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## FISCAL IMPACT REPORT

ORIGINAL DATE 02/08/14

SPONSOR Tripp LAST UPDATED \_\_\_\_\_ HM 64

SHORT TITLE Children's Code & Access to Services SB \_\_\_\_\_

ANALYST Klundt

### APPROPRIATION (dollars in thousands)

| Appropriation |      | Recurring<br>or Nonrecurring | Fund<br>Affected |
|---------------|------|------------------------------|------------------|
| FY14          | FY15 |                              |                  |
|               | None |                              |                  |

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Children, Youth and Families Department (CYFD)  
 Administrative Office of the Courts (AOC)  
 Administrative Office of the District Attorneys (AODA)

### SUMMARY

#### Synopsis of Bill

This memorial requests that the Secretary of the Children, Youth and Families Department (CYFD) reconvene the steering committee previously created pursuant to HJM 21 (Fiftieth Legislature) to develop a detailed plan to accomplish the goals of the Children's Code as identified by the steering committee (school-related issues, diversion programs and early intervention, tribal support) across the state, in partnership with the state youth services agencies. It also calls for all Medicaid and non-Medicaid behavioral health services to develop an intake screening process for first-time offenders who exhibit high behavioral health needs and to provide children's courts with community based alternatives; that the legislature consider funding the New Mexico gang task force and reinstate appropriations to the family and youth resource fund and the juvenile continuum grant fund; and that the steering committee report their plan to the appropriate interim legislative committees by December 1, 2014.

### FISCAL IMPLICATIONS

There is no appropriation attached to this memorial, but the CYFD reports that any staff effort or time necessary to fulfill the requirements of this memorial would be provided from existing resources.

## **SIGNIFICANT ISSUES**

CYFD reports the agency has already engaged in implementing a number of programs and services that are consistent with the proposals of the previous steering committee and with what this memorial proposes. Juvenile Justice Services (JJS) in collaboration with the Office of Community Outreach and Behavioral Health (BHS) implemented the GAIN Short Screen Assessment for all clients referred to JJS regardless of whether the offense is a delinquent act or status offense (i.e. incorrigible, runaway, truancy). This assessment identifies behavioral health, mental health or substance abuse needs at the front end of the process and refers the youth and his/her family to the appropriate community resources through a referral process to Core Service Agencies. Because the GAIN SS is conducted at the on-set of a youth's involvement with the JJS system, it has diversionary qualities and the data collected from the GAIN SS will be available to CYFD to determine what resources are needed and the success of these diversionary tactics. Further, CYFD-JJS reorganized the special programs unit bringing Community Corrections, the Juvenile Detention Alternative Initiative and the Juvenile Justice Advisory Committee under one chain of command to ensure continuity in policy and direction that was shaped in great part by the previous steering committee.

The CYFD BHS has funded and collaborated with JJS to fund and implement the Chestnut Health Systems Global Assessment of Needs Short Screen (GAIN-SS) with all juvenile probation officers throughout the State of NM. The GAIN-SS is a 24 question brief screen that identifies internalizing and externalizing mental health issues, and substance abuse issues, as well as risk for re-offense. The Screen will be administered to all youth who present to a Juvenile parole Officer (JPO) for any reason, and will result in appropriate referral to community-based behavioral health services when appropriate. Aggregate information will be uploaded and available for analysis through the GAIN Assessment Building System (ABS), which is a American Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant, web-based system hosted by Chestnut Health Systems that allows for computer-based and interactive administration of the GAIN instruments.

In addition, at least 51 school-based health centers (SBHCs) (those that are funded by the Department of Health Office of School and Adolescent Health implement a comprehensive, student health screening tool that assesses risk and protective factors across seven health domains that include: home/school issues, physical health, safety/injuries, relationships, sexual activity, health behaviors/substance use, and development/future plans. Twenty-three of those sites use an electronic iPad-based version that is called the electronic student health questionnaire (eSHQ). The eSHQ has improved the delivery of health care in SBHCs through: (1) early identification of health risk behaviors, (2) opportunities to promote protective factors, (3) improvements in clinic workflow, and (4) integration of primary care and behavioral health care. In addition, the eSHQ allows for the management of patient populations and guidance of health education efforts.

