Department of Behavioral Health and Developmental Services
2020 Fiscal Impact Statement

1. **Bill Number:** SB569

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

2. **Patron:** Dunnavant and Barker

3. **Committee:** Education and Health

4. **Title:** DBHDS and VSP; mobile applications, mental health and public safety.

5. **Summary:** Requires the Department of Behavioral Health and Developmental Services (DBHDS) to develop or obtain a mental health mobile application to facilitate the provision of crisis intervention services by licensed clinicians to individuals in the Commonwealth through calls, texts, and online chat portals. The bill requires the mobile application to be integrated with the crisis intervention phone hotline administered by a third-party provider under contract with the Department of Medical Assistance Services (DMAS) and requires DMAS to provide DBHDS with data and other information necessary to ensure such integration. The Secretary of Health and Human Resources is directed to promote, market, and advertise the use of such application.

The bill also requires the Department of State Police, in coordination with the Virginia Fusion Intelligence Center, to (i) develop or obtain a public safety mobile application to enable individuals in the Commonwealth to furnish confidential tips to the Department of State Police through text, audio, images, or video concerning a suspected, anticipated, or completed criminal violation or a school-related safety concern and (ii) develop a referral system to ensure that such confidential tips are referred to the appropriate law-enforcement agency, school board, threat assessment team, or other relevant entity. The Secretary of Public Safety and Homeland Security is directed to promote, market, and advertise the use of such application.

The bill directs DBHDS and the Department of State Police to coordinate the development or procurement of one comprehensive mobile application or separate mobile applications.

6. **Budget Amendment Necessary**: Yes, Items 317, 322, 426.

7. **Fiscal Impact Estimates:** Indeterminate. See Item 8.

8. **Fiscal Implications:** This legislation has fiscal implications for several agencies. The following table includes an estimate of costs, however the actual cost of the legislation is indeterminate, as it is not known how many individuals will access the mobile applications required by this bill. These costs are similar to the fiscal impact statement published during the 2019 Special Session for HB4017, however, some estimates have been revised by the affected agencies.

	FY 2021		FY 2022	
	GF	NGF	GF	NGF
DBHDS - Application	$ 425,000		$ 200,000	
DMAS - App Integration	$ 1,225,000	$ 1,225,000		
DMAS - Vendor Costs	$ 6,363,000	$ 637,000	$ 6,363,000	$ 637,000
DBHDS - Crisis Services	$ 3,276,000		$ 3,276,000	
VSP - Fusion Center App	$ 350,000		$ 200,000	
Total	**$ 11,639,000**	**$ 1,862,000**	**$ 10,039,000**	**$ 637,000**

Mental Health Mobile Application

Under the bill, a mental health mobile application developed by DBHDS would connect users with real-time, 24 hour a day crisis intervention by licensed clinicians through calls, texts, and online chat portals. To do this, DBHDS would incur costs associated with developing and maintaining the required mobile application. Further, this application must be integrated with the crisis intervention phone hotline under contract with DMAS.

There is no specific estimate for the cost of this effort; however, a recent Healthcare IT study estimates the average cost to develop a mobile health application from conception to launch to be approximately $425,000. The cost to maintain such an application is indeterminate at this time, however, this fiscal impact statement assumes $200,000 for maintenance based on the information provided to the Virginia State Police by a vendor. It is assumed that this application will be used by the general population, which is primarily comprised of persons not on Medicaid. Accordingly, it is assumed that neither Medicaid nor any other federal fund source would be available to support this initiative; consequently, the costs of developing and maintaining the application would need to be fully funded with general fund dollars.

Additionally, Managed Care Medicaid members would seek this service through their requisite Managed Care Organization (MCO). Therefore, each MCO would integrate the application to the crisis line that they provide. There are six MCOs and based on other integration projects, there is an estimated one-time cost of $350,000 each, for a total cost of $2,100,000 that may be eligible for 50 percent matching federal funds. There would be an additional $350,000 for integration with the Fee-for-Service Medicaid provider that also would be eligible for 50 percent federal funding.

Department of Medical Assistance Services:

Currently, 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). 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 obtain further services.

