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Current FIRs (in HTML & Adobe PDF formats) are available on the NM Legislative Website (legis.state.nm.us). Adobe PDF versions include all attachments, whereas HTML versions may not. Previously issued FIRs and attachments may be obtained from the LFC in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

SPONSOR	Beffort	ORIGINAL DATE LAST UPDATED	02/04/10 HB	
SHORT TITL	E Services for the	e Mentally Ill to Avoid Jail	SJM	45
			ANALYST	Earnest

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY10	FY11	FY12	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
Total		\$35.0		\$35.0	Nonrecurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From Human Services Department (HSD) Administrative Office of the Courts (AOC) NM Corrections Department (NMCD) Public Education Department (PED) NM Association of Counties Aging and Long Term Services Department (ALTSD)

SUMMARY

Synopsis of Bill

Senate Joint Memorial 45 requests the interagency behavioral health purchasing collaborative, through the behavioral health planning council, convene stakeholders to develop humane and effective strategies to serve people with mental health disorders to reduce the number of people with mental health disorders that require law enforcement intervention and to reduce the number of people with mental health disorders in detention centers. The memorial further resolves that:

stakeholders include but not be limited to representatives from the New Mexico association of counties; the New Mexico municipal league; the department of health; the human services department; the training and recruiting division of the department of public safety; the aging and long-term services department; the corrections department: the New Mexico behavioral health institute at Las Vegas; the New Mexico hospital association; the protection and advocacy system; federal, state and county law enforcement; and peer specialists that represent the local behavioral health collaboratives and their constituents and families; and

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- the interagency behavioral health purchasing collaborative be requested to report its findings to the appropriate interim legislative committee by December 1, 2010; and
- copies of this memorial be transmitted to the directors of the New Mexico association of counties and the New Mexico municipal league and to the secretaries of health, human services, aging and long-term services and children, youth and families.

FISCAL IMPLICATIONS

The fiscal impact is limited to the staff time and resources of agencies participating in the study. HSD estimates a total of 256 hours of staff time at each agency (four days a month for eight months), for a total of approximately \$32.5 thousand that would need to be absorbed by agency budgets.

SIGNIFICANT ISSUES

HSD reports that New Mexico's behavioral health system does not have a statewide crisis response system to serve individuals experiencing severe behavioral health episodes although there are some elements of a crisis system in place in predominantly urban areas. The development of community behavioral health crisis response system would mitigate the following national and regional trends:

- Persons with behavioral health disorders are being held in detention centers or jails on misdemeanor charges as an expedient avenue to facilitate safety for the person and others because there was no access to crisis treatment.
- Persons in the community are in an active crisis episode and not in a safe environment.
- In 2005 1,879 persons from Dona Ana and adjoining counties were hospitalized for 13,831days at an estimated cost of \$6,915,500.
- Significant adverse consequences of untreated or undertreated crisis includes suicide; homelessness; domestic violence; child abuse and unemployment.

In addition, HSD notes that the Collaborative recently received a competitive grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) for providing Jail Diversion services for Veterans and Native Americans in pre-conviction status. It is being integrated into the system already developed for the Veterans Services project in Sandoval County and expanded into McKinley and San Juan Counties.

Dona Ana County has also been working in a collaborative way locally with assistance from the Behavioral Health Services Division of HSD to plan and implement various elements of an effective crisis system. SJM 45, according to HSD, could allow this work to be expanded to other key players that are essential to the development and implementation of a comprehensive psychiatric crisis response service system in New Mexico.

According to the Association of Counties, county detention centers have become the de facto mental hospitals and substance abuse holding cells, without the ability or the resources to adequately address these issues. Law enforcement officers are often called upon to deal with individuals who have serious mental health and behavioral problems; these people too often end up in detention facilities. It is estimated that about one-third of the incarcerated individuals suffer from serious mental health issues and are on psychotropic medication. The taskforce and study

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requested by this memorial may help identify humane and effective strategies to serve people with mental health disorders and reduce the number of people with mental health disorders that require law enforcement intervention and in detention centers.

PERFORMANCE IMPLICATIONS

HSD reports that crisis Services are among the top three legislative priorities for both Local Collaboratives and the Behavioral Health Planning Council. The work directed by SJM 45 also relates to the *State of New Mexico 2008 Comprehensive Strategic Health Plan*, Goal 2: Reduce the Adverse Effects of Substance Abuse and Mental Illness.

OTHER SUBSTANTIVE ISSUES

The Behavioral Health Collaborative amended its current Strategic Priorities to include both "Crisis" and "Jail Diversion" after receiving public input from a number of New Mexico communities about conditions under which people with mental illness and substance use crises are held in jails and detention facilities. "Crisis" and "Jail Diversion" services represent a policy priority for both the Collaborative and a number of Local Collaboratives.

NMCD supports any legislation that may reduce its costs by ultimately reducing its prison population and probation/parole caseloads. Providing treatment and services to individuals with mental health disorders or issues before they commit crimes, and/or sending these individuals to treatment in the community instead of sending them to prison for incarceration and treatment is very likely to ultimately reduce NMCD's prison population and probation/parole caseloads. NMCD reports the contract/private prison annual cost of incarcerating an inmate is \$29,853 per year for males. The cost per client to house a female inmate at a privately operated facility is \$34,183 per year. The cost per client in Probation and Parole for a standard supervision program is \$1,412 per year. The cost per client in Intensive Supervision programs is \$4,601 per year. The cost per client in Community Corrections is \$3,684 per year. The cost per client per year for male and female residential Community Corrections programs is \$24,775.

BE/mew