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FISCAL IMPACT REPORT

SPONSOR	Gallegos/Matthews/Cadena/Ferrary/Ortiz y Pino	LAST UPDATED	3/2/23
		ORIGINAL DATE	2/28/23
SHORT TITLE	Mental Health Crisis Triage Centers	BILL NUMBER	House Bill 373/aHHHC
		ANALYST	Esquibel

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

	FY23	FY24	FY25	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
UNM Health Sciences Center		Indeterminate but substantial	Indeterminate but substantial	Indeterminate but substantial	Recurring	Operating funds, general fund, Medicaid funds
DOH regulatory and licensing costs		\$74.8	\$58.7	\$133.5	Recurring	General Fund
HSD staff costs		\$33.7			Nonrecurring	General Fund
Total		\$108.5	\$58.7	\$167.2		

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

Sources of Information

LFC Files

Responses Received From
 Administrative Office of the Courts (AOC)
 Office of Attorney General (NMAG)
 Department of Health (DOH)
 Department of Public Safety (DPS)
 Human Services Department (HSD)
 UNM Health Sciences Centers (UNM-HSC)

SUMMARY

Synopsis of HHC Amendment to House Bill 373

The House Health and Human Services Committee amendment to House Bill 373 stipulates that crisis triage centers may accept voluntary and involuntary admissions. The original bill stipulated that crisis triage centers shall accept voluntary and involuntary admissions.

Synopsis of House Bill 373

House Bill 373 (HB373) proposes to amend the Mental Health and Developmental Disabilities code to define crisis triage centers, provide authorization for law enforcement agencies to bring individuals to a crisis triage center for a mental status exam, and to provide authorization for crisis triage centers to offer involuntary admission and treatment to certain individuals in crisis.

FISCAL IMPLICATIONS

The UNM Health Sciences Center reports the bill could alter the payment structure for crisis triage centers and how these payments would relate to acute psychiatric hospital reimbursement. Crisis triage centers are meant to have a payment methodology that is somewhat cost based, which differs significantly from acute inpatient psychiatric facilities. The potential payment structure change could lead to significant reimbursement changes for both levels of care and could generate challenges from the Medicaid managed care organizations (MCOs) and other payers. Also, the legislation could create the need for significant facility and staffing modifications to hold patients involuntarily.

The Department of Health (DOH) reports the implementation of the bill would require rules and regulations to be promulgated with a staff cost of \$74.8 thousand. The bill would also require DOH Division of Health Improvement staff to survey crisis triage centers to determine if staffing is appropriate to accept involuntary admissions and security measures are adequate to ensure the safety of involuntary patients and staff.

HSD reports implementation of policy and regulatory changes associated with implementation of the bill would require 0.5 FTE of a position at a cost of \$33,700 for salary, benefits, and operating costs.

SIGNIFICANT ISSUES

The UNM Health Sciences Center reports the bill's proposal for crisis triage centers to accept patients for involuntary admissions would require regulatory changes to ensure crisis triage centers safely serve involuntary patients, including limitations on the length of stay, medical services, and staffing requirements.

The bill could also potentially create legal, risk management, and regulatory issues for providers because patients requiring an involuntary admission currently are directed to an acute psychiatric hospital admission because of the potential for danger of harm to self or others. Creating a facility with a different licensure level for involuntary patients would require crisis triage centers to be brought up to a regulatory standard similar to an acute care psychiatric facility, necessitating safety and staffing changes depending on the diagnostic mix of patients.

Crisis triage centers were originally envisioned to meet current gaps in levels of care for behavioral health patients, and the regulation was written to target patients not meeting criteria for acute inpatient psychiatric admission or for patients discharging from an acute psychiatric hospital to step down into lower levels of care.

HSD reports crisis triage centers are intended to provide a safe option to individuals experiencing a behavioral health crisis whose presentation and concerns do not rise to the level of requiring a

hospitalization. According to the National Guidelines for Behavioral Health Crisis Care by SAMHSA (2020), mental health care should be recovery-oriented. Providing people access to a crisis triage center environment rather than a hospital or jail setting promotes a recovery-oriented approach to treatment and stabilization. California has proceeded with a crisis triage center model that allows both involuntary and voluntary admissions.

TECHNICAL ISSUES

UNM-HSC notes the bill has the potential to create legal and regulatory complexity with reconciling the current crisis triage standards with acute care standards if involuntary patients must be admitted to a crisis center.

The bill raises the issue of compliance with the New Mexico Mental Health Code and the ability to hold patients involuntarily. Crisis triage centers would have to follow the current requirements and timeframes for a court hearing for involuntary patients.

HSD reports, under the provisions of the bill, an individual may elect to discharge from a crisis triage center voluntarily even though the admission to a crisis triage center is involuntary.

OTHER SUBSTANTIVE ISSUES

AOC notes, under the provisions of the bill, there is the potential to reduce incarceration for individuals experiencing a behavioral health crisis by allowing for voluntary or involuntary admissions to a crisis triage center for stabilization. The limited number of existing crisis triage centers in communities around the state has the potential to limit the impact of this bill.

RAE/rl/hg