

## **Department of Planning and Budget**

### **2019 Special Session I Fiscal Impact Statement**

**1. Bill Number:** HB4012

<b>House of Origin</b>	<input checked="" type="checkbox"/> Introduced	<input type="checkbox"/> Substitute	<input type="checkbox"/> Engrossed
<b>Second House</b>	<input type="checkbox"/> In Committee	<input type="checkbox"/> Substitute	<input type="checkbox"/> Enrolled

**2. Patron:** Davis

**3. Committee:** Courts of Justice

**4. Title:** Virginia Fusion Intelligence Center; school safety mobile application.

**5. Summary:** Requires the Virginia Fusion Intelligence Center (the Center) to develop or obtain a school safety mobile application to (i) facilitate the provision of free, confidential, real-time, 24 hours a day, seven days a week crisis intervention services by licensed clinicians, including support or crisis counseling, suicide prevention, and referral services to students and youth in the Commonwealth through calls, texts, and online chat portals and (ii) provide to students and youth in the Commonwealth a platform that is capable of receiving text, audio, images, and video to submit confidential tips concerning bullying, threats of school violence, and other school-related safety concerns. The bill requires the Department of Medical Assistance Services to provide the Center with data and other information necessary to ensure that the application is integrated with any existing crisis intervention phone hotline.

**6. Budget Amendment Necessary:** Yes. Items 307, 312, and 420.

**7. Fiscal Impact Estimates:** Preliminary. See below.

**8. Fiscal Implications:**

#### Department of State Police

The Virginia Fusion Center (VFC) acts as a central location where state, local and federal agencies, as well as private industries, can share information, resources, and expertise to better respond to and prevent criminal activities, terrorism, natural disasters, and other hazards. The proposed legislation would require the VFC to develop or obtain a school safety mobile application capable of receiving crisis intervention requests in addition to text, audio, images, and video to submit confidential tips concerning bullying, threats of school violence, and other school-related safety concerns.

VSP estimates the information technology impact of this bill to be approximately \$350,000 in one-time costs to implement the school safety mobile application. There are also recurring costs associated with this bill, including \$200,000 for routine operations and maintenance performed by the vendor (second year), and \$86,259 (first year) for indirect communications maintenance and fees for the iPhones and hotspots needed to allow analysts to interact with the application that are out of scope of the Virginia Information Technologies

Agency (VITA). Additionally, depending on the number of additional personnel required to meet the requirements of this bill, VSP has also indicated that it may need additional office space to accommodate the increase in personnel at the VFC. However, the associated cost, which may include rental fees or capital renovation will depend on the number of positions allocated should the legislation be implemented.

While the agency is unable to determine the demand and actual workload that would result if the legislation is enacted, it believes it may need up to seven (7) senior analysts at a cost of \$83,525 annually (salary and benefits), depending on the workload generated once the legislation is fully implemented. Depending on when the legislation is enacted, the personnel cost may be prorated in the first year (fiscal year 2020). However, at minimum, VSP would need additional analyst positions to fully staff the Watch Center twenty-four hours per day and seven days a week. Currently, the Watch Center within the VFC is only staffed during business hours Monday through Friday, with analysts from other areas filling in on nights and weekends as needed.

#### Department of Medical Assistance Services

The Department of Medical Assistance Services (DMAS) contracts with a vendor for service authorizations and case management of behavioral health services for those enrolled in Medicaid and the Children's Health Insurance Program (CHIP). Currently, as part of that contract, the vendor provides a call center for handling crisis intervention services for Medicaid and CHIP recipients. If the vendor receives calls from individuals that are not currently eligible for the programs, they assist the caller through the immediate crisis and may refer them to their local community services board (CSB) to connect with further services.

Under the bill, a school safety mobile application developed by the Virginia Fusion Intelligence Center would connect users with real-time, 24 hour a day crisis intervention by licensed clinicians through calls, texts and online chat portals. Further, this application must be integrated with the crisis intervention phone hotline under contract with DMAS. A similar model for service delivery was used in the development of SafeUT, a school safety mobile application for all students in Utah. As part of the functionality of SafeUT, students are able to tap a button on their phones and be connected to a crisis intervention counselor either through a chat feature or voice call. Last year, the crisis line connected to SafeUT received 15,000 such chats and calls. The population of school-aged children in Virginia is twice that of Utah and that state has yet to roll out the application to college-aged students, it can be reasonably assumed that the number of chat/calls in Virginia may grow to twice that of SafeUT, or 30,000 annually within the first few years after the application is launched. Based on this assumption and information from the current DMAS vendor for behavioral health services, DMAS reports that a similar level of response would cost approximately \$1.4 million general fund annually to expand the scope of the agency's current contract to include the required interactions (this amount would be prorated in the first year (fiscal year 2020), depending on the enactment date if the bill is passed). Actual costs would depend on how the program was rolled out and when the mobile application would become available. It should be noted that the referenced DMAS contract expires in May 2020 and would need to be re-procured, at such time the estimated cost could vary.

#### Department of Behavioral Health and Developmental Services

Under this legislation, staff at the VFC will field calls, texts, and online chats to refer and connect individuals to crisis intervention services, which are provided by the DBHDS through the Community Services Boards (CSB). There are a total of 40 CSBs across the Commonwealth, each with their own emergency services team. These teams consist of multiple preadmission screening clinicians who assess, either in-person or by phone, the need for mental health treatment and will make a recommendation accordingly. If this legislation passes, the number of individuals needing a preadmission screening clinician will increase, though by how much is unclear. CSBs currently employ approximately 1,000 preadmission screening clinicians whose caseloads are at capacity. Additionally, the bill states that crisis intervention services be provided by “licensed clinicians,” adding to the requirement. Currently, all preadmission screening clinicians employed in Emergency Services must hold a certification, but they are not all considered “licensed clinicians.” On average, the salary for a preadmission screening clinician, with fringe, is \$81,900 per year. To meet the demand for services that would potentially arise from this legislation, each CSB would require a minimum of one new FTE licensed clinician, for a total of 40 new FTEs statewide. This will cost DBHDS at least \$3,276,000 per year. If all preadmission screening clinicians are required to be “licensed clinicians,” this cost will be substantially higher because the people in these positions will hold higher level certifications and require higher salaries because of those certifications. Additionally, the number of individuals who will receive care under this legislation that would not otherwise enter Virginia’s behavioral health system cannot be determined. Separate of the need for additional preadmission screening clinicians, this legislation will likely increase the number of individuals receiving counseling and medication management services at CSBs, increasing caseloads to physicians and other behavioral health clinicians. There is also a possibility of increased hospital admissions as a result of clinicians issuing TDOs. It is possible that since the individual is actively seeking help they would ideally be more amenable to receiving voluntary care, either in the community or at a private hospital. If more TDOs are issued, however, more individuals will be admitted to state hospitals and could potentially require more beds.

**9. Specific Agency or Political Subdivisions Affected:** Department of State Police, Department of Medical Assistance Services, and Community Service Boards

**10. Technical Amendment Necessary:** No.

**11. Other Comments:** None.