

**Proposed Funding Streams for the Recommendations of the
Task Force on Behavioral Health**

A. **Crisis Stabilization Center**

For a hybrid “medical/social” model, based on budgets of similar centers, the cost will vary depending upon the inclusion of other supportive services at the crisis stabilization center and whether UNM Medical or other local medical plans would sub-contract to run medical services at the center. This preliminary cost assumes that the center would have between fifteen and twenty beds.

Annual Programmatic Cost: \$2.5 million per center, state-wide

- Cost accounts for nurses, counselors, staff, administration, food and transportation
- Building costs: Unknown (Funds depend on whether the City or County has space available within their property inventory. If a building was available it would still need to be re-designed. The building would not have to be JCAHO accredited.

Funding Approaches:

- Joint funding from City of Albuquerque, Bernalillo County and the State of New Mexico
- Medical funding could be realized by billing Medicaid for certain treatments, however, Medicaid funding would take a certain amount of time to start reimbursement and these reimbursements will not be enough to fully fund the center. We recommend that the funding should not assume that Medical will cover any substantial costs. Ex: San Antonio Crisis Stabilization Center receives about \$180,000 in Medicaid reimbursements with revenues of more than \$7million

Funding Mechanisms:

- We recommend that a bill is carried in this legislative session to fund regional crisis stabilization centers in major population areas throughout the state, i.e.; Bernalillo, Doña Ana, Santa Fe, and San Juan. As a side note, several other cities are considering stabilization centers thus a state-wide, regional approach will likely garner more support. It is of note that the N.M. Association of Counties is exploring the idea of regional crisis centers as well.

- Funding for stabilization centers are not paid for through Medicaid; subsequently, funding a center in Bernalillo County would be better accomplished through grants at the local levels which would allow for local communities to uniquely design stabilization centers to address local community concerns.
- A regional approach would allow for counties such as Sandoval, Valencia and Torrance, for example, to contribute to the funding of the center without having to incur the cost of building a center

B. **Intensive Case Management**

Case management services include individualized counseling, connections to support structures, and advocating on behalf of the client. Such Services can be utilized after a crisis encounter to insure that the person does not slip back into crisis. The focus of the case management should be needs based and not eligibility based. The task force found that best practices for case management are one case manager for twenty-five clients, with no more than thirty clients per case manager.

Annual Programmatic Cost: \$1.3 million

- Cost assumes that each F.T.E.'s salary base is about \$65K inclusive of administrative and tracking requirements
- Additionally, this cost estimate reflects a case management load for 500 clients with about twenty F.T.E.'s with a twenty-five client case load.

Funding Mechanisms:

- Intensive case management can be funded in a variety of ways; One approach is to appropriate money through the City of Albuquerque Family and Community Dept./ Bernalillo County's Office of health and Social Services, to allow service providers in the community to respond to an RFP for case management services
- If a crisis stabilization center is created, case management services could be administered through the center
- Alternatively, a Community Engagement Team (C.E.T) bill could appropriate funds for case management services for this population

- Restore case management services through Medicaid which would require significant movement through H.S.D. Furthermore, funding through Medicaid may potentially restrict services through byzantine-type eligibility requirements and would probably only apply to persons with Medicaid

C. **Create Community Engagement Teams**

The task force recommends that a C.E.T. bill be reintroduced at the legislature this year. The bill introduced last year did not have an appropriation attached to it. A revised C.E.T. bill should include appropriations for labor, transportation, and case management services. This bill would call for C.E.T.'s throughout the State; therefore other jurisdiction would participate in funding. The advantage in having this bill pass at the State level would ensure that C.E.T. Members have tort claim protection. However, in the event that a bill of this sort fails, the City and County should proceed by creating and funding a program locally.

Annual Programmatic Cost: \$2 Million state-wide

- Cost estimate accounts for labor and transportation per community engagement team; \$450,000 per team

Funding Mechanism: Attach an appropriation to potential C.E.T. Bill

D. **Supportive Housing for Persons with Mental/Behavioral Health Issues**

Housing for people with mental or behavioral health issues remains a key for long-term stabilization. Lack of reliable housing increases the risk of crisis encounters, increased hospitalization and emergency room visits.

Temporary “Respite” Housing

- This services applies to folks transitioning from a crisis; emergency room, jail, crisis stabilization center, etc., who are in need of temporary housing until a more stable housing alternative becomes available. This could be housed within the stabilization center or could be administered through the City/County RFP process

Annual Programmatic Cost: \$135,000

- This cost estimate assumes that twenty respite housing slots would be available though they may not be fully utilized at any given time. The annual

cost accounts for 3,000 bed days at \$45 a day. If we double the amount of bed days to 6,000 the cost would be approximately \$270,000).

Supportive Housing

- This service provides scattered, individual units with off-site support

Annual Programmatic Cost: \$2 Million

- The cost accounts for 200 supportive housing slots

Supportive Group Housing

- Supportive group housing provides on-site support for programs

Annual Programmatic Cost: \$1 Million

- Cost assumes there would be 100 supervised group home beds

Funding Mechanisms:

- As a side note, the State of New Mexico has been reluctant to fund supportive housing in the past and Medicaid housing is severely limited by eligibility, therefore, the most effective and immediate way to fund housing is through County/City funds
- Long-term funding for supportive housing could be realized through the New Mexico Mortgage Finance Administration by utilizing seed funding to allow for bonding capacity. This can also be accomplished through H.U.D.