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FISCAL IMPACT REPORT

ORIGINAL DATE 01/28/08

SPONSOR Cote LAST UPDATED _____ HB 225

SHORT TITLE HSD Behavioral Health Quick Response Team SB _____

ANALYST Weber

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY08	FY09		
	\$1,000.0	Recurring	General

(Parenthesis () Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Non-Rec	Fund Affected
FY08	FY09	FY10		
	Potential revenue but depends on final program design		Recurring	Federal Medicaid

(Parenthesis () Indicate Revenue Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Human Services Department (HSD)

Public Education Department (PED)

SUMMARY

Synopsis of Bill

House Bill 225 appropriates \$1 million from the general fund to the Human Services Department to recruit, train and certify peer support specialists and health care workers for quick response teams statewide and match the teams throughout the state with behavioral health professionals and paramedics on contract with the department. Qualifications and certification of quick response team members may be detailed in rule by the department.

The HSD must extend information on quick response team availability and services to "warm

lines", suicide hot lines and 911 operators so that responders may elect to use a quick response team rather than a law enforcement officer in an initial contact with a person experiencing an urgent need for behavioral health support.

FISCAL IMPLICATIONS

The appropriation of \$1 million contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY09 shall revert to the general fund.

HSD adds that fiscal implications for the agency will include program management and administrative costs. Also, an independently licensed clinician who is credentialed as such through the single state entity may bill for professional services provided to Medicaid-eligible recipients served under this program. State General Fund dollars used to fund these specific services would be eligible for a federal match.

Any behavioral health services provided to Medicaid-eligible individuals would be eligible for federal match if all the following criteria are met:

- The service must be a benefit under the NM Medicaid State Plan
- The provider must be credentialed as a Medicaid provider of that service as part of the single state entity contracted provider network
- The provider is providing services in accordance with their license

While some services of certified peer specialists as defined in Medicaid regulations on Comprehensive Community Support Services (CCSS) may be related to the services described in HB225, the only specifically crisis related aspect of CCSS is "Assessment, support and intervention in crisis situations including the development and use of crisis plans which recognize the early signs of crisis/relapse, use of natural supports, use of alternatives to emergency departments and inpatient services."

Based on these criteria some of the general fund may be eligible for federal Medicaid match.

SIGNIFICANT ISSUES

HSD provides the following comment:

The proposed Quick Response Team to introduce one element of a crisis system that would effectively respond to identified needs throughout New Mexico. The development of a behavioral health crisis system is a strategic priority of the Behavioral Health Collaborative and its member agencies as well as an identified priority of a number of Local Collaboratives, including Local Collaborative 2.

While the proposal is a variation on models of mobile crisis and pre- and post-crisis peer support services, some areas need substantial clarification:

1. Cost of Service: The NM Medicaid State Plan does not offer as a benefit mobile crisis behavioral health services but could cover ancillary services if allowed by the State Plan. Medicaid could pay for certified peer specialists in supervised situations under

Comprehensive Community Support Services, but only under the Medicaid criteria outlined above.

2. Definitions: “Urgent need” in Section 2 is defined by using the term “critical need” and needs substantial clarification in order to be implemented effectively. Section 3B(5) uses the term “mental and behavioral health disorders” but does not define the distinction, if any;
3. Service Users: HB225 needs clarification regarding whether persons with substance use related crises are anticipated as service users, a large proportion of New Mexico’s citizens with behavioral health needs have co-occurring mental illness and substance use disorders.
4. Training: Section 3 the HSD to match staff “throughout the state with behavioral health professionals and paramedics on contract with the department. Paramedics are licensed and regulated through the Department of Health, but are not generally under contract with either DOH or HSD;
5. Staffing: Section 2A defines “peer support specialist” This definition differs from New Mexico’s existing “Certified Peer Specialists” and the definition of those professionals under Medicaid regulations. In particular, the definition in the bill requires experience of “urgent behavioral health needs”. While the intention is for people who truly are ‘peers’ for the proposed services and have recovered to provide such services, the definition both limits the available as well as being in conflict with existing Medicaid reimbursable service providers.

A critical concern with HB225 at this time is that creation of an individual component does not create a system that is designed to address the concerns that the services seek to address. And there is a danger that other states have experienced, particularly with a new and creative service, that the absence of other essential components of a crisis system can jeopardize the success of any single program.

MW/mt