F I S C A L I M P A C T R E P O R T

SPONSOR Cote **ORIGINAL DATE** 1/26/09 **LAST UPDATED** **HB** 32

SHORT TITLE Behavioral Health Quick Response Teams **SB**

ANALYST Earnest

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY09	**FY10**		
	$1000.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Non-Rec	Fund Affected
FY09	**FY10**	**FY11**		
	Potential revenue; depends on program design		Recurring	Federal Medicaid

(Parenthesis ( ) Indicate Revenue Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Human Services Department (HSD)
Higher Education Department (HED)

SUMMARY

Synopsis of Bill

House Bill 32 appropriates $1 million from the general fund to the Human Services Department to recruit, train and certify peer support specialists and health care workers for quick response teams statewide and match the teams throughout the state with behavioral health professionals and paramedics on contract with the department. Qualifications and certification of quick response team members may be detailed in rule by the department.

The HSD must extend information on quick response team availability and services to "warm lines", suicide hot lines and 911 operators so that responders may elect to use a quick response team rather than a law enforcement officer in an initial contact with a person experiencing an urgent need for behavioral health support.

FISCAL IMPLICATIONS

The appropriation of $1 million contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY09 shall revert to the general fund.

According to the December 2008 revenue estimate, FY10 recurring revenue will only support a base expenditure level that is $293 million, or 2.6 percent, less than the FY09 appropriation. All appropriations outside of the general appropriation act will be viewed in this declining revenue context.

HSD adds that fiscal implications for the agency will include program management and administrative costs. Also, an independently licensed clinician who is credentialed as such through the single state entity may bill for professional services provided to Medicaid-eligible recipients served under this program. State General Fund dollars used to fund these specific services would be eligible for a federal match.

Any behavioral health services provided to Medicaid-eligible individuals would be eligible for federal match if all the following criteria are met:

- The service must be a benefit under the NM Medicaid State Plan
- The provider must be credentialed as a Medicaid provider of that service as part of the single state entity contracted provider network
- The provider is providing services in accordance with their license.

While some services of certified peer specialists as defined in Medicaid regulations on Comprehensive Community Support Services (CCSS) may be related to the services described in HB32, the only specifically crisis related aspect of CCSS is “Assessment, support and intervention in crisis situations including the development and use of crisis plans which recognize the early signs of crisis/relapse, use of natural supports, use of alternatives to emergency departments and inpatient services."

Based on these criteria some of the general fund may be eligible for federal Medicaid match.

SIGNIFICANT ISSUES

HSD provides the following comment:

> HB32 does not specify the programs to receive this appropriation and mixes together services for adults and children as well as mental health and substance abuse services. There are serious liability issues if the quick response teams are to act as first responders instead of police. HSD may not be the appropriate department to certify and regulate “peer support specialists.”
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> The Quick Response Team proposed in HB32 seeks to introduce one element of a crisis system that would effectively respond to identified needs throughout New Mexico. The

development of a behavioral health crisis system is a strategic priority of the Behavioral Health Collaborative and its member agencies as well as an identified priority of a number of Local Collaboratives. While the proposal is a variation on models of mobile crisis and pre- and post-crisis peer support services, some areas need substantial clarification:

1) Cost of Service: The NM Medicaid State Plan does not offer as a benefit mobile crisis behavioral health services but could cover ancillary services if allowed by the State Plan. Medicaid would pay for certified peer specialists in supervised situations under Comprehensive Community Support Services, but see "Fiscal Implications" above and "Staffing" below.
2) Definitions: "Urgent need" in Section 2 is defined by using the term "critical need" and needs substantial clarification in order to be implemented effectively; Section 3B(5) uses the term "mental and behavioral health disorders" but does not define the distinction, if any;
3) Service Users: HB32 needs clarification regarding whether persons with substance use related crises are anticipated as service users, a large proportion of New Mexico's citizens with behavioral health needs have co-occurring mental illness and substance use disorders;
4) Training: Section 3 of HB32 requires the Department to match staff "throughout the state with behavioral health professionals and paramedics on contract with the department. Paramedics are licensed and regulated through the Department of Health, but are not generally under contract with either DOH or HSD;
5) Staffing: Section 2A defines "peer support specialist" HB32 requires these individuals to have experience of "urgent behavioral health needs". While the intention is for people who truly are 'peers' for the proposed services and have recovered to provide such services, the definition both limits the individual who may be available..

