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FISCAL IMPACT REPORT

ORIGINAL DATE 03/12/15

SPONSOR Ortiz y Pino LAST UPDATED _____ HB _____

SHORT TITLE Adolescent Treatment Facilities Evaluation SM 115

ANALYST Boerner

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY15	FY16	FY17	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		NFI	NFI	NFI		

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Children, Youth and Families Department (CYFD)

UNM Health Sciences Center (UNM)

SUMMARY

Senate Memorial 115 calls for an independent evaluation of the therapeutic model, residential services, staffing levels and qualifications, and after-care services of the adolescent treatment hospital (ATH) be conducted by a task force under the direction of the chairman of the University of New Mexico school of medicine's department of psychiatry and behavioral sciences or the chairman's designee.

Senate Memorial 115 indicates the task force should be composed of the following members and others as selected by the chairman of the UNM School of Medicine Department of Psychiatry and Behavioral Sciences:

- the deputy cabinet secretary of DOH or the deputy cabinet secretary's designee;
- the director of the Facilities Division of DOH;
- the retired former director of the adolescent treatment hospital and the adolescent residential treatment facility;
- the executive director of the New Mexico Council On Crime and Delinquency;
- the director of psychiatry of the Juvenile Justice Division of CYFD;
- a parent or guardian of a current or former resident of the adolescent treatment hospital or the adolescent residential treatment facility;
- a board-certified adolescent pediatrician and other persons selected by the chairman of the university of New Mexico School of Medicine's Department of Psychiatry and Behavioral Sciences.

The task force is directed to make recommendations to the interim Legislative Health and

Human Services committee not later than November 1, 2015, to include ways to strengthen the program and services, a plan to improve the financial status of the adolescent treatment hospital and adolescent residential treatment facility, and a plan to build a statewide system of after care, to include proposed legislation if necessary.

CYFD points out that nationally there has been a move away from residential treatment for adolescents for the past 10 years. Research has indicated that improvement taking place in residential treatment settings often does not carry over to community settings upon release. At the same time, quality community-based services for this population has been demonstrated to be a safe, therapeutically effective alternative that *does* have lasting results.

The theoretical basis for the treatment of adolescents with histories of violence and mental illness is not a simple nor a settled matter, and there are many differences of opinion among experts in the field. The complicated nature of the subject will involve technical discussions that require input from physical medicine, psychiatric medicine and psychological theory.

The memorial states that, since 2012, there has been a “precipitous drop” in the average daily census and there is no longer a waiting list, and concludes that adolescents who need these services are not being served. This statement reflects an underlying assumption that ATH prior to 2012 was fulfilling its mission effectively and efficiently, and that this performance was interrupted in 2012. This assumption in itself is not an agreed upon conclusion.

The memorial attempts to include in the task force both the administrative agency which oversees ATH, as well as the content experts on juvenile care for this population, and, in addition, a sample of the major stakeholders in the adequate functioning of the treatment facility. It also includes the former director of the facility. There may be significant differences of opinion within this task force, but it is a mainly representative sample of the primary stakeholders.

Although the assigned Chair of the task force is not himself a content expert in adolescent psychiatric treatment for this population, he is well suited and situated to understand the issues and seek information from other literature and content experts. It should be noted, however, that there is *not* a representative on the task force from the *current* direct administrative staff at ATH, and therefore the motivations, the impediments, and the methods of the current direct administrative staff may not be adequately characterized.

FISCAL IMPLICATIONS

Note noted, DOH and CYFD indicate they would absorb any costs for participating in the SM 115 task force.

SIGNIFICANT ISSUES

DOH remarks it has embarked over the past 3 years to transform the treatment milieu at ATH to one built on Trauma-Informed Care and the Building Bridges initiative. These models make a shift from a corrections like environment to a resident-centered treatment model.

The census at the ATH was reduced during the transition time and has since ramped up to an average of 30 residents currently. SM115 appears to be contain a conflict in that it requires an independent evaluation task force membership; however, the memorial is prescriptive to suggest

that previous employees would be included in the evaluation. There is no deficit of ATH oversight given that the facility is certified by the Children, Youth and Families Department and is fully accredited by The Joint Commission:

- Children, Youth and Families Department is the regulatory body that has oversight of ATH (New Mexico Administrative Code 7.20.11).
- Licensing has oversight of the clinical aspects of the Psychiatric Residential Treatment Facility (PRTF).
- Certification has oversight of the environment of care, which includes physical building (e.g. security and safety of the facility).
- Certification also includes a review of human resource records to ensure staff competencies, including professional licensure and training requirements.
- The Joint Commission (TJC) is an independent, not-for-profit organization. The Joint Commission accredits and certifies more than 20,500 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards.
- TJC surveyed ATH in September 2013; ATH received full Accreditation.

Post discharge or “after-care” is not provided by ATH. This is a case-management function. ATH does coordinate with other community resources during the discharge planning process. Sequoyah must discharge clients to those services that are currently available to it.

DOH believes that, through CYFD certification and The Joint Commission accreditation, the evaluation and monitoring purpose is consistently served.

PERFORMANCE IMPLICATIONS

CYFD notes this memorial specifically calls out the CYFD Juvenile Justice director of psychiatry to be a member of the evaluation task force. This individual is already fully deployed at his present job assignment, so the devotion of adequate and substantial time to this evaluation may be an impediment to completion of his own job duties, which themselves affect the performance measures CYFD maintains concerning youth and the successful completion of commitments.

The UNM Health Sciences Center is committed to working with all parties to provide a thorough evaluation and to making recommendations that will provide guidance on the optimal future direction of the facilities.

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RELATIONSHIP

SM 115 is a related bill to SB 43 which amends the Adolescent Treatment Hospital Act to transfer the administration of the Adolescent Treatment Hospital and the Adolescent Residential Treatment Facility to the Board of Regents of the University of New Mexico.