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FISCAL IMPACT REPORT

ORIGINAL DATE 02/13/14

SPONSOR Cisneros LAST UPDATED _____ HB _____

SHORT TITLE Behavioral Health Collaborative Task Force SM 79

ANALYST Daly

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY14	FY15	FY16	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	See Narrative	See Narrative	See Narrative			

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Human Services Department (HSD)

Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Memorial 79 requests the Behavioral Health Planning Council (BHPC); in partnership with the local collaborative alliance (Alliance) convene a task force. The taskforce would be charged with:

- describing and helping to bring behavioral health-focused community partnerships into existence where they do not exist;
- better connecting existing behavioral health partnerships and programs to strengthen their efforts; and
- devising ways to advise and support behavioral health partnerships to keep them effective into the future.

The taskforce would be requested to meet regularly to identify and prioritize those community challenges that need to be addressed and work together to address those issues. The BHPC is requested to invite experts working within state government and state universities who could help communities learn from one another and gain expertise from outside New Mexico. The memorial also requests the BHPC and the Alliance to invite representatives of 16 specific stakeholder groups, 22 Indian tribes, nations and pueblos, and 4 Centennial Care managed care organizations to participate in the taskforce.

SM 79 does not require the taskforce to provide reports to any executive or legislative agency for consideration.

FISCAL IMPLICATIONS

Although SM 79 contains no appropriation, HSD notes that the activity of such a large taskforce, with quarterly meetings, may require appropriations to support its work. Further, if HSD staff is needed to assist the taskforce, there could be additional impact on its operating budget.

SIGNIFICANT ISSUES

HSD suggests BHPC could take on this project without this legislation. The BHPC is a Governor-appointed Council created in statute. See Section 24-1-28, NMSA 1978. HSD reports the BHPC serves as a review and advisory body to the Governor, legislature, and state agencies regarding behavioral health services, and in the use of the combined Community Mental Health Services (CMHS) and the Substance Abuse Prevention and Treatment (SAPT) Block Grants. The Council also serves as an advisory body to the New Mexico Interagency Behavioral Health Purchasing Collaborative (Collaborative) and the Governor on behavioral health policies, services, and community priorities. The 23 current BHPC members represent urban, rural and frontier NM; 51 percent of members are consumers and/or family members. State funds are appropriated to HSD for the purpose of supporting the BHPC. The BHPC does not have independent budget or rulemaking authority.

Similarly, DOH advises establishment of the task force contemplated by this memorial may not be warranted. Existing law and entities created under them, including the BHPC, do not prohibit extension of partnerships as proposed in SM 79, many of which are currently engaged with local collaboratives and the BHPC. DOH notes that the BHPC already addresses mental health, substance abuse and developmental disabilities, and is also responsible for reviewing, evaluation and monitoring of federal Substance Abuse and Mental Health Services (SAMHSA) grants. “Consumers” of mental and behavioral health services are integral participants with the expectation that they will have an equal voice in decisions that affect them.

DOH further explains that the role of local collaboratives is to identify and address behavioral health needs within the State’s communities, and to develop strong local voices to guide behavioral health planning and services, a key consideration in the planning and design of the Collaborative, created in statute at Section 9-7-6.4 NMSA 1978. Local collaboratives are engaged in the development of plans, collection and reporting of specific data and health indicators, and are responsible for assuring public input and addressing prevention, early intervention and health promotion, wellness, education and personal health responsibility, as well as workforce initiatives, facility infrastructure, licensing and credentialing. The mission of the Alliance is to support the active participation of New Mexico communities regarding behavioral health services and to forge a relationship between the Collaborative and communities for the purpose of enhancing and protecting their voice and continuity of behavioral health care.

HSD provides this information concerning the existence and work of the Collaborative. For a decade, Collaborative has worked to bring state agencies – representing health care to finance – together to build an innovative, cost-effective, united-agency system that addresses behavioral health and substance abuse needs in New Mexico. As reported by HSD, leaders from 16 state agencies began working together building a family-focused and individually-centered behavioral health care system with services that would foster an individual’s capacity for recovery and resiliency. Its enabling legislation requires the Collaborative to develop a delivery system of culturally relevant behavioral health services for infants, children, adolescents, adults and

seniors. The delivery system must be accessible from urban, rural and frontier locations. The delivery system must also address workforce development and retention, including quality improvement issues. By statute, the Collaborative is required to meet quarterly, report to the LFC quarterly and annually on measures and outcomes and revise the delivery system plan every two years.

PERFORMANCE IMPLICATIONS

SM 79 relates to DOH FY15 Result 1: Improve Health Outcomes for the people of New Mexico.

ADMINISTRATIVE IMPLICATIONS

HSD suggests possible administrative impact should HSD staff be needed to assist the task force.

OTHER SUBSTANTIVE ISSUES

DOH provides this data, derived from “Health Equity in New Mexico: A Report on Racial and Ethnic Health Disparities, 8th Edition, October 2013”, a DOH document:

Suicide

- NM rate was 68 percent higher than the national rate.
- Whites had the highest rate but Hispanics and American Indians also had rates higher than the national rate.
- The male rate was more than three times the female rate.
- Youth rate was nearly double the United States rate.
- American Indian youth continued to have the highest rate.

Drug Overdose Deaths

- NM rate of drug overdose deaths was almost twice the U.S.
- Drug overdose deaths due to prescription drugs outnumbered those due to illicit drugs.
- American Indians and Asian/ Pacific Islanders had the lowest death rates in the state.

Alcohol Related Deaths

- NM alcohol-related death rates remained high.
- American Indians continued to have a substantially higher rate than other groups.
- The male rate was more than double female rate.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

The BHPC and the Collaborative would continue its work identifying needs and planning behavioral health services in New Mexico.

AMENDMENTS

HSD suggests two areas in which amendments may be beneficial:

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1. SM 79 does not direct the taskforce to forward its findings and recommendations to any executive or legislative body for action. The activities of the taskforce would be strengthened if the bill would direct the taskforce to forward its recommendations to the HSD and the Collaborative for action.
2. The taskforce is created as an on-going body without an end date. The Legislature might consider adding a provision to allow the BHPC to disband the taskforce once its charge is completed.

MD/jl