

JUDICIAL IMPACT FISCAL NOTE

Bill Number: 6259 SSB	Title: Indian Behavioral Health	Agency: 055 – Administrative Office of the Courts (AOC)
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Part I: Estimates

☐ **No Fiscal Impact**

Estimated Cash Receipts to:

	FY 2020	FY 2021	2019-21	2021-23	2023-25
Total:					

Estimated Expenditures from:

STATE	FY 2020	FY 2021	2019-21	2021-23	2023-25
FTE – Staff Years					
Account					
General Fund – State (001-1)					
State Subtotal					
COUNTY					
County FTE Staff Years					
Account					
Local - Counties					
Counties Subtotal					
CITY					
City FTE Staff Years					
Account					
Local – Cities					
Cities Subtotal					
Local Subtotal					
Total Estimated Expenditures:					

The revenue and expenditure estimates on this page represent the most likely fiscal impact. Responsibility for expenditures may be subject to the provisions of RCW 43.135.060.

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.

Legislative Contact:	Phone:	Date:
Agency Preparation: Pamela Kelly	Phone: 360-705-5318	Date: 2/20/2020
Agency Approval: Ramsey Radwan	Phone: 360-357-2406	Date:
OFM Review:	Phone:	Date:

Part II: Narrative Explanation

This bill would incorporate the Indian Behavioral Health System into various state mental health laws. This bill would give tribal courts jurisdiction over involuntary commitment of a Native Americans located within the boundaries of the tribe.

Part II.A – Brief Description of what the Measure does that has fiscal impact on the Courts

Section 201(44) – Would define a “behavioral health aid” to mean counselor, health educator, and advocate who helps address individual and community based behavioral health needs, including those related to alcohol, drug, and tobacco abuse as well as mental health problems and is certified by a community health aide programs of the Indian Health service of one or more tribes or tribal organizations consistent with the provisions of 25 U.S.C Sec.16161 and RCW 43.71B.010 (7) and (8).

Section 301(13) – Would expand “designated crisis responder” to include a mental health professional recognized by the authority in consultation with a federally recognized Indian tribe.

Section 302(5) – Would give an Indian tribe jurisdiction exclusive to the state as to any involuntary commitment of an American Indian or Alaska Native to an evaluation and treatment facility located within the boundaries of the tribe unless the tribe has consented to state’s concurrent jurisdiction or the tribe expressly declines to exercise its jurisdiction.

Section 302(6) – Would make tribal court orders for involuntary commitment recognized and enforced in accordance with superior court civil rule 82.5.

Section 302(7) – Would require a designated crisis responder to notify the tribe or Indian health care provider regarding whether or not a petition for initial detention or involuntary outpatient treatment will be filed under RCW 71.05.150 (1).

II.B - Cash Receipt Impact

None

II.C – Expenditures

Indeterminate but expected to be minimal and could be managed with existing resources.

The change in jurisdictional requirements would require changes to several mental health forms.

The state courts could see a decrease in filings and hearings if the tribal courts assume jurisdiction of involuntary commitment proceedings of tribal members and other Native Americans.