The Human Services Department's Behavioral Health Services Division sponsors the State Epidemiological and Outcomes Workgroup and it is preparing a white paper on outreach behavioral health services into rural and frontier areas of the State.

The CYFD BHS Bureau of Justice Assistance Federal Grant- the Justice and Mental Health Collaboration Program (JMHCP) has convened a Taskforce to develop significant collaboration between community-based behavioral health providers and JJS facilities and JPOs, DOH

adolescent treatment facilities, juvenile courts, and county and municipal behavioral health services in Valencia and Bernalillo Counties. The JMHCP taskforce also has committed to exploring rural and frontier outreach, as stated in Goal 5: The Taskforce shall research and develop potential solutions to providing both behaviorally and cost effective competent treatment and support services to rural and frontier populations of the state of NM.

The JMHCP taskforce has worked with community-based providers JJS to develop a clear referral pathway for JPOs to community-based providers in anticipation of increased referrals due to implementation of the GAIN-SS. The joint JMHCP, BHS and JJS staff will train Bernalillo and Valencia County JPOs in use of the referral pathway and referral document as a precursor to possible statewide implementation.

The JMHCP Taskforce has developed a youth support services description and funding track for Bernalillo and Valencia County behavioral health providers for early intervention or concurrent to treatment services so that youth have full support to develop fundamental success skills needed for ongoing engagement and success in utilizing recovery goals towards becoming successful citizens.

The JMHCP evaluation component has developed an online performance measures tracking system to help determine successful outcomes related to community-based behavioral health services provided. Providers will be assessed utilizing a competency assessment related to provision of integrated co-occurring mental/emotional and substance disorders treatment. The evaluator has also developed a consumer satisfaction survey for youth receiving services that will be installed as an iPad application. Use of this tool will enable both providers and the State to monitor satisfaction with services received ongoing, and will increase the voice of youth with the overall behavioral health system.

### **PERFORMANCE IMPLICATIONS**

CYFD has performance measures related to juvenile justice and behavioral health services which may be affected by this memorial.

### **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

AOC reports that work on some of these issues is in progress by the Joint Education Task Force. The Task Force is addressing educational issues for both children in delinquency cases as well as foster care. The Task Force report is forthcoming with one of the recommendations being a project to pilot educational liaisons for those children to keep continuity of education and educational services.

### **OTHER SUBSTANTIVE ISSUES**

AODA states that any assistance in developing comprehensive and productive plans for providing youth services in an equitable manner, with the goal of deterring future offenders, would be appreciated by the District Attorneys' Offices, as so much being done now is being fought for individually and funded as best it can be within the existing resources, which clearly has not been the best approach. The proposal to restore funding to the juvenile continuum grant fund will especially be of value, as in those areas which have used a continuum of services the funding has allowed many versatile and effective programs to be used towards the goals of assisting at-risk youth.

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The AODA reports that many youth are handicapped from the outset from achieving productive lives by dysfunctional families, ongoing issues with behavioral health, and the temptations of drugs and alcohol in the current, modern society. This handicap often leads them into trouble at school, especially with zero tolerance requirements, which developed in part as a means of ensuring a safe school environment for the main body of students. But, without comparable or productive alternatives for the offenders, those youth lose ongoing supervision in their daily lives, which in turn often leads to behavior that brings them into the legal system. It is well established that constant, positive supervision and support, whether from family, peers, or system entities, is key to changing bad habits and behaviors. This memorial seeks to come up with plans to offer such consistent, constructive support across the board of mental health, the courts, juvenile services, schools, and the like, at earlier intervention points than the legal system.

KK/jl