This legislation requires that the mobile application be integrated with this third-party provider; as such, all calls, texts, and chats received through the mobile application would be directed to this provider. The expected increase in volume would necessitate changes to the current contract resulting in higher costs. 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 proposed legislation does not limit the application's target population to school age children. Therefore, should this application be marketed to all Virginians, it can reasonably be assumed that the number of chat and calls in Virginia may grow far beyond that experienced by SafeUT.

Virginia's population is approximately 8.5 million, with approximately 85 percent over the age of 12 or approximately 7,225,000. For the purposes of this estimate, it is assumed that few children under the age of 12 will utilize the mobile application; therefore, this population is excluded. The National Alliance on Mental Illness (NAMI) reports that approximately one in 25 adults experiences a serious mental illness in a given year. Assuming half of the estimated number of Virginians over the age of 12 who experience a serious mental illness utilize the mobile crisis application, then approximately 150,000 calls and chats may be received annually. There is no readily available data to suggest how many repeat interactions may occur in a given year, so the interaction estimate does not include those individuals who may utilize the mobile application more than once.

Based on an assumption of 150,000 annual interactions and information from the current DMAS vendor for behavioral health services, DMAS reports that a similar level of response would cost approximately $7.0 million annually to expand the scope of the agency's current contract to meet the provisions of this bill. According to DMAS' published enrollment report, the Medicaid population is approximately 1,320,000 or 18.2 percent of the expected population above. Therefore, DMAS estimates that only $1,274,000 of the total costs would be eligible for 50 percent federal match, leaving the remaining costs of $5,726,000 to be funded with general fund dollars for its proportional users who are not Medicaid members. 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. Consequently, the estimated cost could vary at that time.

Department of Behavioral Health and Developmental Services

Under this legislation, it is assumed that the DMAS contractor would refer and connect individuals to crisis intervention services provided by DBHDS through the CSBs. If DBHDS is responsible for service referrals, an unknown number of additional staff would be required, as all central office staff caseloads are at capacity. 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 make recommendations accordingly. It is assumed that the number of individuals needing a preadmission screening clinician will increase by an unknown amount.

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 licensed clinician, for a total of 40 new positions 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 individuals currently in these positions will be required to hold higher level certifications and likely will 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 from 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 for physicians and other behavioral health clinicians. There is also a possibility of increased hospital admissions as a result of clinicians issuing Temporary Detention Orders (TDO). 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 potentially could require more beds.

Public Safety Mobile Application

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 Virginia State Police (VSP), in coordination with VFC, to develop or obtain a public safety mobile application to enable individuals in the Commonwealth to furnish confidential tips to the Department of State Police through text, audio, images, or video concerning a suspected, anticipated, or completed criminal violation or (ii) bullying, threats of violence, or other school-related safety concern., VSP also must develop a referral system to ensure that such confidential tips are referred to the appropriate law-enforcement agency, school board, threat assessment team, or other relevant entity.

The Virginia Fusion Center contacted a vendor with whom it already has a mobile applications relationship to estimate the cost associated with modifying the center's current

capabilities. The cost was estimated at $350,000 for implementation and an annual cost of $200,000 for operations and maintenance.

Because the legislation does not specifically require that the Virginia Fusion Center respond to tips through the application 24 hours a day, seven days a week, no additional personnel, equipment, or office space will be required.

Promotion and Marketing

The bill requires the Secretary of Health and Human Resources and Secretary of Public Safety and Homeland Security to promote, market, and advertise the use of the application(s). These offices do not have any current resources available for this activity. Assuming the provisions of the bill could be met by publicizing the applications on existing state publications and websites, then the cost of the requirement would be minimal. However, if any dedicated marketing campaign or media advisements are required, there would be unbudgeted costs incurred by both offices. A marketing or media investment is scalable based on the size of the effort.

9. **Specific Agency or Political Subdivisions Affected:** Department of Behavioral Health and Developmental Services, CSBS, DMAS, State Police, OSHHR, Secretary of Public Safety and Homeland Security

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

11. **Other Comments:** None.