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FISCAL IMPACT REPORT

ORIGINAL DATE 01/22/08

SPONSOR Cote LAST UPDATED _____ HB 123

SHORT TITLE Safe House Act SB _____

ANALYST Weber

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY08	FY09		
	\$4,100.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Human Services Department (HSD)
Public Education Department (PED)
Department of Corrections (DOC)

SUMMARY

Synopsis of Bill

House Bill 123 appropriates \$4.1 million from the general fund to The Human Services Department for the purpose of establishing the Safe House Act to ensure that persons who need behavioral health support who do not need hospitalization have access to an appropriate level of such support in the least restrictive environment. HB 123 also appropriates \$4.1 million to HSD to establish 5 statewide safe house pilot programs under the Safe House Act.

FISCAL IMPLICATIONS

The appropriation of \$4.1 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.

SIGNIFICANT ISSUES

In addition, HSD is to provide by rule for training and credentialing of a peer support specialist; provided that each peer support specialist has experienced urgent behavioral health needs and

shall be certified as completing training in de-escalation techniques, cultural competency, race relations, the recovery process and avoidance of aggressive confrontation prior to working at a safe house.

HSD is to administer one or more safe houses in each of the state's four geographic quadrants and one safe house dedicated to serving the Native American population in the northwest part of the state, as funds permit, or at least one safe house site in a rural area on a pilot program basis.

A safe house is authorized to:

- serve both those eligible and not eligible for federal medical assistance programs;
- be staffed twenty-four hours a day by one or more peer support specialists and shall employ a full-time licensed clinician and a part-time psychiatric consultant;
- include peer support in helping residents perform daily public living skills and reentry into independent living;
- offer a mix of therapeutic services, including nontraditional tools for wellness and traditional behavioral health services; and
- accept a resident, funds permitting, on a first-come, first-served basis; provided that no resident shall live at a safe house except for a short term.

While the program is described as pilot the need is recurring and is noted as such in the appropriation section.

HSD notes the following questions and concerns:

- **Cost of Service:** The Department through the Behavioral Health Collaborative would need to define the specific minimal staffing requirements for health, safety and clinical supervision at each pilot site. Potential providers would then be required to meet those requirements in response to an RFP. Additionally, the costs of food, physical plant, furnishings, facility services, insurance, licensing costs, medications; access to medical services, will all have to be considered by programs proposing to deliver the services. Without that being developed we are not able to determine at this point if the appropriation contained in the bill will support 5 sites.
- **Licensing:** as written, Safe Houses may be subject to DOH Licensing Regulations for Adult Residential Facilities which require health and safety issues be addressed
- **Liability:** including injury or death of resident, staff, visitors or others;
- **Zoning:** Many communities restrict the co-habitation of more than 5 unrelated adults in single family residences, meaning that Safe Houses might have to be zoned in a category other than single family;
- **Staffing:** HB123 calls for a new range of training and certification of peer support specialists in New Mexico. The proposal is consistent with some model programs in other states using peer support specialists for pre- and post-crisis and residential support. HB123 also calls HSD to provide by rule for training and credentialing of a peer support specialists and for additional training in specific topics. Currently Certified Peer Support specialists are not currently certified or trained to provide residential services in unsupervised settings with persons with urgent behavioral health needs.
- **Eligibility and Referral Process:** the Safe House Act does not establish eligibility beyond “first come-first served”, does not account for individuals with co-occurring or substance

use disorder; is silent on cultural competency issues and does not specify the referral process;

- Transition Planning: The Safe House Act limits residency to 12 weeks, but is unclear about how often a person could return in a year. Additional issues include accessing other housing options upon release, especially for residents without incomes. Another issue is the integration of on-going recovery supports upon discharge.

MW/mt