

Department of Planning and Budget
2020 Special Session I - Fiscal Impact Statement

1. Bill Number: HB5086

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

2. Patron: Kory

3. Committee: Public Safety

4. Title: Mobile crisis co-response team programs.

5. Summary: Provides that by January 1, 2021, the Department of Criminal Justice Services (DCJS) and the Department of Behavioral Health and Developmental Services (DBHDS), in collaboration with law enforcement and mental health stakeholders, shall support the development and establishment of a mental health first response and alert system that uses mobile crisis co-response team programs in areas throughout the Commonwealth. Such areas may be composed of any combination or one or more localities or institutions of higher education contained therein that may have law enforcement officers. The teams shall respond to crisis situations involving persons whose behaviors are consistent with mental illness, substance abuse problems, or both.

The goals of the mental health first response and alert system and mobile crisis co-response team programs shall be: (i) providing immediate response by specially trained mental health service providers and law enforcement officers; (ii) reducing the amount of time officers spend out of service awaiting assessment and disposition; (iii) affording persons with mental illness, substance abuse problems, or both a sense of dignity in crisis situations; (iv) reducing the likelihood of physical confrontation; (v) decreasing arrests and use of force by law enforcement officers; (vi) identifying underserved populations with mental illness, substance abuse problems, or both, and linking them to appropriate care, including follow-up and wrap-around services to individuals, family members, and caregivers to reduce the likelihood of future crises; (vii) providing support and assistance for mental health treatment service providers and law enforcement officers; (viii) decreasing the use of arrest and detention of persons experiencing mental health crises, substance abuse crises, or both by providing better access to timely treatment; (ix) providing a therapeutic location or protocol to bring individuals in crisis for assessment that is not a law enforcement or jail facility; (x) increasing public recognition and appreciation for the mental health needs of a community; (xi) decreasing injuries to law enforcement officers during crisis events; (xii) reducing inappropriate arrests of individuals with mental illness in crisis situations; (xiii) decreasing the need for mental health treatment in jail; (xiv) accelerating access to care for individuals in crisis through improved and streamlined referral mechanisms to mental health services; (xv) improving the notifications made to law enforcement officers, mental health service providers, and the public of an individual experiencing a mental health crisis if the individual poses an immediate public safety threat; and (xvi) decreasing the use of psychiatric hospitalizations as treatment for mental health crises.

The bill also provides that DCJS, in collaboration with DBHDS, shall establish criteria for the development of mobile crisis co-response teams that shall include assessment of the effectiveness of the area's plan for community involvement, training, and therapeutic response alternatives. Additionally, by November 1, 2021, DCJS and DBHDS shall submit to the Governor and the Chairmen of the House Committee on Public Safety and the Senate Committee on the Judiciary a report outlining the status of the mobile crisis co-response team programs, including copies of any requests for proposals and the criteria developed for such areas.

The bill also provides that DCJS, in consultation with DBHDS and the Department for Aging and Rehabilitative Services (DARS), and law enforcement, brain injury, and mental health stakeholders shall develop a training program for all persons involved in the mobile crisis co-response team programs. The training shall be provided by DBHDS and all team members shall receive this training.

Additionally, each mobile crisis co-response team shall develop a protocol that permits the team to release a person with mental illness, substance abuse problems, or both whom they encounter in crisis situations when the team has determined the person is sufficiently stable, and to refer him for emergency treatment services. Consideration shall be given to the particular needs of non-English speaking persons when developing such protocol and establishing each team.

DCJS and DBHDS also shall assess and report on the impact and effectiveness of the team programs in meeting the programs' goals. The assessment shall include the consideration of the number of incidents, injuries to the parties involved, successes and problems encountered, the overall operation of the team programs, and recommendations for improvement of the programs. DCJS and DBHDS shall submit a report to the Governor and Chairmen of the House Committee on Public Safety and the Senate Committee on the Judiciary by November 15, of 2022, 2023, and 2024.

6. **Budget Amendment Necessary:** Yes. Items 320, 322, 403.
7. **Fiscal Impact Estimates:** Preliminary. See below.
8. **Fiscal Implications:** According to the Department of Behavioral Health and Developmental Services (DBHDS), Chapter 1289, 2020 Acts of Assembly, includes \$5.0 million in nongeneral fund appropriation at DBHDS for the development of a crisis hotline in FY 2021 which may be potentially used to accomplish the establishment of an alert system called for in this bill. Chapter 1289, 2020 Acts of Assembly, included \$500,000 in ongoing general fund appropriations for operations and maintenance and \$4.7 million general fund for the initial cost of hiring clinicians to staff the hotline in FY 2022 that was unallotted and is now included as a budget reduction in the reversion clearing account included in the Governor's introduced budget, HB5005/SB5015, currently before the General Assembly. If this system can be used for these purposes, the funding for hiring staff and maintaining the system would

need to be restored in FY 2022. The out-year costs of staffing the phone line statewide are assumed to be \$9.4 million.

