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FISCAL IMPACT REPORT

SPONSOR <u>Allison</u>	LAST UPDATED _____
Behavioral & Mental Health Clinic	ORIGINAL DATE <u>1/26/23</u>
SHORT TITLE <u>Supervision</u>	BILL _____
	NUMBER <u>House Bill 104</u>
	ANALYST <u>Esquibel</u>

APPROPRIATION* (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY23	FY24		
	\$3,100.0	Nonrecurring	General Fund

Parentheses () indicate expenditure decreases.
*Amounts reflect most recent analysis of this legislation.

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

	FY23	FY24	FY25	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
BHSD admin costs		\$129.8		\$129.8	Nonrecurring	General Fund

Parentheses () indicate expenditure decreases.
*Amounts reflect most recent analysis of this legislation.

Sources of Information

LFC Files

Responses Received From
Human Services Department (HSD)
Regulation and Licensing Department (RLD)

SUMMARY

Synopsis of House Bill 104

House Bill 104 would appropriate \$3.1 million from the general fund to the Human Services Department to provide clinical supervision for behavioral health, mental health, and counseling professionals.

FISCAL IMPLICATIONS

The appropriation of \$3.1 million contained in this bill is a nonrecurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY24 shall revert to the general fund.

The Behavioral Health Services Division (BHSD) of the Human Services Department (HSD) reports to administer the provisions of the bill it would require 1 FTE calculated at pay band 70 and the staff time of a 0.33 FTE supervisor calculated at pay band 75, totaling \$129.8 thousand, including salary, fringe benefits, and operational costs.

SIGNIFICANT ISSUES

BHSD reports it provides supervision through federal block grant funds in Las Vegas and Taos and clinically supervises 10 supervisees per month at a cost of \$437.50 each, or \$52.5 thousand annually. The median salary for a clinical supervisor in New Mexico is \$63,421 annually.

Non-independently licensed professionals are required to work under the supervision of independently licensed professionals as required by the Regulation and Licensing Department's (RLD) Counseling and Therapy Practice Board, Social Work Examiners Board, and Psychologist Examiners Board. These boards regulate the requirements of clinical supervision, which differ by credential.

BHSD could utilize the appropriation in the following ways:

- Continue the work of the NM Psychology Internship Consortium (a consortium of Indian Health Services, Behavioral Health Institute and Hidalgo Medical Services), which provides clinical supervision to doctoral psychologists to provide culturally and linguistically responsive behavioral health services to rural New Mexico communities;
- Expand access to tele-supervision provided by the University of New Mexico's Community Behavioral Health Division, which currently provides tele-supervision to non-independently licensed master's level social workers to include supervision to professional counselors, substance use treatment professionals, psychologists, and certified peers;
- Provide free, monthly, high quality, ongoing continuing education to current independently licensed clinical supervisors;
- Refine and update the clinical supervision implementation guidelines last updated in 2018;
- Provide contracts to current clinical supervisors to provide supervision in rural, frontier, and tribal regions;
- Provide training to current clinical supervisors;
- Collaborate with RLD to educate and provide enhanced knowledge of rules related to supervision of non-independently licensed counselors, social workers, and psychologists;
- Provide clinical supervision to high need services to include adult accredited residential treatment centers, opioid treatment programs, and adolescent residential treatment center;
- Provide a bilingual certification program.

OTHER SUBSTANTIVE ISSUES

BHSD reports there is a shortage of behavioral health professionals statewide. According to the New Mexico Health Care Workforce Committee Report published by the Department of Health in 2021, there is an average of 28.13 core mental health professionals (CMHP) per 10 thousand population, meaning every CMHP has an approximate caseload of 355 clients. The counties with the highest density of CMHPs per 10 thousand population are Santa Fe County at 44.51, Taos

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County at 42.66, Bernalillo County at 40.95, and San Miguel County at 40.50. There is no national benchmark established for CMHP per population. The three counties with the lowest density of primary care physicians per 10 thousand population are Harding County at zero, Hidalgo County at 5.84, and Lea County at 8.23.

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