

Multiple Agency Fiscal Note Summary

Bill Number: 1877 HB	Title: Behavioral health/tribes
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Estimated Cash Receipts

Agency Name	2023-25			2025-27			2027-29		
	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	0	0	78,000	0	0	156,000	0	0	156,000
Washington State Health Care Authority	In addition to the estimate above, there are additional indeterminate costs and/or savings. Please see individual fiscal note.								
Total \$	0	0	78,000	0	0	156,000	0	0	156,000

Estimated Operating Expenditures

Agency Name	2023-25				2025-27				2027-29			
	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total
Administrative Office of the Courts	Non-zero but indeterminate cost and/or savings. Please see discussion.											
Washington State Health Care Authority	.5	87,000	87,000	165,000	1.0	174,000	174,000	330,000	1.0	174,000	174,000	330,000
Washington State Health Care Authority	In addition to the estimate above, there are additional indeterminate costs and/or savings. Please see individual fiscal note.											
Department of Social and Health Services	.0	0	0	0	.0	0	0	0	.0	0	0	0
Total \$	0.5	87,000	87,000	165,000	1.0	174,000	174,000	330,000	1.0	174,000	174,000	330,000

Agency Name	2023-25			2025-27			2027-29		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Local Gov. Courts	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Loc School dist-SPI									
Local Gov. Other	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Local Gov. Total									

Estimated Capital Budget Expenditures

Agency Name	2023-25			2025-27			2027-29		
	FTEs	Bonds	Total	FTEs	Bonds	Total	FTEs	Bonds	Total
Administrative Office of the Courts	.0	0	0	.0	0	0	.0	0	0
Washington State Health Care Authority	.0	0	0	.0	0	0	.0	0	0
Department of Social and Health Services	.0	0	0	.0	0	0	.0	0	0
Total \$	0.0	0	0	0.0	0	0	0.0	0	0

Agency Name	2023-25			2025-27			2027-29		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Local Gov. Courts	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Loc School dist-SPI									
Local Gov. Other	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Local Gov. Total									

Estimated Capital Budget Breakout

Prepared by: Gaius Horton, OFM	Phone: (360) 819-3112	Date Published: Revised 2/22/2024
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Judicial Impact Fiscal Note

Bill Number: 1877 HB	Title: Behavioral health/tribes	Agency: 055-Administrative Office of the Courts
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Expenditures from:

Non-zero but indeterminate cost and/or savings. Please see discussion.

Estimated Capital Budget Impact:

NONE

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 for 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: Edie Adams	Phone: 360-786-7180	Date: 01/18/2024
Agency Preparation: Angie Wirkkala	Phone: 360-704-5528	Date: 01/29/2024
Agency Approval: Chris Stanley	Phone: 360-357-2406	Date: 01/29/2024
OFM Review: Gaius Horton	Phone: (360) 819-3112	Date: 01/30/2024

192,487.00

Request # 113-1

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact on the Courts

The bill would add sections and amend multiple sections of statute to ensure that, at any stage of a proceeding brought under the Involuntary Treatment Act, when the respondent is a tribal member, that the tribe is thoroughly notified and involved in the proceedings.

Section 1(3) would require the Administrative Office of the Courts (AOC) to develop and update model forms as needed for use by designated crisis responders by December 1, 2024. Superior courts must allow designated crisis responders to use those forms after January 1, 2025.

Section 9 and 10 would add the petitioner as a potential party to notify the tribe and Indian health care provider if proceedings under RCW 71.05.148 are initiated no later than 24 hours after respondent or their guardian is served. The bill would mandate that copies of all documents filed must be provided by the clerk to the petitioner or to the behavioral health administrative services organization to provide to the tribe and Indian health care provider.

Sections 23, 24, 26, 27 would add that the tribe and Indian health care provider must be notified of any decision to enforce, modify, or revoke a less restrictive alternative treatment order or conditional release order for a respondent who is a tribal member prior to any action being taken. Clerks must provide copies of any court orders necessary to provide the notice.

II. B - Cash Receipts Impact

None

II. C - Expenditures

The bill would have minimal or no impact to the Administrative Office of the Courts and indeterminate, but likely minimal impact to the courts.

