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FISCAL IMPACT REPORT

SPONSOR <u>Thomson/Cates/Jaramillo</u>	LAST UPDATED _____
SHORT TITLE <u>Dev. Disability & Mental Health Task Force</u>	ORIGINAL DATE <u>3/6/23</u>
	BILL NUMBER <u>House Memorial 5</u>
	ANALYST <u>Klundt</u>

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

	FY23	FY24	FY25	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal			

Parenteses () indicate expenditure decreases.
 *Amounts reflect most recent version of this legislation.

Sources of Information

LFC Files

Responses Received From
 Department of Health (DOH)
 Regulation and Licensing Department (RLD)
 University of New Mexico (UNM)

SUMMARY

Synopsis of House Memorial 5

House Memorial 5 (HM5) proposes to convene a task force created by the Department of Health (DOH) to study the feasibility of requiring mental health and developmental disability providers to be trained in the treatment of people with developmental disabilities and co-occurring mental health issues. At least one-half of the members of the task force shall include representatives from developmental disability advocacy organizations such as people first, New Mexico Allies for Advocacy, Inc., Parents Reaching Out, Education for Parents of Indian children with Special Needs (EPICS), the National Alliance on Mental Illness, Disability Rights New Mexico, Elevate the Spectrum, and Families ASAP, with the remaining members of the task force being representatives from DOH, the Developmental Disabilities Supports Division (DDSD) of NMDOH, the New Mexico DDSD council, the University of New Mexico (UNM) Center for Development and Disability, the UNM School of Medicine Transdisciplinary Evaluation and Support Clinic (TEASC), and the Regulation and Licensing Department.

FISCAL IMPLICATIONS

If members of relevant boards that are administratively attached to the RLD, such as board members from the Board of Psychologist Examiners, the Counseling and Therapy Practice Board, and the Board of Social Work Examiners, are requested to serve on the task force, such board members would be entitled to per diem and travel expenses for serving on the task force.

SIGNIFICANT ISSUES

DOH reported:

DDSD provides mandatory training for Behavioral Support Consultation (BSC) providers on Co-occurring Disorders (DD/MI) and Neurobehavioral Issues. BSC services are provided by licensed professionals including Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Independent Social Worker (LISW), Licensed Professional Clinical Mental Health Counselor (LPCC), Licensed Professional Art Therapist (LPAT), Licensed Marriage and Family Therapist (LMFT) or a master's degree Psychiatric Nurse. BSCs provide behavioral support to people served on Medicaid Home and Community Based Service Waivers as determined by need. Additionally, DDSD provides mandatory positive supports strategies training, which encompass aspects of challenging behaviors that stem from behavioral and mental health manifestations along with strategies to support the individuals. Provider classifications required to take positive supports strategies training are direct support professionals, direct support supervisors, case managers, service coordinators, DDSD staff and Division of Health Improvement staff.

DDSD collaborates with UNM to convene planning for DD/MI to address support needs of Medicaid Behavioral Health service providers, medical service providers and service recipients who experience barriers. In addition, the Continuum of Care provides continuing education training to the field that can include training on co-occurring disorders.

UNM collaborates with DDSD and TEASC on DD/MI Planning meetings. As needed, participation occurs by representatives from Medicaid Managed Care Organizations, the Behavioral Health Services Division (BHSD) and the Medical Assistance Division (MAD) of the Human Services Department (HSD) to promote appropriate services for the DD/MI population within Centennial Care.

BSC services provided through the Department of Health's DDSD differ from those provided by the Human Services Department's Behavioral Health Services Division (BHSD) and Medical Assistance Division (MAD).

UNM reported:

The percentage of individuals with developmental disabilities and some co-occurrence of externalizing behaviors associated with mental illness is high. 11-14 percent of the population of NM have an intellectual/developmental disability (IDD). These individuals face challenges in mental health and health care disparities at a much higher rate than the general population, resulting in higher rates of hospitalization, morbidity and mortality. Symptoms may include physical and verbal aggression, property destruction and disruptive behavior. Addressing these mental health symptoms is critical; these

symptoms have been associated with (a) poor social and academic functioning; b) lower overall quality of life c) early age of mortality and d) the use of expensive, restrictive hospital based psychiatric services. (Beasley, Klein, Weigle, 2016) The access to mental health providers who have expertise in this area is limited, both nationally and in New Mexico. Our service systems continue to silo treatment of individuals with IDD/mental health issues resulting in an overall fragmented system of care which in turn leads to ineffective treatment and often an overreliance on emergency rooms and hospital inpatient beds.

This memorial pairs well with work already begun at the University of New Mexico, Center for Development & Disability which is in the planning phase of becoming a START Center. START (Systemic, Therapeutic, Assessment, Resources and Treatment) provides a tertiary care model for individuals with intellectual and developmental disabilities and mental health needs. It relies on an integrated and coordinated approach to service delivery that engages the individual and family member as well as community supports and systems through outreach and capacity building. It seeks to fill the gaps in systems through linkages, supports and increased knowledge of the population. The overall arching goal is to improve the capacity of the community to serve this population in a coordinated manner rather than a segregated system of support. As such, outreach and skill building training is emphasized along with a training curriculum for community partners. Should this Memorial be passed, the CDD will share information about this model with the task force.

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