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## FISCAL IMPACT REPORT



SPONSOR: Maes DATE TYPED: 02/05/02 HB \_\_\_\_\_

SHORT TITLE: Santa Fe Emergency Detox Services SB 269

ANALYST: Wilson

### APPROPRIATION

| Appropriation Contained |         | Estimated Additional Impact |      | Recurring or Non-Rec | Fund Affected |
|-------------------------|---------|-----------------------------|------|----------------------|---------------|
| FY02                    | FY03    | FY02                        | FY03 |                      |               |
|                         | \$150.0 |                             |      | Recurring            | General Fund  |

### SOURCES OF INFORMATION

Department of Health (DOH)  
LFC files

### SUMMARY

#### Synopsis of Bill

SB 269 appropriates \$150.0 from the General Fund to the DOH to contract for emergency stabilization and short-term detoxification services for substance abusers at a detoxification facility located in Santa Fe County.

The services that SB 269 is funding will be made available to individuals experiencing substance abuse crises who reside in Santa Fe, Rio Arriba, Sandoval, San Miguel, Mora, Los Alamos, Taos, Colfax, Union and Harding Counties.

#### Significant Issues

San Miguel and Rio Arriba counties ranked second and third among New Mexico counties on a composite measure of substance abuse. Rio Arriba County had the highest rates in the State for both drug and alcohol related morbidity and mortality and had among the highest rates of alcohol involved crash fatalities. San Miguel County also had very high rates of alcohol and drug related morbidity and mortality and marijuana use.

In DOH, Public Health District II, there are currently four clinically managed detoxification centers; however, there are no medically managed centers. Waiting lists are the norm for all facilities and access to medical clearance is an issue. A delay in the ability to enter a detoxification facility has

an impact on recidivism. It can also add expense since a large number of clients seeking detoxification end up in emergency rooms.

### **FISCAL IMPLICATIONS**

The appropriation of \$150.0 contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY 2003 shall revert to the general fund.

### **ADMINISTRATIVE IMPLICATIONS**

Management of the funds proposed in SB 269 could be done with existing DOH staff.

### **RELATIONSHIP**

Relates to SB 315, Santa Fe Substance Abuse Treatment Services

### **OTHER SUBSTANTIVE ISSUES**

The Public Health Division received specific information from two current treatment facilities regarding the proposal in SB 269. According to the directors presently operating detoxification facilities, clients who cannot enter detoxification due to waiting lists or medical clearance delays often have to be incarcerated, stay in shelters or simply do not receive services. In these cases, they do not get the treatment they need.

The Rio Grande Treatment Center in Las Vegas identified concerns regarding client access to existing detoxification facilities. Presently, anyone who is admitted into detox has to have medical clearance and a test for tuberculosis (TB). This process is difficult because low income people, uninsured people and people with limited insurance have difficulty being seen for medical clearance. These requirements further delay the client's ability to get into a detox program. A recommendation to alleviate this problem would be to form a partnership with a medical facility or a physician to provide easy access for medical clearance. Having the ability to provide access for medical clearance is necessary. Another use for expanded funds might be to add additional beds. There is often a waiting list at all four detoxification centers in the area.

The Recovery of Alcoholics Program (RAP) indicates that approximately 4 FTE medical technicians could support four detoxification beds. The cost for medical clearance is several hundred dollars per patient. Individuals coming in for detoxification are not just coming in with alcohol-related problems; often there are multiple drug use and mental health issues. The hospital emergency room is not the appropriate facility to treat these clients and if clients end up in jail, there is a greater chance of recidivism. Presently there is a partnership with St. Vincent Hospital for some beds with detoxification care at the RAP facility in order to divert patients from St. Vincent Hospital. There is an estimated need for about four more beds in the RAP facility to address the issue of a consistent waiting list.

DW/ar