The Administrative Office of the Courts would have to update forms and publications which would be a minimal impact.

The impact to courts for clerks being required to provide documents is indeterminate and likely minimal. AOC does not have data to determine the Involuntary Treatment Act caseload that involves tribal members. There are six different cause codes used in superior court for mental illness case types. The total number of filings per year for all those cause codes average approximately 15,000 cases per year. While that is a substantial number of cases in total, there is no way to know how many of those cases would involve tribal members.

Part III: Expenditure Detail

III. A - Expenditure By Object or Purpose (State)

Non-zero but indeterminate cost and/or savings. Please see discussion.

III. B - Expenditure By Object or Purpose (County)

Non-zero but indeterminate cost and/or savings. Please see discussion.

III. C - Expenditure By Object or Purpose (City)

Non-zero but indeterminate cost and/or savings. Please see discussion.

III. D - FTE Detail

NONE

III. E - Expenditures By Program (optional)

NONE

192,487.00

Form FN (Rev 1/00)

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Request # 113-1

Bill # 1877 HB

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B1 - Expenditures by Object Or Purpose (State)

NONE

IV. B2 - Expenditures by Object Or Purpose (County)

NONE

IV. B3 - Expenditures by Object Or Purpose (City)

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

None

Individual State Agency Fiscal Note

Revised

Bill Number: 1877 HB	Title: Behavioral health/tribes	Agency: 107-Washington State Health Care Authority
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	FY 2024	FY 2025	2023-25	2025-27	2027-29
General Fund-Federal 001-2		78,000	78,000	156,000	156,000
Total \$		78,000	78,000	156,000	156,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.0	1.0	0.5	1.0	1.0
Account					
General Fund-State 001-1	0	87,000	87,000	174,000	174,000
General Fund-Federal 001-2	0	78,000	78,000	156,000	156,000
Total \$	0	165,000	165,000	330,000	330,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

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.
- Requires new rule making, complete Part V.

Legislative Contact: Edie Adams	Phone: 360-786-7180	Date: 01/18/2024
Agency Preparation: Sandra DeFeo	Phone: (360) 725-0455	Date: 02/22/2024
Agency Approval: Cliff Hicks	Phone: 360-725-0875	Date: 02/22/2024
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 02/22/2024

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

Please see attached.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

Please see attached.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
001-1	General Fund	State	0	87,000	87,000	174,000	174,000
001-2	General Fund	Federal	0	78,000	78,000	156,000	156,000
Total \$			0	165,000	165,000	330,000	330,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		1.0	0.5	1.0	1.0
A-Salaries and Wages		87,000	87,000	174,000	174,000
B-Employee Benefits		31,000	31,000	62,000	62,000
C-Professional Service Contracts					
E-Goods and Other Services		10,000	10,000	20,000	20,000
G-Travel		2,000	2,000	4,000	4,000
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements		35,000	35,000	70,000	70,000
9-					
Total \$	0	165,000	165,000	330,000	330,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

III. C - Operating FTE Detail: List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA

Job Classification	Salary	FY 2024	FY 2025	2023-25	2025-27	2027-29
Medical Assistance Specialist 3	87,000		1.0	0.5	1.0	1.0
Total FTEs			1.0	0.5	1.0	1.0

III. D - Expenditures By Program (optional)

Program	FY 2024	FY 2025	2023-25	2025-27	2027-29
HCA - Other (200)		165,000	165,000	330,000	330,000
Total \$		165,000	165,000	330,000	330,000

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

HCA Fiscal Note

Bill Number: **HB 1877**

HCA Request #: 24-073

Title: **Behavioral Health / Tribes**

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	REV SOURCE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
General Fund-Federal 001-2	0393	-	78,000	78,000	78,000	78,000	78,000	78,000	156,000	156,000
REVENUE - TOTAL \$		\$ -	\$ 78,000	\$ 156,000	\$ 156,000					

Estimated Operating Expenditures from:

	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
FTE Staff Years	0.0	1.0	1.0	1.0	1.0	1.0	0.5	1.0	1.0
ACCOUNT									
General Fund-State 001-1	-	87,000	87,000	87,000	87,000	87,000	87,000	174,000	174,000
General Fund-Federal 001-2	-	78,000	78,000	78,000	78,000	78,000	78,000	156,000	156,000
ACCOUNT - TOTAL \$		\$ -	\$ 165,000	\$ 330,000	\$ 330,000				

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

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.
- Requires new rule making, complete Part V.

