



Synopsis of Original Bill

Senate Bill 438 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**

Section 6 of the 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.

Without an appropriation it may be difficult for HSD to carry out provisions of the act, and additional behavioral health services in a safe house may carry future costs for HSD.

**SIGNIFICANT ISSUES**

SB 438 directs HSD to establish safe houses in urban and rural communities. 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.

While the bill requires a safe house to serve those individuals eligible for Medicaid, HSD reports that services such as those described in SB438 are not part of the Medicaid State Plan; therefore, a safe house could not bill Medicaid for services provided to Medicaid-eligible individuals.

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 nonclinical 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.

According to 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 Statewide 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.

#### **ADMINISTRATIVE IMPLICATIONS**

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.

BE/mew:svb