This legislation also requires DBHDS and DCJS to support the establishment of co-response teams, but it is unclear if or by what date a locality would be required to establish a team and who would be responsible for the ongoing costs. If this legislation is interpreted to require that localities establish co-response teams, including a member of law enforcement and a trained mental health clinician, and that CSB staff and personnel will be utilized, it would require the establishment of contracts/MOUs between CSBs and all of the individual law enforcement departments in each of their respective catchment areas. Because a clinician would need to be on duty 24/7, a minimum of four FTE clinicians would be required per locality.

For the purposes of estimating possible costs, it is assumed that the annual salary for these clinicians would be approximately \$80,000, due to the educational requirements. With fringe benefits, healthcare, and overhead, the total cost per clinician would be \$123,039 per person. To provide IT (computer, mobile hotspot, and iPad), personal protective equipment (PPE), and a state vehicle for each, this would be an additional \$7,517 per person, per year. The per team/jurisdiction, including a 15 percent program overhead (estimate based on current overhead charges for CSB-provided services, which range from five to 20 percent), is estimated to cost \$600,556 per year. To lower total costs statewide, it may be feasible to utilize the same clinicians in different localities, within the same region. If teams are created by CSB catchment area, this would total at least \$24.0 million annually for 40 teams, not including a 15 percent adjustment for salaries in northern Virginia. If the clinician co-responders are allowed to be reimbursed by Medicaid for services rendered during these crises, those reimbursements could possibly offset some of these costs.

The final component of this bill is a requirement for DBHDS and the Department of Criminal Justice Services to work together with other stakeholders to develop a training program for mobile co-response teams, as well as an assessment of the program. To oversee the program and carry out these responsibilities, DBHDS would require two bachelor's level FTEs to work out of the Central Office. The annual salary for these two positions would be \$70,000 each, or \$110,612 with fringe benefits, healthcare, and overhead. If both of these positions require extensive travel, state vehicles will cost an additional \$6,000 per position. The total cost for these two positions will be approximately \$233,224 per year.

If CSBs are utilized, and localities begin to have teams in place by January 1, 2021, the total estimated costs for DBHDS' portion of this bill are as follows:

	FY 2021	FY 2022	FY 2023+
Crisis Hotline - System	\$500,000	\$500,000	\$500,000
Crisis Hotline - Staffing		\$4,700,000	\$9,400,000
Mobile Teams	\$12,011,100	\$24,022,240	\$24,022,240
Training and Assessment	\$116,612	\$233,224	\$233,244
Total	\$12,128,212	\$29,455,461	\$34,155,461

If this legislation is not interpreted to require localities to establish co-response teams, the cost to the CSBs for mobile teams would be eliminated until additional requirements were imposed.

According to the Department of Criminal Justice Services (DCJS), the agency would need one subject matter expert position to oversee the mental health first response and alert system to ensure the system is implemented within the specified timeframe. The estimated cost for this position is \$122,405 annually (prorated to \$102,004 the first year).

Additionally, DCJS would need to hire a contractor to develop a training program for all persons involved in the alert system and mobile crisis co-response teams. The agency estimates this will cost \$75,000 at a minimum for a 40-hour training program without any online components, and a maximum of \$538,200 for a training with eLearning modules. These estimates are based on current similar contracts DCJS has. At this time, DCJS does not know the number of hours required for the initial and refresher training, and how many hours could be online versus how many would need to be held in person. Current Virginia Crisis Intervention Team (VACIT) training is 40 hours long and in-person.

Once the training is developed by the contractor, all team members are required to receive the training, which will incur an additional cost for the components that are conducted in-person. The current VACIT curriculum costs approximately \$33,600 for a 40-hour training for 25 people. It is currently unknown how many people would need to be trained. DCJS estimates, based on the provisions of the bill, that approximately 500 people would need training at a cost of \$672,000 (one-time). Also, assuming DCJS is responsible for developing and providing the training, the agency would need a training coordinator to organize trainings, set up training sites, advertise and register trainees, track attendance, and identify individuals to be trained. Based on similar positions within the agency, this position would cost approximately \$113,790 per year (prorated to \$94,825 the first year).

Additionally, DCJS estimates it would need a research analyst position to assess and report on the impact and effectiveness of the mobile crisis co-response teams in meeting their goals. Tasks would include collecting the data points specified in the bill along with additional information on an ongoing basis and analyzing the information to evaluate the teams' effectiveness. Based on similar positions in the agency, this position would cost approximately \$132,254 annually (prorated to \$110,212 the first year).

It is assumed that the Department for Aging and Rehabilitative Services (DARS) only would provide consultation to the Department of Criminal Justice Services on the development of a training program for mobile crisis team programs. As such, no fiscal impact is expected. Should DARS be expected to develop or provide any training, then additional costs might be incurred by that agency.

- 9. Specific Agency or Political Subdivisions Affected:** Department of Criminal Justice Services, Department of Behavioral Health and Developmental Services, Department for Aging and Rehabilitative Services.

10. Technical Amendment Necessary: No.

11. Other Comments: None.