HCA Fiscal Note

Bill Number: **HB 1877**

HCA Request #: 24-073

Title: **Behavioral Health / Tribes**

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

This bill requests the inclusion of tribal organizations and their processes into the existing Behavioral Health System of the Courts and presents more inclusive language for the existing regulations of RCW 71.05, RCW 71.34, RCW 71.24, and RCW 70.02.

Sections 1(3) and 2(3) require the Administrative Office of the Courts (AOC), in consultation with the Health Care Authority (HCA), to develop and update model court forms as needed in proceedings for use by designated crisis responders and make them available by December 1, 2024.

After January 1, 2025, superior courts must allow tribal designated crisis responders to use court forms developed by the administrative office of the courts.

Sections 17(5) and 18(5) requires HCA, in consultation with tribes and in coordination with Indian health care providers and the American Indian Health Commission for Washington state, to establish written guidelines for conducting culturally appropriate evaluation of American Indians and Alaska Natives. These guidelines must be established by December 31, 2024.

Section 19 adds tribal government to the list of entities that HCA must consult with when updating protocols to be utilized by professional persons and designated crisis responders in administration of 10.77 and 71.34 RCW.

Section 28(a) allows tribes to apply to HCA, on a quarterly basis, for reimbursement of its direct costs in providing judicial services for civil commitment cases.

Section 29 adds tribes to the groups whom HCA may make grants and/or purchase services from, to establish and operate community behavioral health programs.

II. B - Cash Receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

ACCOUNT	REV SOURCE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
General Fund-Federal 001-2	0393	-	78,000	78,000	78,000	78,000	78,000	78,000	156,000	156,000
REVENUE - TOTAL \$		\$ -	\$ 78,000	\$ 78,000	\$ 78,000	\$ 78,000	\$ 78,000	\$ 78,000	\$ 156,000	\$ 156,000

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and

HCA Fiscal Note

Bill Number: **HB 1877**

HCA Request #: 24-073

Title: **Behavioral Health / Tribes**

the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

NONE

Part III: Expenditure Detail

III. A - Operating Budget Expenditure

HCA requests \$165,000 (\$87,000 GF-S) and 1.0 Full Time Equivalent (FTE) staff in fiscal year 2025 and beyond within the Office of Tribal Affairs (OTA) to support Tribes in their Involuntary Treatment Act (ITA) work, establish Tribal Crisis Coordination Protocols with all Tribes, project manage the creation of culturally attuned evaluations, engagement and G2G processes, and also ensure that there are funds available for Tribal court proceeding payments for ITA orders. Additionally, developing crisis coordination plans and potential changes to fee-for-service billing guides may require additional staffing.

The position will establish Tribal Crisis Coordination Protocols which will have an annual review and update, oversee and monitor Tribal court cost agreements, establish workgroup to create a culturally attuned evaluation tool and ensure folks are trained with this tool on an ongoing basis.

Goods and services, travel, and equipment are calculated on actual program averages per FTE. Administrative costs are calculated at \$35,000 per 1.0 FTE. This cost is included in Object T based on HCA's federally approved cost allocation plan.

ACCOUNT	ACCOUNT TITLE	TYPE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
001-1	General Fund	State	-	623,000	623,000	623,000	623,000	623,000	623,000	1,246,000	1,246,000
001-2	General Fund	Federal	-	78,000	78,000	78,000	78,000	78,000	78,000	156,000	156,000
ACCOUNT - TOTAL \$			\$ -	\$ 701,000	\$ 1,402,000	\$ 1,402,000					

There will also be an additional impact expected on the operational side for HCA in relation to the Tribal Court costs.

