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FISCAL IMPACT REPORT

ORIGINAL DATE 2-6-06

SPONSOR B. Sanchez LAST UPDATED _____ HB _____

SHORT TITLE Bilingual Behavioral Health Professionals SB SJM 32

ANALYST Collard

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY06	FY07		
	NFI		

(Parenthesis () Indicate Expenditure Decreases)

Duplicates HJM 41

SOURCES OF INFORMATION

LFC Files

Responses Received From

Health Policy Commission (HPC)
 Department of Health (DOH)
 Public Education Department (PED)

SUMMARY

Synopsis of Bill

Senate Joint Memorial 32 requests HPC to conduct a study of bilingual behavioral health professionals in the state and the barriers to recruiting and retaining adequate numbers of such practitioners. The memorial requests a multi-agency study address the impact of the current shortage on the mental health of New Mexico residents and HPC submit a report of its findings and recommendations to the Health and Human Services Committee by November, 2006.

FISCAL IMPLICATIONS

Although there is no appropriation associated with the joint memorial, HPC indicates, depending upon the strategy employed to quantify the degree of shortage of behavioral health professionals in New Mexico, HPC may be required to expend resources for outside consulting and data compilation assistance from an entity such as the Center for Health Care Work Force Studies.

SIGNIFICANT ISSUES

HPC notes a substantial and growing body of research (Kaiser Family Foundation 2002-06) indicates that “race/ethnicity – independent of clinical and socioeconomic factors – continues to matter in the U.S. health care system. Racial/ethnic background continues to affect access to health care and the quality of care obtained.” While the evidence varies for specific conditions and racial/ethnic minority groups, the data are sufficiently compelling to begin undertaking actions to systematically and aggressively eliminate disparities in needed medical care through targeted strategies of workforce development.

Additionally, New Mexico has a long history of health professional shortages, especially in the behavioral health arena and especially in rural locations of the state. HPC studies in the past have looked at and made recommendations regarding physicians, nurses, dentists, and other professionals. However, HPC has not done a study of behavioral health professionals. No firm data exists about the degree of shortage, much less the degree of shortage when factoring in bilingual supply of behavioral health providers. The memorial asks that this be done in conjunction with the impact that shortage has on New Mexicans health status.

DOH states the U.S. Census Bureau 2000 data indicates that 40 percent of New Mexico’s population is Hispanic, 9 percent are Native American, and 1 percent are Asian or Pacific Islander. Census data on language indicates that 37 percent of the population of New Mexico speaks a language other than English at home (though not necessarily to the exclusion of English). The Office of Minority Health of the U.S. Department of Health and Human Services stresses that for improved outcomes, from mental health and substance abuse treatment, services must be culturally competent and linguistically appropriate. The lack of availability of linguistically appropriate services contributes to health care disparities experienced by these populations.

DOH also notes similar work has already been done by the Behavioral Health Workforce Group in response to Executive order 2004-062. Issues proposed to be identified in the bill have already been identified in the workforce report and additional work in this area would be duplicative.

Issues in the bill identified as areas to address will be included in an action plan developed from the Workforce report and coordinated through the Behavioral Health Collaborative.

The Behavioral Health Collaborative will dedicate one staff member to work exclusively with the Native American communities and will assure that work programs are developed to address all cultural and language issues, as well as overall work force capacity problems.

The following statistics were provided by the Bilingual and Multicultural Bureau of PED:

- There are 65,128 English language learners in New Mexico, some of whom may be orally proficient in English but are unable to read and write with proficiency in English (Bilingual and Multicultural Bureau of PED, 2005 data).
- There are 10,996 known immigrant students in New Mexico (Bilingual and Multicultural Bureau of PED, 2005 data).
- There are 2,200 migrant students in New Mexico and about 50 percent of those are English language learners (Title I, Migrant population data 2005, PED).

- In order to meet the behavioral health needs of the citizens of New Mexico it is critical that an adequate number of bilingual professionals are available to address such issues as substance abuse, suicide and other mental health issues in a culturally competent manner.
- Hispanics make up 43.2 percent of New Mexico's population (2003 population estimates from the U.S. Census Bureau – New Mexico Selected Health Statistics Annual Report for 2003).

PED also notes data on the impact of the lack of bilingual behavioral health providers is lacking and difficult to collect.

PERFORMANCE IMPLICATIONS

As the lead agency for this memorial, HPC indicates it will be responsible for providing intensive staff support to facilitate meetings, follow up on task assignments, conduct research, as well as drafting and distributing the final report. There will need to be a very close working relationship with and participation of the Human Services Department, the Department of Health, the New Mexico Hospital and Health Systems Association, statewide organizations representing behavioral health professionals, consumers, and others with knowledge and expertise in the field of behavioral health.

DUPLICATION

House Joint Memorial 41 duplicates Senate Joint Memorial 32.

TECHNICAL ISSUES

HPC states, in order to quantify the shortage of mental health personnel, it may be helpful to add the Office of Workforce Training and Development, a representative from the Governor's Office, and a representative from the Children, Youth and Families Department named as agency participants in the memorial.

OTHER SUBSTANTIVE ISSUES

HPC notes it, through the joint memorial, has been requested to conduct a study of the importance of and the barriers to meeting the need for recruiting and retaining an adequate supply of bilingual behavioral health professionals in New Mexico. The study should also address the impact of a shortage of bilingual health care professionals on the mental health of New Mexico residents.

Currently, HPC notes there is no firm data with respect to the actual number of behavioral health professionals by county actually in practice. Licensure data is not a reliable indicator of how many behavioral health professionals are actually in practice and where the service is being provided. Consequently, the degree of shortage of behavioral health professionals itself, much less bilingual behavioral health professionals, is not known. Both would need to be quantified before a strategy could be established to resolve the shortage. The process of collecting this data will likely identify many of the barriers to meeting the need for recruiting and retaining an adequate supply of bilingual behavioral health professionals called for in the memorial.

Additionally, living in a diverse state inevitably requires working closely with people from a va-

riety of backgrounds. In healthcare, it means that providers must care for patients whose race, ethnicity, and language are often different from their own. What this does to the often complicated interactions that take place between a behavioral health provider and a patient is not known. The memorial will attempt to answer this issue.

HPC states cultural competence is often defined as “the demonstrated awareness and integration of three population-specific issues: health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. But perhaps the most significant aspect of this concept is the inclusion and integration of the three areas that are usually considered separately when they are considered at all (Lavizzo-Mourey and Mackenzie, 1996).” The memorial will attempt to describe the impact of the lack of cultural competence and absence of bilingual providers has on the health status of New Mexicans.

HPC data shows health care organizations—health plans, hospitals, community health centers, clinics, and group practices—can play an important role in the elimination of racial/ethnic disparities in health care. There are now a number of examples of organizations that have been successful in reducing or eliminating disparities, and a number of published examples of how quality improvement initiatives can improve care for members of targeted minority groups, thereby contributing to the elimination of disparities. (*Health Affairs* Volume 24 # 2).

Finally, HPC notes the quality of communication between patients and clinicians can have a major impact on health outcomes, and limited English proficiency can interfere with effective communication. According to *Health Affairs*, more than ten million U.S. residents speak English poorly or not at all, constituting a language chasm in the health care system. A study in *Health Affairs* shows evidence on the link between linguistic competence and health care quality and the impact of particular language-assistance strategies. Drawing on the experiences of fourteen health plans that have been at the forefront of linguistic competence efforts, the study has lessons for plans, purchasers, policymakers, and researchers on ways to improve the availability and quality of interpreter services.

KBC/nt:yr