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## FISCAL IMPACT REPORT

SPONSOR: Salazar DATE TYPED: 3/3/03 HB 767

SHORT TITLE: Long-Term Outpatient Treatment Programs SB \_\_\_\_\_

ANALYST: Dunbar

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY03	FY04	FY03	FY04		
	\$40.0			Recurring	GF

(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to SJM10, HB257, SB387, HB719, SB638.

### SOURCES OF INFORMATION

#### Responses Received From

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

### SUMMARY

#### Synopsis of Bill

House Bill 767 appropriates \$40,000 from the general fund to the Department of Health (DOH) to support long-term outpatient alcohol and substance abuse treatment programs in the state.

#### Significant Issues

HB 767 supports long-term outpatient alcohol and substance abuse treatment programs in New Mexico. However, it is not clear what type of support is intended with the appropriation. This amount could provide the salary and benefits of one FTE, but it would not be feasible to fund a single position to support and provide services for different programs around the state. Support could also consist of statewide training in long-term outpatient models or the development of some type of tracking system for recipients of long-term outpatient treatment. Specifying a certain service area and defining the type of intended support might increase the effectiveness of the appropriation.

## **FISCAL IMPLICATIONS**

The appropriation of \$40.0 contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY 04 shall revert to the general fund.

The funding provided is not specifically targeted and is too limited to have a significant state-wide impact.

## **ADMINISTRATIVE IMPLICATIONS**

Staff time for contract and program management would be required but could be absorbed within current day-to-day operations.

## **RELATIONSHIP**

Relates to:

- SJM010 Alcohol Nutrition Study, which requests DOH evaluate the effectiveness of nutrition as a component of treatment for alcoholism.
- HB257 Alcohol-Related Domestic Abuse Programs, which provides money in the DWI fund for domestic abuse related to alcoholism.
- SB387 Northern NM Alcohol and Substance Abuse, makes an appropriation for substance abuse treatment in Northern New Mexico.
- HB719, 8 County Regional Alcohol Treatment Center, to fund an eight-county regional alcohol treatment center, and intensive after-care and transitional living programs
- SB638, 8 County Regional Alcohol Treatment Center, to fund an eight-county regional alcohol treatment center, and intensive after-care and transitional living programs

## **TECHNICAL ISSUES**

It is not clear what is meant by *long-term* outpatient alcohol and substance abuse treatment. There are a number of components that can be part of an outpatient alcohol and/or substance abuse treatment program, e.g., intensive outpatient treatment, individual therapy, group therapy and family therapy. An individual's treatment plan may indicate all of these treatment components are necessary or may indicate one or two of these components are necessary. Clarifying the definition of long-term treatment would allow the bill to target the \$40,000 appropriation to specific services and/or populations.

## **OTHER SUBSTANTIVE ISSUES**

Drug and alcohol abuse have been among the most acute and chronic health problems confronting the State of New Mexico. The DOH Office of Epidemiology has published statistics that identify New Mexico as leading the nation in per capita illicit drug overdose deaths. Illicit drug overdose mortality rates in Rio Arriba County from 1979 to 1997 rose from under 5 per 100,000 persons to 30 per 100,000 persons. In that period the rate of death nationally remained under 5 per 100,000 persons.

Alcohol is a serious factor in the majority of trauma cases. Over a two-year period, over 50% of all trauma patients over the age of 16 at New Mexico's Level I Trauma Center (UNM) tested positive for blood alcohol. Alcohol was involved in 44% of all vehicle crashes, 75% of all pedestrian injuries, 76% of all assaults/domestic violence, 66% of all penetrating injuries, 50% of all traumatic brain injuries and 35% of all falls. Alcohol also contributes to many chronic diseases and premature disability and death.

With the enormous problems and drug/alcohol in New Mexico, the amount of money being requested seems too limited to have a significant statewide impact. However if the funds were more specifically targeted, any number of programs could be expanded or enhanced to better serve identified populations

HPC reports:

- “Chronic Liver Disease and Cirrhosis” is the 7<sup>th</sup> leading cause of death in NM, with a crude death rate of 19.1, compared to 9.5 nationally (*NM Selected Health Statistics Annual Report for 2000*).
- The estimated cost to the State for alcohol-related illnesses and accidents is \$70 million, of which about \$23.5 million is for uninsured alcohol-related trauma and illness.
- In 2001, 3.1% of hospital discharges were related to alcohol/drug abuse treatment for ages 19-64. Certain groups of New Mexicans have greater alcohol and substance abuse issues, however: in 2000, alcohol dependence syndrome was the third most common reason for hospitalization among men, ages 19-44, and drug dependence was the eighth most common reason. (Annual Report of 2000 HIDD, HPC)
- There are 186 outpatient services providers in New Mexico, though not all provide substance abuse services. Access and availability of inpatient treatment services in rural areas may be limited, and in some cases may not be available locally.
- According to the Department of Health's *Behavioral Health Needs & Gaps in New Mexico*:
  - 14,660 youths ages 12-17 and 82,235 adults are dependent on alcohol or drugs in NM (estimates), or 6.5% -- compared to 4.8% nationally.
  - 3,047 inmates in NM jails or prisons are estimated to have substance abuse disorders.
  - “For every dollar spent on alcohol and other drug treatment, \$7.14 is saved by reductions in other social, governmental and economic costs.”

## AMENDMENTS

HB 767 could be amended to include a more explicit definition of long-term outpatient alcohol and substance abuse treatment; a more specific region; a clearer definition about what type of support; and a more appropriate budget to match the scope of work intended by this bill.

**POSSIBLE QUESTIONS**

Could the appropriation go towards training to increase the ability of practitioners to assess, identify, and recommend treatment for individuals with *Co-occurring* Disorders?

**BD/sb**