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FISCAL IMPACT REPORT



SPONSOR: Sandoval DATE TYPED: 02/05/02 HB 192

SHORT TITLE: Mental Health Services SB _____

ANALYST: Wilson

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY02	FY03	FY02	FY03		
\$700.0			Indeterminate	Recurring	General Fund

SOURCES OF INFORMATION

Department of Health (DOH)

SUMMARY

Synopsis of Bill

House Bill 192 appropriates \$700.0 from the general fund to the DOH for the purpose of funding various services for the state's mentally ill population, including prescription drugs, housing, jail diversion, emergency aid and other services. The DOH may contract with other state and local agencies to provide the services required by HB 192. HB 192 has an emergency clause.

Significant Issues

HB 192 is introduced for the Legislative Health and Human Services Committee. HB 192 raises the concern about the lack of funds and services available for the State's mentally ill population and makes an effort to try to address some of these issues quickly. HB 192 points to issues of lack of access and services, as well as the need for alternatives to incarceration for the mentally ill.

FISCAL IMPLICATIONS

The appropriation of \$700.0 contained in this bill is recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY2003 shall revert to the general fund.

HB 192 would provide \$700,000 to DOH for these emergency services, to be used in the current and next fiscal year. DOH would be able to increase funding to services that potentially decrease high cost hospitalizations. With the appropriate medications many individuals may have an oppor-

tunity to function at a higher level, become more independent of the services system and return to independent live styles.

ADMINISTRATIVE IMPLICATIONS

The DOH states that staff will be necessary to administer the additional contracts associated with these additional funds. HB 192 does not clarify whether the funds are for adult or children's services or both. In addition, the requirement to begin the use of these funds immediately, during the remainder of the current fiscal year will be difficult, but will have to be accomplished with existing staff.

OTHER SUBSTANTIVE ISSUES

The DOH provided the following:

Reports this past year by both the Surgeon-General of the United States and the Kellogg Foundation both strongly acknowledge a national crisis in the identification of youth with mental health problems, as well as access to behavioral health services. According to the Surgeon-General, over 20% of children and adolescents have a mental health issue and of those, 70% of those identified are unable to access mental health treatment.

Like the nation as a whole, there is much work to be done to improve the lives of children in New Mexico. Various national surveys rank New Mexico as having some of the highest rates of childhood poverty, teen pregnancy, school dropout, substance abuse, and teen suicide in the United States. Many of these major social problems have childhood mental illness as a major contributing factor. Data from the 1999 New Mexico Youth Risk Behavior Survey found that 9.1% of students surveyed had attempted suicide in the 12 months prior to the survey.

About 100,000 in New Mexico, ages 9 to 17, have diagnosable mental health disorders. Approximately 65,000 in New Mexico, ages 9-17 years, have a serious emotional disturbance (SED). According to data from the Prevention and Intervention Division in the Children, Youth, and Families Department, we now have 759 residential and group home beds statewide in 2001 (down from 994 in 1999), 15 certified treatment foster care programs in 2001, 8 certified day treatment programs in 2001 and 101 total certified children's behavioral health programs statewide, down from 133 in 1999. At the same time, the numbers of inpatient beds and length of stays have decreased, while access to community-based services has not increased enough to meet the statewide need. Agencies in Albuquerque routinely send youth needing inpatient psychiatric care to Las Cruces for inpatient treatment, due to the lack of necessary beds. In addition, the numbers of youth with mental health

problems in our detention centers seems to be increasing. In Albuquerque, the Bernalillo County Juvenile Detention Center is currently implementing a mental health clinic to better serve the increasing numbers of youth in the local juvenile justice system with behavioral health problems.

Accurate data on access to children's mental health services, as well as the prevalence of mental health problems, is not easily available here in New Mexico. A gaps analysis is currently underway to identify the need for service throughout the state. The Department of Health has taken the lead for the past several years in developing substance abuse prevention programs. The Center for Substance Abuse Prevention recommends use of the multiple prevention strategies of information/dissemination, education, alternatives, problem identification and referral, community-based

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processes, and environmental strategies. The one area out of these in which services are missing is early identification and intervention, defined as mental health/substance abuse screening, assessment, and early intervention. In addition, early intervention services for youth are necessary to prevent mental health and substance abuse problems in adulthood.

Defining a “mental health emergency “ is difficult. National organizations, including the Surgeon-General, say one currently exists within the country. It is not clear that access to care is so much better here in New Mexico that we do not fit within the national description. At the same time, it is unclear how far the \$700,000 allocated here will go in alleviating the current crisis.

The following is an DOH update about each of the issues HB 192 addresses.