The Tribal Court costs are indeterminate but annual estimates are as follows:

Estimate of one daily court hearing at average court costs for all regions:
 \$1,311 per court hearing x 365 days = **\$486,000 GF-State**

Estimate of one daily court hearing at high cost (excluding North Central):
 \$2,756 per court hearing x 365 days = **\$1,006,000 GF-State**

Estimate of one weekly court hearing at average court cost for all regions:
 \$1,311 per court hearing x 1 per week (52) = **\$69,000 GF-State**

Estimate of one weekly court hearing at high cost (excluding North Central):
 \$2,756 per court hearing x 1 per week (52) = **\$143,000 GF-State**

HCA Fiscal Note

Bill Number: **HB 1877**

HCA Request #: 24-073

Title: **Behavioral Health / Tribes**

Service costs are also indeterminate but annual estimates are as follows:

Estimated Annual Service Costs Assuming One Visit **Per Day**:

Voluntary Outpatient Referral: **\$1,252,000**

⇒ \$9,576 annual treatment cost per person x 131 clients

Referred for voluntary inpatient: **\$112,000**

⇒ (39 clients x 3 days x \$940 bed rate) + (39 clients x 3 days x \$14.20 Room & Board)

Inpatient Involuntary Detainments: **\$168,000**

⇒ (35 clients x 5 days x \$940 bed rate) + (35 clients x 5 days x \$14.20 Room & Board)

\$1,252,000 + \$112,000 + \$168,000 = \$1,532,000 (\$405,000 GF-State)

Referred for voluntary outpatient based on region wide information - utilized percentages for treatment					
35.8%	131 clients				\$1,252,000
Referred for voluntary inpatient - utilized percentages referred for inpatient treatment					
		3 day stay	Bed Rate	Room & Board	
10.8%	39 clients	3	\$ 940.00	\$ 14.20	\$112,000
Inpatient Involuntary detainments					
		5 day stay	Bed Rate	Room & Board	
9.65%	35 clients	5	\$ 940.00	\$ 14.20	\$168,000
Total one per day estimated services costs					\$1,532,000

Estimated Annual Service Costs Assuming One Visit **Per Week**:

Voluntary Outpatient Referral: **\$178,000**

⇒ \$9,576 annual treatment cost per person x 18.6 clients

Referred for voluntary inpatient: **\$16,000**

⇒ (6 clients x 3 days x \$940 bed rate) + (6 clients x 3 days x \$14.20 Room & Board)

Inpatient Involuntary Detainments: **\$24,000**

⇒ (5 clients x 5 days x \$940 bed rate) + (5 clients x 5 days x \$14.20 Room & Board)

\$178,000 + \$16,000 + \$24,000 = \$218,000 (\$58,000 GF-State)

HCA Fiscal Note

Bill Number: **HB 1877**

HCA Request #: 24-073

Title: **Behavioral Health / Tribes**

Referred for voluntary outpatient based on region wide information - utilized percentages for treatment					
35.8%	18.6 clients				\$178,000
Referred for voluntary inpatient - utilized percentages referred for inpatient treatment					
		3 day stay	Bed Rate	Room & Board	
10.8%	6 clients	3	\$ 940.00	\$ 14.20	\$16,000
Inpatient Involuntary detainments					
		5 day stay	Bed Rate	Room & Board	
9.65%	5 clients	5	\$ 940.00	\$ 14.20	\$24,000
Total one per day estimated services costs					\$218,000

III. B - Expenditures by Object Or Purpose

OBJECT	OBJECT TITLE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
A	Salaries and Wages	-	87,000	87,000	87,000	87,000	87,000	87,000	174,000	174,000
B	Employee Benefits	-	31,000	31,000	31,000	31,000	31,000	31,000	62,000	62,000
E	Goods and Other Services	-	10,000	10,000	10,000	10,000	10,000	10,000	20,000	20,000
G	Travel	-	2,000	2,000	2,000	2,000	2,000	2,000	4,000	4,000
T	Intra-Agency Reimbursements	-	35,000	35,000	35,000	35,000	35,000	35,000	70,000	70,000
OBJECT - TOTAL \$		\$ -	\$ 165,000	\$ 165,000	\$ 165,000	\$ 165,000	\$ 165,000	\$ 165,000	\$ 330,000	\$ 330,000

