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FISCAL IMPACT REPORT

SPONSOR Sandoval DATE TYPED 02-16-04 HB 271/aHGUAC/aHAFC/aHF1#1/aSPAC

SHORT TITLE Behavioral Health Planning Council SB _____

ANALYST Chabot

APPROPRIATION

| Appropriation Contained | | Estimated Additional Impact | | Recurring or Non-Rec | Fund Affected |
|-------------------------|------|-----------------------------|------|----------------------|---------------|
| FY04 | FY05 | FY04 | FY05 | | |
| | | See Narrative | | | |

(Parenthesis () Indicate Expenditure Decreases)

Duplicates SB 292

SOURCES OF INFORMATION

LFC Files

Responses Received From

- Children, Youth and Families Department (CYFD)
- Department of Health (DOH)
- Developmental Disabilities Planning Council (DDPC)
- Division of Vocational Rehabilitation (DVR)
- Human Service Department (HSD)
- Office of Indian Affairs (OIA)
- Public Education Department (PED)

SUMMARY

Synopsis of SPAC Amendment

The Senate Public Affairs Committee Amendment to House Bill 271 deletes sections to the Department of Public Education to avoid conflict with other pending legislation creating the department and adds a section designating the Secretary or representative as a member of the Inter-agency Behavioral Health Purchasing Collaborative and requires any purchases of behavioral health services be in accordance with requirements of the new Section 9-7-6.4 NMSA 1978 if this bill is enacted.

Synopsis of HFI#1 Amendment

House Floor Amendment #1 deletes sections pertaining to the State Agency on Aging and the New Mexico Office of Indian Affairs and adds successor agency language that would include the agencies as members of the Interagency Behavioral Health Purchasing Collaborative and requires any purchases of behavioral health services be in accordance with requirements of the new Section 9-7-6.4 NMSA 1978 if this bill is enacted.

The amendment also changes the term “neurological” to “neurobiological” in the statement: “The council shall (1) advocate for adults, children and adolescents with serious mental illness or severe emotional, neurobiological and behavioral disorders....”

Synopsis of HAFC Amendment

The House Appropriations and Finance Committee changes the provision for the Governor to appoint the chair of the behavioral health planning council and, instead, provides for the council members to select the chair. It further changes requirements for the Administrative Office of the Courts (AOC) to “encourage” behavioral health services “funded” by AOC be obtained through the Interagency Behavioral Health Purchase Collaborative.

Synopsis of HGUAC Amendment

The House Government and Urban Affairs Committee adds new material to define the purpose of the proposed statute which reads: “The purpose of creating a single interagency behavioral health purchasing collaborative is to develop a statewide system of behavioral health care that promotes the behavioral health and well-being of children, individuals and families; encourages a seamless system of care that is accessible and continuously available; and emphasizes prevention and early intervention, resiliency, recovery and rehabilitation.”

It inserts in two places that services provided “should consider regional differences, including cultural, rural, frontier, urban and border issues”. In addition, it adds to the statute on the Health Policy Commission that behavioral health projects, including those related to mental health and substance abuse, are conducted in compliance with the requirements of the proposed statute creating the Interagency Behavioral Health Purchasing Collaborative (proposed new Section 9-7-6.4 NMSA 1978).

Synopsis of Original Bill

House Bill 271 repeals the Interagency Behavioral Health Coordinating Committee and creates a Behavioral Health Planning Council consisting of the following appointed by and who serve at the pleasure of the Governor:

1. Consumers of behavioral health and substance abuse services;
2. Providers;
3. State agency representatives (at least 11 representatives); and,
4. Other members as determined by the Governor to ensure appropriate cultural and geographic distribution.

The providers and state agency representatives shall not constitute more than 49 percent of the council membership.

The council shall:

1. Advocate for individuals with serious mental illness or severe emotional, neurological and behavioral disorders;
2. Report annually to the Governor and Legislature on the adequacy and allocation of mental health services;
3. Encourage and support the development of a comprehensive, integrated, community-based behavioral health system of care;
4. Advise state agencies responsible for delivery of behavioral health services;
5. Meet at the call of the Governor;
6. Appoint the following subcommittees which will meet quarterly:
 - Medicaid, chaired by the HSD Secretary
 - Child and adolescent, chaired by the CYFD Secretary
 - Adult, chaired by the DOH Secretary
 - Substance abuse, including DWI issues, chaired by the DOH Secretary, and
 - Other subcommittees as determined by the council
7. Make recommendations for the Comprehensive Mental Health State Block Grant and Substance Abuse Block Grant, the state Medicaid service plan and any other application for federal or foundation funding for behavioral health services; and,
8. Replace the existing Governor's mental health planning council.

CYFD will assume and implement responsibility for children's mental health services and substance abuse services in coordination with DOH and HSD. DOH will assume responsibility for and implement responsibility for adult mental health and substance abuse in coordination with CYFD and HSD.

The following agencies will comply with the Interagency Behavioral Health Purchasing Collaborative discussed below: CYFD, Corrections, DOH, HSD, PED, Department of Finance and Administration, Department of Labor, DVR, State Agency on Aging, OIA, Administrative Office of the Courts, Governor's Committee on Concerns of the Handicapped, DDPC, Health Policy Commission, Mortgage Finance Authority, and State Transportation Commission.

A new Interagency Behavioral Health Purchasing Collaborative is created and will be chaired by the Secretary of HSD and the Secretaries of CYFD and DOH alternating annually as co-chairs. The collaborative will do the following: identify behavioral health needs; inventory all expenditures; plan, design and direct a behavioral health system; and, contract with one or more behavioral health entities to provide statewide services. The collaborative shall seek and consider suggestion of Native American representatives all aspects.

Significant Issues

DOH states that this bill, for the first time, requires each department's behavioral health purchasing, funding and service provision be consistent with a common behavioral health plan defining common goals, expectations and priorities. It addresses the Presidential New Freedom Commis-

sion report finding that fragmentation of services and funding is a critical issue. This bill replaces the Governor's Mental Health Planning Council with the broader-based Interagency Behavioral Health Coordinating Committee which includes stakeholders from both client advocacy groups and providers. This committee will also meet federal guidelines for planning and input into mental health and substance abuse block grants as well as Medicaid waivers.

FISCAL IMPLICATIONS

There are no immediate fiscal impacts; however, DOH states there may be a reprioritization of existing funding and efforts to reduce duplication and overhead to better use appropriated funds.

OTHER SUBSTANTIVE ISSUES

Due to the anticipated improvement in individualized service delivery, DVR states "The qualifications of staff must be commensurate with a high quality of delivering behavioral health services. Staff must be adequately equipped in terms of educational requirements, work experience with applied knowledge, skills, and abilities.

POSSIBLE QUESTIONS

1. Is it intended that the Interagency Behavioral Health Purchasing Collaborative be responsive to the Behavioral Health Planning Council and provide it reports of its activities?

GAC/yr:njw:dm