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FISCAL IMPACT REPORT

SPONSOR: Papen DATE TYPED: 2/18/03 HB _____
 SHORT TITLE: Interagency Behavioral Health Committee SB 295/aSPAC
 ANALYST: Dunbar

APPROPRIATION

| Appropriation Contained | | Estimated Additional Impact | | Recurring or Non-Rec | Fund Affected |
|-------------------------|------|-----------------------------|---------------|----------------------|---------------|
| FY03 | FY04 | FY03 | FY04 | | |
| | | | See Narrative | | |

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

Responses Received From

Department of Health (DOH)
 Health Policy Commission (HPC)

SUMMARY

Synopsis of SPAC Amendment

The Senate Public Affairs Committee amends the bill to provide for Interagency Behavioral Committee members to identify designees to represent them at meetings. Further, the SPAC amends the bill to include as part of the committee’s responsibilities a review of all contracts relating to behavioral health with special attention given to rates paid for outpatient services in rural areas of the state.

Synopsis of Original Bill

Senate Bill 295 is submitted on behalf of the Legislative Health and Human Services Committee and creates an Interagency Behavioral Health Coordinating Committee that would address behavioral health needs and gaps in New Mexico. The committee would meet monthly to develop a master plan for statewide delivery of behavioral services and to coordinate progress on addressing the behavioral health priority needs of the state, as identified in the DOH gap analysis. The proposed committee would consist of the Secretary of Health, who would chair the committee, the Secretary of Finance and Administration, the Secretary of Human Services, the Secretary of Children, Youth and Families, the Secretary of Corrections, the Secretary of Labor, the Superintendent of Insurance, the Superintendent of Public Instruction and the Governor's Chief of Staff.

The committee would present an annual progress report and recommendations to the LFC and the HHS committees at their respective October meetings.

Significant Issues

The statewide Behavioral Health Needs and Gaps in New Mexico was completed in August of 2002 and was a comprehensive cross system analysis of behavioral health care for both children and adults. All New Mexico state agencies with behavioral health service budgets and responsibilities were included as well as the Indian Health Service. Keys points of the report indicated:

- A lack of coordination among state agencies that fund mental health services in New Mexico.
- Agencies have their own systems for planning, data collection and reporting, service delivery and outcome measurement.
- The diverse system creates inefficiency at the service provider level because providers must fill out different types of paperwork, depending on the funding agency, which impacts on the delivery of direct care for mental health services.

Individuals with co-occurring and/or mental illness and mental retardation/developmental disabilities (MI/MRDD) have difficulties receiving services due to funding streams and separate delivery systems.

Specifically with respect to the Corrections Department, a compilation of statewide behavioral services programs and providers would conceivably be of invaluable use to Adult Probation and Parole Officers in making sentencing recommendations. A master plan for the statewide delivery of behavioral services, along with a compilation of available programs and providers, would presumably also be of significant value to sentencing judges in terms of presenting additional release or sentencing options, alternatives to incarceration or imposition of probation or parole conditions unique to offenders in need of behavioral services. Such information would also be valuable to correctional staff in terms of recommending incarcerated offenders' parole plans and present additional parole options which might, in appropriate cases, result in acceptable parole plans and open up needed prison bed space.

It is estimated that 128,065 adults are in need of substance abuse services, and 313,204 adults are in need of mental health services.

PERFORMANCE MEASURES

The following performance measures should be considered if the bill is passed:

Aggregate the number of students receiving mental health and substance abuse services in school-based health centers.

Percent of community-based program complaint investigations completed by Division of Health Improvement Incident Management System within 45 days.

Percent and number of abuse, neglect and exploitation complaints and other reportable incidents reviewed and investigated annually in the Community Agency Incident Management System

FISCAL IMPLICATIONS

No appropriation is contained in SB 295. However, the more intensive collaborative cross system planning required by this cabinet level body would generate tasks and assignments which would have a fiscal impact at a lower level within all the relevant agencies related to the time necessary to complete the tasks and assignments.

ADMINISTRATIVE IMPLICATIONS

Chairmanship of the Interagency Behavioral Health Coordinating Committee would become a responsibility of the Secretary of the Department of Health. All state agencies included would be expected to collaborate and participate in mutual planning across systems.

RELATIONSHIP

Relates to:

- SB 131, Adult Mental Health Court, establishes an Adult Mental Health Court Program in the Bernalillo Metropolitan Court
- SB 252, Education for At-Risk Families, provides appropriations for suicide prevention programs and parenting, life skills and nutritional education for at-risk families and statewide behavioral health services.

TECHNICAL

DOH reports that there is conflict with an existing coordinating body, which was created by Executive Order 02-04 signed by the previous Governor called the Cooperative Agreement Advisory Committee (CAAC). It began in 1998 and is composed of most the same agencies. Its mission, at the time, was more limited to prevention and early intervention of substance abuse with youth. The formation of the CAAC was a federal requirement as part of the State Incentive Grant from Substance Abuse Mental Health Services Administration – Center for Substance Abuse Prevention (CSAP). The current Executive Order 02-04 has expanded the mission of the CAAC to include:

“The CAAC will advise the Governor and State Agencies regarding the alignment and coordination of government functions as they relate to behavioral health prevention and treatment for children, adolescents, adults and families, including positive youth development.”

Consideration should be given as to whether or not the named members may identify designees to represent them at these meetings, given the time constraints and scheduling complexities for cabinet secretaries and the other officials named

OTHER SUBSTANTIVE ISSUES

New Mexico currently has multiple departments at the state level and different organizational structures under contract with those state departments to manage and deliver behavioral health services. The three primary systems of care include BHSD for non-Medicaid eligible adults, MAD for Medicaid eligible adults and children, and CYFD for children/adolescents and their families. In addition, the Department of Corrections, State Department of Education, Office of

School Health, Department of Finance and Administration/DWI Program, Long Term Services Division, and Indian Health Service have responsibility for certain services, funds or Populations.

WD/prr