A critical concern with HB32 at this time is that creation of an individual component does not create a system that is designed to address specific concerns. And there is a danger that other states have experienced, particularly with a new and creative service, that the absence of other essential components of a crisis system can jeopardize the success of any single program.

"*A Community-Based Comprehensive Psychiatric Crisis Response Service: An Informational and Instructional Monograph", April 2005*, reviews crisis systems throughout the country, including some effective and innovative programs in rural areas. In order to be effective a crisis system must be able to:

- Resolve crises for persons with serious mental illness, 24 hours a day, seven days a week;
- Recruit and retain appropriately skilled and trained, linguistically and culturally competent staff that are capable of serving adults, children, adolescents, and families;
- Serve as a community resource for crisis response, stabilization, and referral of individuals, including children and adolescents, who are in crisis;
- Provide appropriate linkages and arrangements that alleviate the use of law enforcement as the primary responder to individuals in crisis, thus, minimizing the criminalization of persons with mental illness;

- Provide services that are adequate for individuals with multiple service needs, specifically individuals with co-occurring disorders and/or accompanying medical conditions;
- Provide a range of crisis services that divert people from inpatient psychiatric hospitalization, emergency rooms to less costly service alternatives;
- Directly transport and/or arrange for the transport of individuals in crisis for treatment;
- Establish links with healthcare resources to provide and/or arrange for medical clearance, toxicology screens, and lab work, as well as medical and non-medical detoxification services;
- Coordinate with the consumer's primary behavioral health provider for follow-up and post-crisis care; and
- Incorporate evaluation protocols to measure the effectiveness of the crisis services.

HSD has no expertise in the certification and regulation of mental health counselors. If the peer specialists are to be certified and regulated, this would be better left to another agency.

Quick response team should not be the first responders due to the lack of training in dealing with situations that could be life-threatening. There is a serious risk of liability for the state if an individual is injured.

HED provided the following comment:

It is unclear whether additional paramedics or licensed mental health service providers beyond the number currently produced by New Mexico higher education institutions will be required to staff quick response teams throughout the state. Ability to meet demand will depend on the number and location of quick response teams deployed. The bill only addresses the training and certification of peer support specialists. According to the Department of Health EMS Bureau, New Mexico currently has 1,292 licensed paramedics; a check of the Higher Education Department database indicates higher education institutions produce an average of 192 new paramedics yearly. It is therefore not anticipated that the bill, if enacted, would create an unmanageable demand for new paramedics. It is possible that costs would be incurred in training and certification of peer support specialists. Such specialists would be required as part of the response team in future years.

According to the latest U.S. Health and Human Services data, 30 counties in New Mexico are designated Mental Health Professional Shortage Areas (HPSA's). In 2004, Governor Bill Richardson directed several state agencies and state boards to work together to address the behavioral health care workforce shortage facing the state. Higher education institutions must contribute to the development of a robust behavioral health workforce by increasing the number of degreed students in the following fields:

- Psychology
- Social Work
- Counseling
- Psychiatry
- Nursing

According to 2007 HED data, 387 students obtained degrees in psychology; only 14 degrees were in the subspecialty of counseling psychology. 184 students obtained degrees in social work. Each year New Mexico institutions produce an average of 1,000 nursing graduates, and UNM Health Sciences trains approximately 50 new psychiatry residents. Failure to correct the shortage of degreed, licensed behavioral health specialists in New Mexico HPSAs may hinder deployment of behavioral health quick response teams. Moreover, addressing the behavioral health care shortage involves not only increasing the number of qualified providers; placing these providers in areas of substantial need is a challenge that must be concurrently addressed."

BE/svb