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## FISCAL IMPACT REPORT

<b>SPONSOR</b>	<u>Maestas</u>	<b>ORIGINAL DATE</b>	<u>1/28/08</u>	<b>HM</b>	<u>23</u>
<b>SHORT TITLE</b>	<u>Counseling &amp; Treatment Programs Database</u>	<b>LAST UPDATED</b>		<b>SB</b>	
		<b>ANALYST</b>		<u>Escudero</u>	

Relates To: HB240, HB358, HB368, HB369

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Human Services Department (HSD)

Department of Health (DOH)

New Mexico Corrections Department (NMCD)

### SUMMARY

#### Synopsis of Bill

House Memorial 23 requests that the Department of Health (DOH) and the Human Services Department (HSD) establish and maintain a statewide database of substance abuse programs, domestic violence, anger management counseling and treatment programs, and make it available to providers, health and psychological professionals and others who may need to refer clients to treatment.

The database proposed in House Memorial 23 would need to be continually updated and maintained. Representatives of DOH and HSD would provide an update on the efforts to create and maintain the database to the Legislative Health and Human Services Committee during the 2008 Interim Session.

### FISCAL IMPLICATIONS

According to HSD, HM23 has no appropriation; therefore HSD would need to absorb some of the cost of developing and maintaining a database.

The proposal will require input and participation from a number of DOH and HSD entities that currently oversee or administer services related to the proposed database (e.g., PHD/OSAP for substance abuse prevention services; ERD/OIP for domestic violence and anger management services). Depending on the nature of the database solution (e.g., where it is located; who among the participating agencies will design, build, and maintain the database infrastructure) DOH IT and HSD DOIT staff may also be involved in the project. Finally, a lead agency/person from HSD will likely need to be designated to provide a point of contact with DOH.

The Substance Abuse and Mental Health Services Administration’s (SAMHSA), Center for Substance Abuse and Treatment (CSAT) services has developed and maintains a database of substance abuse-related providers nationwide called the Inventory of Substance Abuse Treatment Services (I-SATS). The I-SATS is a database that is updated by states nationwide. Currently, HSD’s Behavioral Health Services Division (BHSD) provides substance abuse provider information to CSAT as part of its Drug and Alcohol Services Information System (DASIS) contract. The I-SATS database contains substance abuse provider information that can be found when going to SAMHSA’s Facility Locator website at <http://dasis3.samhsa.gov>.

It may be possible for HSD and DOH staff to work with SAMHSA in an effort to assure that all appropriate substance abuse, domestic violence; anger management counseling and treatment program information is available through the I-SATS database and the Facility Locator to providers, health and psychological professionals and others who may refer clients to treatment. If this was an acceptable approach, the cost to HSD and DOH would be limited to having existing staff work with SAMHSA. These staff would also have to spend time collecting the provider information in order to update SAMHSA’s website. Estimated staff cost would be approximately \$50,000.

The IT cost associated in creating and maintaining a database of substance abuse programs would be approximately \$130,000.

## **SIGNIFICANT ISSUES**

According to DOH, HM23 addresses an important problem, the lack of a central database of information for providers of services in three critical areas: substance abuse, domestic violence and anger management counseling and treatment programs.

- HM23 does not address various issues mentioned in the memorial such as “finding help in a substance abuse program often requires a waiting period” and “[the} system of substance abuse and treatment programs...is difficult to navigate...making it difficult to coordinate an available treatment slot with an appropriate location”.
- HM23 would be improved by specifying what type of database is proposed – whether it should be a simple list/registry of available providers/services or an online, centralized scheduling system for clients/patients. HM23 is not clear on what specific function(s) the database is supposed to perform for the scope of the project. The statewide database system would require funding, yet there is no appropriation associated with HM23.
- Anyone wishing to find substance abuse services must know which agency to contact, whether it is DOH, HSD or one of the existing hot lines. Creation of a single database would greatly assist providers and eliminate the time and frustration that can occur when seeking services. To be most effective, the service would have to be well marketed and accessible to consumers.

A behavioral health treatment provider directory is available at:

[http://www.valueoptions.com/newmexico/provider/resources/VONM\\_ProviderDirectory.pdf](http://www.valueoptions.com/newmexico/provider/resources/VONM_ProviderDirectory.pdf).

It lists services by state agency and county, along with contact information and type of service provided, such as outpatient care, treatment foster care, residential treatment center, inpatient hospital facilities, group home and shelter care. No further breakdown of services by substance

abuse programs or domestic violence and anger management counseling and treatment is given. The Children, Youth, and Families Department (CYFD) funds domestic violence programs and maintains a list of their service providers at <http://www.cyfd.org/domviolence.htm>. The Office of Substance Abuse Prevention (OSAP) in the DOH maintains a written directory of OSAP funded substance abuse prevention services. This directory is available on the DOH intranet only.

According to HSD, HM23 does not address the proposed solution (a database) or conditions that informed the bill (e.g., “whereas, finding help in a substance abuse program often requires a waiting periods”; “whereas, [the] system of substance abuse and treatment programs...is difficult to navigate...making it difficult to coordinate an available treatment slot with an appropriate location”). What specific functions will the database be expected to perform? HM23 is unclear about what type of database is proposed (a simple list/registry of available providers/services? Or an online, centralized scheduling system?). More clarity on what specific function(s) the database is supposed to perform would help clarify the scope of the project.

### **DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP**

According to DOH, HM23 relates to:

HB240, which would appropriate \$150,000 from the General Fund to the Local Government Division of the Department of Finance and Administration for expenditure in FY09 for drug abuse education and prevention in Lea County;

HB358, which would appropriate \$100,000 from the General Fund to the Human Services Department (HSD) for expenditure in Fiscal Year 2009 and subsequent fiscal years to contract with a youth commission based in Las Vegas, New Mexico, for youth programs focused on substance abuse and suicide prevention that involve training youth in government so they can train their peers in other communities;

HB368, which proposes to appropriate \$84,600 from the General Fund to the Department of Health (DOH) for expenditure in fiscal year 2009 to contract for alcohol and substance abuse treatment services in Talpa, NM; and

HB369, which would appropriate \$140,000 from the General Fund to the Department of Health (DOH) to contract for long-term drug and alcohol rehabilitation in Taos County.

PME/mt