III. C - Operating FTE Detail: FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part I and Part IIIA.

FTE JOB TITLE	SALARY	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
MEDICAL ASSISTANCE PROGRAM SPECIALIST 3	87,000	0.0	1.0	1.0	1.0	1.0	1.0	0.5	1.0	1.0
ANNUAL SALARY & FTE - TOTAL	\$ 87,000	0.0	1.0	1.0	1.0	1.0	1.0	0.5	1.0	1.0

III. D - Expenditures By Program (optional)

PROGRAM	PROGRAM TITLE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
200	200 - HCA - Other	-	165,000	165,000	165,000	165,000	165,000	165,000	330,000	330,000
PROGRAM - TOTAL \$		\$ -	\$ 165,000	\$ 165,000	\$ 165,000	\$ 165,000	\$ 165,000	\$ 165,000	\$ 330,000	\$ 330,000

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

HCA Fiscal Note

Bill Number: **HB 1877**

HCA Request #: 24-073

Title: **Behavioral Health / Tribes**

IV. C - Capital Budget Breakout: Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

NONE

Individual State Agency Fiscal Note

Bill Number: 1877 HB	Title: Behavioral health/tribes	Agency: 300-Department of Social and Health Services
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

NONE

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

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.
- Requires new rule making, complete Part V.

Legislative Contact: Edie Adams	Phone: 360-786-7180	Date: 01/18/2024
Agency Preparation: Sara Corbin	Phone: 360-902-8194	Date: 01/25/2024
Agency Approval: Dan Winkley	Phone: 360-902-8236	Date: 01/25/2024
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 01/27/2024

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

HB 1877 has no fiscal impact to the Department of Social and Health Services (DSHS). Staff-time to update policies and procedures to ensure tribes are contacted prior to court hearings regarding civil detentions will be accomplished by existing staff within their normal workload, therefore, no fiscal impact for this work.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

None

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

None

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

NONE

III. B - Expenditures by Object Or Purpose

NONE

III. C - Operating FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part I and Part IIIA.*

NONE

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

None

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

LOCAL GOVERNMENT FISCAL NOTE

Department of Commerce

Bill Number: 1877 HB

Title: Behavioral health/tribes

Part I: Jurisdiction-Location, type or status of political subdivision defines range of fiscal impacts.

Legislation Impacts:

- Cities:
- Counties: Cost increase due to required communication with tribes and Indian health care providers; Cost to behavioral health administrative services organizations (BHASOs) for ensuring their contractors comply with the tribal crisis coordination plan agreed
- Special Districts: Cost increase due to required communication with tribes and Indian health care providers; Cost to BHASOs for ensuring their contractors comply with the tribal crisis coordination plan agreed
- Specific jurisdictions only:
- Variance occurs due to:

Part II: Estimates

- No fiscal impacts.
- Expenditures represent one-time costs:
- Legislation provides local option:
- Key variables cannot be estimated with certainty at this time: Cost increase due to required communication with tribes and Indian health care providers; Cost to BHASOs for ensuring their contractors comply with the tribal crisis coordination plan agreed

Estimated revenue impacts to:

None

Estimated expenditure impacts to:

Non-zero but indeterminate cost and/or savings. Please see discussion.

Part III: Preparation and Approval

Fiscal Note Analyst: Brandon Rountree	Phone: (360) 999-7103	Date: 01/25/2024
Leg. Committee Contact: Edie Adams	Phone: 360-786-7180	Date: 01/18/2024
Agency Approval: Allan Johnson	Phone: 360-725-5033	Date: 01/25/2024
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 01/29/2024

Part IV: Analysis

A. SUMMARY OF BILL

Description of the bill with an emphasis on how it impacts local government.

Sections 5 and 6 amend RCW 71.05.020 and RCW 71.05.020 respectively. "Behavioral health service provider" can include an entity with a tribal attestation that it meets minimum standards or a licensed or certified behavioral health agency as defined in RCW 71.24.025.