Medication Issues

During the 1991 Legislative session, House Joint Memorial 46 passed to ‘test the feasibility of implementing a “best practice” approach to treating uninsured individuals with the diagnosis of schizophrenia who are receiving treatment from state funded institutions and community agencies by using atypical anti-psychotic medications.’ DOH/Behavioral Health Service Division (BHSD) conducted the “New Mexico Pharmacotherapy Initiative (NMPI)” in response to HJM 46. The goal is to help community mental health providers deliver quality care in an economically feasible manner. NMPI achieves this goal through the use of: treatment consensus guidelines, ongoing technical support for providers, coordination of educational and peer advocacy programs and assistance with an access to pharmacotherapies, such as atypical antipsychotics for individuals with schizophrenia. HJM 46 requested an “estimate of the census of the population in need of medications in state-funded mental health institutions and community based programs. The NMPI report estimated that there are 900 such people, of which 90 were originally enrolled in NMPI and received medications donated by pharmaceutical companies at an average medication cost of \$3,500 each, for a total cost of \$3,150,000. By May of 1999 approximately 650 individuals were receiving complementary medications from pharmaceutical companies, for a total cost of over \$2,000,000. It is unknown if the pharmaceutical companies will continue to donate resources at that level indefinitely. The NMPI best practice approach requires that new patients receive 9 additional hours of visits with psychiatrists and patient educators per year, for a total cost of approximately \$90,000 per year for 90 patients. The Peer Education Component was initially piloted at two sites with the materials developed by Eli Lilly Pharmaceutical Company for persons with schizophrenia. The NMPI continues to work with the nine pilot sites and is now focusing on assisting the Regional Care Coordination agencies in taking responsibility for continuing and expanding the process.

FY2001 was the first year that atypical antipsychotics were partially funded by BHSD through the Regional care Coordinators’ Medication Access Program. BHSD provided technical assistance to regional providers who did not participate in the feasibility project and ongoing maintenance/ technical assistance for current and new providers.

Housing

Rent subsidies for independent living is needed. Most independent living situations have landlords who require a deposit and first month's rent and other fees to obtain the housing unit. With limited to non-existent resources and limited low income housing it would be impossible to pay for a reasonable apartment. Furthermore, many persons with mental illness may lack the skill that would enable them to live independently, requiring supervised housing options to enable them to remain in

the community. Supervised housing costs can average \$1000 a month and can be the equivalent of 4 days of hospitalization.

Jail Diversion Issues

The New Mexico Senate Joint Memorial 8 (SJM 8) Report (1996) stated that 11.5% of all Detainees or approximately 23,000 individuals are identifiable mentally ill individuals. Detainees with multiple diagnoses may increase that figure by as much as 30%. Most Detainees stay in the facilities for two full days, the average for persons with mental illness is at least 4 days. The annual cost for booking and housing identifiable mentally ill detainees was \$7,935,000. An article in the January 14, 2001 *Albuquerque Journal* stated that the current number of beds is 1,378 for an average population of 1,500 with a budget of \$29 million.

The cost of housing individuals with co-occurring disorders in our jails and processing them repeatedly through the judicial system is enormous. One answer to this costly problem is to divert these individuals from the jail into community-based behavioral health programs. People who receive appropriate behavioral health treatment in the community have a better long-term prognosis and less chance of returning to jail.

There are two types of Jail Diversion programs: 1. Pre-booking diversion occurs at the point of contact with law enforcement and relies heavily on effective interactions between police and community behavioral health services. The focus is on law enforcement personnel who avoid booking persons whose apparent criminal behavior appears to be associated with severe mental disorder. 2. Post-booking diversion programs screen individuals potentially eligible for diversion for the presence of mental illness and evaluates for eligibility for diversion, negotiates with prosecutors defense attorneys, mental health providers and the courts to produce a disposition outside the jail. The Post-Booking programs may include pre and post arraignment intervention.

In FY 01 BHSD funded Jail Diversion Programs in Dona Ana and Bernalillo counties through community-based Local Forensic Networks.

- The Forensic Intervention Consortium-Dona Ana County assured that law enforcement officers from Dona Ana County participated in the Crisis Intervention Training (CIT) from Albuquerque Police Academy (APD). Those trained returned to Dona Ana County and trained 30 law enforcement officers.
- The Forensic Intervention Consortium (FIC) of Bernalillo County continued contracts which assured that APD would maintain a complement of 100 CIT trained field officers. This represents about 25% of the APD force.
- Of those booked in to the detention center, the Jail Diversion Case Managers carry an average caseload of 20 individuals. This is the maximum number allowable if intensive case management is to be provided. Approximately three fourths of those seen have a co-occurring substance abuse disorder and mental illness. The Pre-trial Specialist serves an average of 110 defendants annually.

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- Approximately 68% of those served have co-occurring substance abuse disorders and mental illness. The Pre-trial Specialist estimates that their services save an estimated 7985 “Jail Bed Days.” This number is multiplied by the cost per day of \$63 for total estimated savings of \$503,055.

Basic steps for developing a Jail Diversion Program include: designation of a lead person, identification of key agencies, regular meetings to define target group, estimate target group size, identify type and amount of services needed, estimate cost of needed services, agree on desired outcomes, identify key positions for the diversion program, specify the pathways for the diversion program, designate specific responsibilities, develop basic management information system, plan for basic data collection, and communicate regularly. Key elements of successful pre-booking programs include training of police officers, and regular meetings of key players

Crisis Psychiatric Services

The BHSD has partnered the University of New Mexico (BHSD/UNM Collaboration and Outreach Initiative) for the provision of crisis psychiatric services. The purpose is to place and subsidize crisis psychiatric services in critically underserved areas. This outreach is critical due to the severe shortage of psychiatrists in the publicly funded sector.

\$700,000 less in funds for mental health community services will be available for the mentally ill of New Mexico and consumers will be more susceptible to emergency hospitalizations, which will increase the cost of emergency hospitalization.

DW/ar