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FISCAL IMPACT REPORT

SPONSOR Stapleton ORIGINAL DATE 1/25/18
 LAST UPDATED _____ HB 135

SHORT TITLE At-Risk Youth Interventions SB _____

ANALYST Chilton

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY18	FY19		
	\$1,000.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY18	FY19	FY20	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	No Fiscal Impact	\$76.5	\$76.5 plus additional unknown program costs*	\$153.0 plus additional unknown program costs*		

(Parenthesis () Indicate Expenditure Decreases)

* indicates unknown costs related to the undefined responsibilities regarding adult and child inmates.

RELATIONSHIP with House Bill 20, Prison Recidivism Reduction Program,

SOURCES OF INFORMATION

LFC Files

Responses Received From

Children Youth and Families Department (CYFD)

Human Services Department (HSD)

Administrative Office of the Courts (AOC)

SUMMARY

Synopsis of Bill

House Bill 135 adds tasks for HSD’s Behavioral Health Service Division aimed at reducing juvenile crime and recidivism. These additional tasks include:

- 1) Creating, implementing and evaluating strategies addressing the behavioral needs of at-risk youth and nonviolent adult and juvenile offenders,
- 2) Connecting those individuals with resources likely to reduce their future exposure to the juvenile justice or criminal justice systems, including housing, behavioral health therapy, employment training.

“At-risk” is defined in a new section as those individuals between 13 and 25 years of age identified by school health care providers as having risk factors for involvement in the juvenile justice system.

In addition, HSD would establish a program whereby the County Behavioral Health Transportation Fund could be accessed to pay for transportation of the identified children and adults to their behavioral health providers.

In addition, House Bill 135, At-Risk Youth Interventions, appropriates \$1 million from the general fund to establish a County Behavioral Health Fund for the purpose of transporting at-risk youth and youthful offenders to behavioral health providers.

FISCAL IMPLICATIONS

A \$1 million appropriation is made to the County Behavioral Health Fund, but no additional appropriations are made to HSD for administering the fund or carrying out the activities specified in the additions to HSD’s Behavioral Health Services Division’s (BHSD) responsibilities.

The appropriation of \$1 million contained in this bill is a recurring expense to general fund. Any unexpended or unencumbered balance remaining at the end of Fiscal Year 2019 shall not revert to the general fund, but shall remain in the County Behavioral Health Transportation Fund.

This 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.

HSD responds that “HB 135 contains an appropriation to provide eligible counties with monies for transportation to behavioral services for indigent individuals. It does not include an appropriation for HSD to 1) oversee the transportation fund and the application process for fund disbursement to counties, or 2) create, implement and continually evaluate the effectiveness of the framework for targeted, individualized interventions for the population described in the bill. In order to create and administer a program with the above two components, Behavioral Health Services Division of HSD would need to hire a program manager. Total salary and benefits for that individual is estimated at \$76,482 per annum.

“Although BHSD has programs in place to support justice-involved adults, it is likely that additional funding will be needed to provide sufficient services statewide to support the targeted population. The amount of funding that will be needed is currently indeterminate, in part because the term “offender” requires clarification to determine the scope of the population to be served (see significant issues).”

CYFD responds that the costs of its participation in the new mandates would be covered by existing resources. AOC indicates that if the prevention modalities employed were to be successful, they might “reduce new petitions and charges filed in delinquency and criminal

courts,” and reduce court costs.

SIGNIFICANT ISSUES

As noted by AOC, “A youth at risk is defined as a person age 13-21 whom a “school health care provider” has identified as being at risk of involvement in the juvenile or criminal justice system. This may leave out children who are “at-risk” but are not currently in school and[/or] have not been evaluated by a school health care provider.” Similarly, CYFD notes that “While school health providers are certainly an important part of the identification component for this bill, should be included, the CYFD divisions of PS, JJS and BHS/CBHC are also in an excellent position to identify these youth, particularly those enrolled in schools where no school health provider is present, or those who are home-schooled and come into contact with CYFD.”

CYFD continues:

Although one of the target populations is “nonviolent juvenile offenders who have behavioral health diagnoses”, there is no mention in the new material of coordination with CYFD, although these youth are involved with CYFD.

Finally, this bill establishes an early identification program for youth at risk of juvenile justice involvement due to an underlying behavioral health disorder. As 65% of youth involved in JJS have a behavioral health disorder, CYFD should be actively involved in BHSD’s selection and determination of a nationally validated screening instrument for youth at risk of penetrating the juvenile justice system.

HSD notes that there are likely to be overlapping responsibilities involving the Behavioral Health Service Division’s supervision of the behavioral health entities and CYFD’s jurisdiction over children involved with the juvenile justice system.

As noted by HSD, Medicaid provides transportation to behavioral health services; they would not be needed as a benefit from a County Behavioral Health Transportation Fund for that subset of the children needing services.

PERFORMANCE IMPLICATIONS

HB 135 would require that BHSD create a method to evaluate the effectiveness of the proposed framework for service provision for youths at risk and nonviolent offenders with behavioral health diagnoses.

RELATIONSHIP

Relates to House Bill 20, Prison Recidivism Reduction Program, which overlaps in its requirements to provide needed services to already incarcerated adults and children, and thus overlaps with the provisions of House Bill 135.

TECHNICAL ISSUES

The terms “school health care provider” and “offender” are not defined.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

No new transportation fund would be available for at-risk youth and youthful offenders, and new requirements of the Behavioral Health Services Division would not be enacted.

LAC/sb