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FISCAL IMPACT REPORT

ORIGINAL DATE 02/12/09
 LAST UPDATED 03/06/09 HB 537/aHAFC

SPONSOR Cote

SHORT TITLE Safe House Act SB _____

ANALYST Earnest

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY09	FY10		
None; See Fiscal Implications Section			

(Parenthesis () Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Non-Rec	Fund Affected
FY09	FY10	FY11		
	\$0.1	\$0.1	Recurring	General Fund

(Parenthesis () Indicate Revenue Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Human Services Department (HSD)
 Department of Health (DOH)
 Health Policy Commission (HPC)
 Higher Education Department

SUMMARY

Synopsis of HAFC amendment

The House Appropriations and Finance Committee (HAFC) amendment changes from obligatory to permissive language for creation of the safe house act. The amendment makes the establishment to two safe houses subject to availability of funds in the safe house crisis fund, and clarifies that the Secretary of Human Services shall administer the fund.

Synopsis of Original Bill

House Bill 537 would create the Safe House Act to offer early intervention services in the least restrictive environment for persons needing behavioral health support but not hospitalization. The bill requires HSD to operate two safe houses, one in an urban setting and one in a rural community

The bill creates the safe house and crisis fund in the state treasury to be administered by the interagency behavioral health collaborative to provide early intervention services for persons with urgent behavioral health needs.

FISCAL IMPLICATIONS

This bill creates a new fund and provides for continuing appropriations. The LFC has concerns with including continuing appropriation language in the statutory provisions for newly created funds, as earmarking reduces the ability of the legislature to establish spending priorities.

According to the December 2008 revenue estimate, FY10 recurring revenue will only support a base expenditure level that is \$293 million, or 2.6 percent, less than the FY09 appropriation. All appropriations outside of the general appropriation act will be viewed in this declining revenue context.

Without an appropriation it may be difficult for HSD to carry out provision of the act.

SIGNIFICANT ISSUES

HB 537 directs HSD to establish two safe houses – one in an urban setting and one in a rural community. A safe house offers early intervention services to no more than six voluntary residents. Safe houses:

- serve both those eligible and not eligible for federal medical assistance programs;
- are 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.

Early intervention services are defined as “services designed to provide a person, who has behavioral health disorders and who is experiencing symptoms, a safe, supportive and affirming home-like residence where the person may integrate the meaning of what the person is experiencing and regain equilibrium and the ability to relate effectively to other people. "Early intervention services" includes peer support with an emphasis on relationship-building.”

HB 537 directs HSD to promulgate rules for training and credentialing of peer support specialist to meet the following conditions before working in a Safe House:

- shall personally have experienced urgent behavioral health needs;

- Shall be certified as completing training in de-escalation techniques, cultural competency, race relations, the recovery process, and avoidance of aggressive confrontation.

According to HPC, the concept of a safe house is well documented in literature. The majority of these projects are directed at victims of domestic violence, teen runaways, recently released prisoners, or graduates of substance abuse treatment programs. The breadth of services offered to a person who has “behavioral health disorders” is relatively unique in a safe house environment. More traditionally these services have been offered through a community mental health center.

According to DOH and HSD:

Crisis services are one of the Collaborative’s Strategic Plan priorities. The need for such services and the kinds of services needed in New Mexico have been well studied both in “*Behavioral Health Needs and Gaps in New Mexico*” in 2002 and in “*A Community-Based Comprehensive Psychiatric Crisis Response Service: An Informational and Instructional Monograph*” in 2005. People experiencing escalation of their behavioral disorder would receive within the Safe House program supportive services within a therapeutic milieu, supported by trained peer specialists who have themselves experienced urgent behavioral health needs and supported by a licensed clinician and psychiatric consultant.”

This pilot program of establishing Safe Houses would be embedded within existing systems of behavioral health care managed by the New Mexico Behavioral Health Collaborative through contract with the state wide entity; and, would be linked to permanent housing options including supportive housing and housing first initiatives. Being integrated within a system of care enables the Safe House program to facilitate expedient de-escalation of urgent situations and promotion of community tenure that leads reintegration in to community life and self determination for the residents. Targeting both a rural and an urban community allow development of the Safe House model and evaluation of its effectiveness in New Mexico.

Development of jail diversion and crisis services is a priority for the Behavioral Health Planning Council. This bill was developed in consultation with members of the Adult Subcommittee of the Council.

ADMINISTRATIVE IMPLICATIONS

There will be some management and administrative costs, including rule promulgation, for HSD. In addition to administration of the fund created, the bill would require the department to ensure training and certification of peer support specialists with the skills identified in this bill.

CONFLICT

HB537 conflicts with HB 169, which establishes a similar Safe House Act. HB 169 requires the creation of five safe houses and appropriates \$4.1 million to the Human Services Department (HSD) from the General Fund for expenditure in FY 2010.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

According to HSD, crisis services will continue to be developed as part of crisis systems development in consultation with Behavioral Health Local Collaboratives and the Statewide Entity to meet the particular needs of specific local communities as identified in purchasing plans and other local planning documents.

BE/mc:svb