Sections 9 and 10 amend RCW 71.05.148 RCW 71.34.815 respectively. Notification for a petition for outpatient treatment shall be made in person or by telephonic or electronic communication to the tribal contact listed in the authority's tribal crisis coordination plan as soon as possible, but before the hearing and no later than 24 hours from the time the petition is served upon the person and the person's guardian. The notice to the tribe or Indian health care provider must include a copy of the petition, together with any orders issued by the court and a notice of the tribe's right to intervene. The court clerk shall provide copies of any court orders necessary for the petitioner or the behavioral health administrative services organization to provide notice to the tribe or Indian health care provider under this section.

Sections 11, 12, 13, and 14 amend RCW 71.05.150, RCW 71.05.150, RCW 71.34.710 and RCW 71.34.710 respectively. A designated crisis responder shall notify the tribe and Indian health care provider whether or not a petition for initial detention or involuntary outpatient treatment will be filed as soon as possible, but no later than three hours from the time the decision is made. If a petition for initial detention or involuntary outpatient treatment is filed, the designated crisis responder must provide the tribe and Indian health care provider with a copy of the petition, together with any orders issued by the court and a notice of the tribe's right to intervene as soon as possible, but before the hearing, and no later than 24 hours from the time the petition is served upon the person and the person's guardian. The court clerk shall provide copies of any court orders necessary for the designated crisis responder to provide notice to the tribe or Indian health care provider under this section.

Sec. 15 amends RCW 71.05.195. A civil commitment may be initiated by a tribe.

Sections 23, 24, 26, and 27 amend RCW 71.05.590, RCW 71.05.590, RCW 71.34.780 and RCW 71.34.780 respectively. Prior to taking any action to enforce, modify, or revoke a less restrictive alternative treatment order or conditional release order in which the agency, facility, or designated crisis responder knows that the individual is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within this state, the agency, facility, or designated crisis responder shall notify the tribe and Indian health care provider as soon as possible, but no later than three hours from the time the decision to take action is made. The agency, facility, or designated crisis responder must provide the tribe and Indian health care provider with a copy of the petition, together with any orders issued by the court and a notice of the tribe's right to intervene as soon as possible, but before any hearing under this section, and no later than 24 hours from the time the petition is served upon the person and the person's guardian. The court clerk shall provide copies of any court orders necessary for the agency, facility, or designated crisis responder to provide notice to the tribe or Indian health care provider under this section.

Sec. 30 amends RCW 71.24.045. The behavioral health administrative services organization shall comply and ensure their contractors comply with the tribal crisis coordination plan agreed upon by the authority and tribes for coordination of crisis services, care coordination, and discharge and transition planning with tribes and Indian health care providers applicable to their regional service area.

B. SUMMARY OF EXPENDITURE IMPACTS

Expenditure impacts of the legislation on local governments with the expenditure provisions identified by section number and when appropriate, the detail of expenditures. Delineated between city, county and special district impacts.

This legislation would have an indeterminate expenditure impact on local governments.

The number of individuals that are American Indian or Alaska Native who received medical or behavioral health services

from a tribe within this state, the agency, facility, or designated crisis responder is unknown. As a result, an estimate of the demand for BHASOs to provide tribes and Indian health care providers with notice cannot be made.

There are 140,714 Native citizens in Washington alone, but some evidence available within existing data suggest that American Indian and Alaska Native adults and youth suffer a disproportionate burden of mental health problems compared with other Americans. However, this disproportionate demand for behavioral health services is largely served by tribally operated mental health programs and alcohol and substance abuse programs.

C. SUMMARY OF REVENUE IMPACTS

Revenue impacts of the legislation on local governments, with the revenue provisions identified by section number, and when appropriate, the detail of revenue sources. Delineated between city, county and special district impacts.

This bill would not impact local government revenues.

SOURCES:

"Indigenous Tribes of Seattle and Washington", American Library Association, November 19, 2018

Gone, J. P., & Trimble, J. E. (2012). American Indian and Alaska Native mental health: diverse perspectives on enduring disparities.

Indian Health Service Fact Sheet (2023)