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

SPONSOR Beffort **DATE TYPED** 1/29/04 **HB**

SHORT TITLE After-Hours Behavioral Health Services **SB**

ANALYST Dunbar

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY04	FY05	FY04	FY05		
	NFI				

(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to SB1 which appropriates $1,200.0 from the General Fund to the Department of Health to expand capacity for primary care clinics in the areas of medical, dental, and behavioral health services.

SOURCES OF INFORMATION
LFC Files

Responses Received From
Department of Health (DOH)
Human Services Department (HSD)
Health Policy Commission (HPC)

SUMMARY

Synopsis of Bill

Senate Joint Memorial 26 requests the Department of Health (DOH) to work with an organization of primary health care clinics and an organization of individual behavioral health and substance abuse services providers to determine the feasibility of allowing individual health care providers to use primary, rural and community health care clinics, federally qualified health centers and similar facilities to provide behavioral health and substance abuse services for persons who would otherwise go without services due to the lack of facilities or providers that provide after-hours programs or services.

The DOH would be requested to present its findings and recommendations to the legislative health and human services committee during its October 2004 meeting.

Significant Issues

The importance of building working relationship between primary care providers and behavioral health/substance abuse providers is widely documented. In response, the New Mexico Primary Care Association has hosted trainings for primary care providers to better understand behavioral health/substance abuse services, and develop methods for incorporating these services into existing primary care clinic sites.

Currently, a small portion of the Rural Primary Health Care Act funded primary care clinics in New Mexico provide limited behavioral health services. Additional clinics are giving consideration to providing behavioral health services.

FISCAL IMPLICATIONS

SJM 26 would also have to address a funding mechanism to cover the additional time of the counselors and the additional hours of operation for the primary care clinics.

The Human Services Department (HSD) is not cited in SJM26, regarding the feasible study. However, future legislation to support primary, rural and community health care providers, etc. in expanding access to and providing after hour behavioral health and substance abuse services for HSD clients might increase services and expenditures for HSD.

ADMINISTRATIVE IMPLICATIONS

SJM 9 could be accomplished with the current staff and resources from the DOH.

OTHER SUBSTANTIVE ISSUES

Bringing primary care providers and behavioral health and substance abuse providers together to discuss the feasibility of utilizing existing primary care facilities would be consistent with the efforts already begun to improve access to behavioral health and substance abuse services for the citizens of New Mexico. For example, the Behavioral Health Services Division (BHSD) of the DOH has been awarded a $17.5 million federal grant (Screening, Brief Intervention, Referral and Treatment – SBIRT) over five years to establish behavioral health counseling in primary care clinics. The target population is all patients of a clinic. These patients will be screened for substance abuse problems, and, if appropriate, referred to a counselor for further assessment and brief intervention treatment. A patient requiring more intensive services will be referred on to a behavioral health treatment provider.

There is also a national movement toward integration of primary and behavioral health care. SJM 26 would be a step at bringing together primary health care providers, behavioral health and substance abuse providers to discuss the use of primary care facilities as an option to improve access to behavioral health and substance abuse services. It is envisioned that discussions would center on the basic concept of use of space, to more detailed discussions around primary care facilities expanding their missions to provide such services themselves or have contractual arrangements for the provision of services.

According to the NM Primary Care Association, individual and community health primary care clinics provide access to:

- 78% of all patients that meet 200% Federal Poverty Level or lower, and who live in
- 95 underserved communities and 31 counties

Health Policy Statistics on Behavioral Health Provider Utilization and Resources

As of December 2002, 101 non-profit publicly funded clinics were licensed in NM. (HPC Quick Facts 2004)

Patient hospital days per 1,000 NM population for treatment of mental diseases and disorders have increased from 1998 to 2001: (HPC Annual Report of 2001 Hospital Inpatient Discharge Data (HIDD))

Ethnicity	**1998**	**2001**
African Americans	67.0	85.1
Hispanics	50.4	56.7
Native Americans	26.7	31.8
Whites	49.2	62.7

According to the NM Health Policy NM Health Care Coverage and Access 2002 Survey:

- 14% of the respondents used a primary care clinic as the "usual service place."
- 13% of respondents were sometimes or always unable to obtain preventive services with their health care provider due to inability "to obtain an appointment" or "No way to pay."

BD/yr