiscal Impact Estimates:

7a. Expenditure Impact:

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2017	\$0	0	General
2018	\$8,212,250	0	General
2018	\$1,332,750	0	Nongeneral Fund
2019	\$14,710,000	0	General
2019	\$2,570,000	0	Nongeneral Fund
2020	\$14,710,000	0	General
2020	\$2,570,000	0	Nongeneral Fund
2021	\$14,710,000	0	General
2021	\$2,570,000	0	Nongeneral Fund
2022	\$14,710,000	0	General
2022	\$2,570,000	0	Nongeneral Fund
2023	\$14,710,000	0	General
2023	\$2,570,000	0	Nongeneral Fund

8. Fiscal Implications: The substitute language of the bill requires community services boards (CSBs) to provide same day access to mental health screening services by July 1, 2019. Because the additional services are not included in the substitute version of the bill, the fiscal impact is limited only to the estimated costs of implementing same-day access to mental health screening services.

Same Day Access

In order for the Department of Behavioral Health and Developmental Services (DBHDS) to bring forty CSBs online to provide same day access services, it has been determined that a phase-in approach would be necessary across FY 2018 and FY 2019. Even with full funding, it is anticipated that not all 40 CSBs will have the capability of providing same-day access by July 1, 2018. Therefore, as a result of more than a year's work and research under the Substance Abuse and Mental Health Services Administration's (SAMHSA) federal planning grant for Certified Community Behavioral Health Centers (CCBHCs), DBHDS has determined that an incremental, best-practices approach would provide the most comprehensive and cost-effective solution to providing same-day access in Virginia. The best-practices model calls for a six-month consultation process to outline operational inefficiencies, the addition of necessary clinical staff, and minimal additions of intake specialists, as needed. The model specifically works to generate efficiencies at the CSBs, so current staff levels could potentially handle more intakes and would require minimal staff additions. This methodology assumes that an average of four additional clinicians and one intake specialist would need to be added per CSB to implement the best practices model. It assumes the minimum staff additions would include two clinicians and one intake specialist. The maximum number of staff additions would be seven clinicians and two intake specialists (only three CSBs are projected to receive this level of staff additions).

The staffing need projections are based on a bell curve. It's assumed that the average CSB will need four clinicians and one intake specialist. The remainder of the bell curve is as follows:

- Four CSBs (already implementing model): two clinicians and one intake position
- Three additional CSBs: two clinicians and one intake specialist
- Six CSBs: three clinicians and one intake specialist
- 18 CSBs: four clinicians and one intake specialist
- Six CSBs: six clinicians and one intake specialist
- Three CSBs: seven clinicians and two intake specialists

The following costs were used to calculate the general fund needs:

Clinician: \$92,000 per year (153 total) = \$14,076,000
Intake Specialist: \$58,000 per year (39 total) = \$2,262,000
Cost of Consultation: \$20,000 (36 total) = \$720,000

This model to meet the legislative requirements proposes a phase-in approach that allows for a six-month consultation followed by funding for additional clinicians and intake specialists as needed. The proposed timeline for implementation is as follows:

1. 25 CSBs online in FY 2018
2. 15 additional CSBs online in FY 2019

It is important to note that not all of the costs of bringing on 25 boards are reflected immediately in FY 2018. This is because additional staff only comes online after the prerequisite consultation. Therefore, many of the 25 boards are showing only partial-year staff costs in 2018.

Note, the figures above represent all funds. It is estimated that 30 percent of initial evaluations will be Medicaid eligible. The general fund costs of these services are reflected in the FY 2019 total in 7a. Funding would be dispersed to CSBs based on this phase-in schedule. The only figures included in the fiscal impact table in 7.a above are those costs associated with same-day access, as it is the only mandated service not subject to available funding.

9. Specific Agency or Political Subdivisions Affected: Department of Behavioral Health and Developmental Services, Community Services Boards; Department of Medical Assistance Services.

10. Technical Amendment Necessary: No

11. Other Comments: This bill is a companion to SB1005.