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FISCAL IMPACT REPORT

SPONSOR Fajardo **ORIGINAL DATE** 2/11/16
LAST UPDATED _____ **HB** 302

SHORT TITLE Transfer DWI Fund & Crash Reporting Times **SB** _____

ANALYST Malone

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY16	FY17	FY18	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		\$21,000.0	\$21,000.0	\$42,000.0	Recurring	HSD- BHSD Operating
		(\$21,000.0)	(\$21,000.0)	(\$42,000.0)	Recurring	DFA- LGD Operating

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Finance and Administration (DFA)

Human Services Department (HSD)

SUMMARY

Synopsis of Bill

House Bill 302 amends the Local DWI Grant Program Act to transfer administration of the Local DWI (LDWI) program from DFA's Local Government Division (LGD) to the Behavioral Health Services Division (BHSD) of HSD. The bill replaces the secretary of DFA or designee with the secretary of HSD or designee as a member of the DWI Grant Council.

The bill also updates a portion of the distribution formula to use the recent complete year of alcohol related injury crashes instead of the average number of alcohol-related injury crashes in calendar years 2000 through 2002. The bill includes a temporary provision to transfer all items, including staff, related to the local DWI Grant Program from DFA to HSD.

FISCAL IMPLICATIONS

The LDWI Grant Program will receive 46 percent of liquor excise tax revenues in FY16 through FY18 (when the temporary increased distribution ends after FY18 the program will receive 41 percent). For FY16, the DWI Grant Council awarded \$20,261,006 to the 33 county DWI

Programs. By statute, LGD is allocated \$600,000 to administer the program. In FY17, the county DWI programs can anticipate awarding approximately \$21 million.

If this bill is enacted, there should be no net impact, but the \$21 million will be transferred to HSD, along with staff and other resources.

SIGNIFICANT ISSUES

According to DFA, the LDWI Grant Program has been administered through LGD since the inception of the Act in 1993. LGD has five program managers, one auditor and one bureau chief who oversee the Local DWI Grant Program. Because some staff members also spend time administering two other programs, citizen review boards that monitor placement of children in foster care and juvenile adjudication fund, only part of the LDWI bureau's staff would transfer from LGD to BHSD as a result of this bill.

The LDWI staff conduct the following activities: review applications and prepare funding recommendations to the DWI Grant Council; prepare grant agreements and the reimbursement request forms for each of the county LDWI programs; review and approve reimbursement requests and quarterly reports; provide technical assistance to each of the county DWI programs; oversee a contract for the statewide database used to capture information from each county program including demographics of offenders, services provided to offenders and services and programs provided to the community through their prevention outreach efforts; collaborate with other state agencies including the Administrative Office of the Courts (AOC), the Traffic Safety Bureau (TSB) of the Department of Transportation (DOT), the Epidemiology Response Division (ERD) of the Department of Health (DOH), and BHSD of HSD; and process county reimbursement forms within five working days.

Staff members from TSB and BHSD also review and provide feedback to LDWI staff on each of the county applications. The collaboration also includes discussions on services that each agency provides to ensure that the county DWI programs fill local gaps in needs in those services.

The mission of the LDWI Grant Program is to reduce the incidence of DWI, alcoholism, alcohol abuse and alcohol-related domestic violence. According to the Traffic Safety Bureau of the Department of Transportation, alcohol involved traffic fatalities have fallen consistently from 231 in 1995 to 166 in 2014.

HSD notes that moving the LDWI program to BHSD would provide BHSD, through the Local Planning Councils, a local infrastructure in every county and additional insight into the perspective of the local communities. It would also provide links between BHSD programs and the criminal justice system through several components of the LDWI program, enforcement, alternative sentencing, and compliance monitoring. There is also overlap in the emphasis on prevention and treatment, and the LDWI program staff and local programs can offer insight on how to balance behavioral health concerns with the criminal justice system, while BHSD can offer insight to local DWI programs on the best strategies for preventing and treating substance abuse that leads to DWI. HSD's screening and treatment services through both Medicaid and non-Medicaid fund sources complement those local efforts and the improved coordination could make all programs more effective.

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Both DFA and HSD agree that this transfer would further enhance coordination and collaboration of state and local substance abuse treatment, prevention, and compliance programs.

TECHNICAL ISSUES

DFA notes that Section 66-8-102 K. NMSA 1978 requires offenders to participate in and complete, within a time specified by the court, an alcohol or drug abuse screening program approved by the DFA, and therefore, should be amended.

AMENDMENTS

DFA suggests amending page 5, lines 16 through 19 to continue to use the most current three-year average for which a full year's data are available to reduce any anomalies or unusual spikes in the data.

CEM/al