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## FISCAL IMPACT REPORT

ORIGINAL DATE 3/05/09

SPONSOR Papen LAST UPDATED \_\_\_\_\_ HB \_\_\_\_\_

SHORT TITLE Psychotic Mental Illness Early Intervention SJM 53

ANALYST Earnest

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY09	FY10	FY11	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
<b>Total</b>		None				

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Human Services Department

Department of Health

Aging and Long Term Services Department

### SUMMARY

#### Synopsis of Bill

Senate Joint Memorial 53 requests the Behavioral Health Purchasing Collaborative (Collaborative), through the Behavioral Health Planning Council, join other stakeholders to develop humane and effective strategies to implement an early intervention program serving persons with serious mental illness and who have poor insight in order to reduce the numbers of persons incarcerated, treated in long-term acute hospital care or homeless and to improve the quality of life and increase productivity of those living with a serious mental illness.

SJM 53 resolves that stakeholders include representatives of the Department of Health, the Human Services Department, the Aging and Long-Term Services Department and the Children, Youth and Families Department; the single statewide behavioral health entity; the New Mexico behavioral health institute at Las Vegas; the New Mexico Hospital Association; the Protection and Advocacy System; the New Mexico Association of Counties; at least four peers or consumers who are patients representing the local behavioral health collaborative and their constituents; the National Alliance on Mental Illness, representing consumers and families; and consultants or their designated experts from the National Institute of Mental Health.

The Collaborative shall be requested to report its findings to the appropriate interim legislative committee by December 1, 2009.

## **FISCAL IMPLICATIONS**

According to Collaborative members, SJM 53 would require staff time of the existing Collaborative agencies.

## **SIGNIFICANT ISSUES**

According to Collaborative members:

The Behavioral Health Collaborative's Strategic Priorities includes priorities for "Supportive Housing", "Consumer-Driven Services and System" and "Crisis and Jail Diversion". Efforts in these priority areas focus on system and service developments and will meet the needs of the population identified in SJM 53. The Human Services Department's Behavioral Health Services Division is the designated single state agency for mental health and co-chairs the Adult Subcommittee of the Behavioral Health Planning Council, the statewide advisory body for mental health.

There are existing studies and recommendations from the Institute of Medicine, the Carter Center Mental Health Project, SAMHSA, NIMH, and others regarding early intervention and prevention strategies and practices affecting people with serious mental illnesses, including the smaller population who are described in SJM53. According to the only national study of elements of an effective crisis response system, *A Community-Based Comprehensive Psychiatric Crisis Response Service (TAC 2005)*, "There is a considerable body of evidence suggesting that comprehensive crisis services can improve outcomes for consumers, reduce inpatient hospital stays and costs, and facilitate access to other necessary mental health services and supports." "Crisis services cut across many different systems, including: Social services: Housing, medical benefits, child welfare, etc. Legal: Involuntary confinement or detainment for the purpose of treatment and evaluation; Health: Medical services; and Community and personal safety: Law enforcement assessment of danger to self or the community."

In response to the priorities established by the Collaborative's Strategic Plan, the Adult Subcommittee of the BHPC is directing the implementation of several key approaches to insure that persons with psychotic mental illnesses are included in early intervention approaches. These approaches include the implementation of "linkages" under the Supportive Housing Plan, expanded jail diversion efforts in targeted communities, development of community-based crisis response services in partnership with the statewide behavioral health entity. SJM 53 duplicates the work of the Behavioral Health Collaborative and the Behavioral Health Planning Council, whose membership includes consumers, family members and community representatives, whose advice is essential to the development and implementation of a comprehensive psychiatric system of care that is predicated on the principles of appropriate levels of care in the least restrictive settings resulting in the most positive outcomes for consumers and their families.

## **RELATIONSHIP**

SJM53 relates to SJM35 and SJM26.

BE/mt