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FISCAL IMPACT REPORT

SPONSOR	Torres-Velásquez/Thomson/Hochman-Vigil/Romero, GA.	LAST UPDATED	
		ORIGINAL DATE	3/18/2025
SHORT TITLE	Study Autobiographical Storytelling	BILL	House Memorial
	Treatment	NUMBER	61
		ANALYST	Mercer-Garcia

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT*

(dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
CYFD	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	Recurring	General Fund

Parentheses () indicate expenditure decreases.

*Amounts reflect most recent analysis of this legislation.

Relates to House Bills 345 and 534

Sources of Information

LFC Files

National Institutes of Health

Agency Analysis was Solicited but Not Received From

Children, Youth and Families Department (CYFD)- provided analysis for similar bill
Health Care Authority (HCA)

SUMMARY

Synopsis of House Memorial 61

House Memorial 61 (HM61) notes the role that autobiographical storytelling or narrative therapy can play as a trauma-informed strategy and requests the Children, Youth and Families Department collaborate with speech language-pathologists and licensed behavioral mental health care providers familiar with trauma and trauma-informed practices to provide language development training and workshops for families and caseworkers. The memorial also requests the agency assist children in developing autobiographical stories and designed experiences for families that use autobiographical storytelling to process traumatic events.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns if enacted, or June 20, 2025.

FISCAL IMPLICATIONS

The memorial does not contain an appropriation.

In analysis for House Bill 534, CYFD reported potential costs of \$230 thousand annually to contract with speech language pathologists to deliver trainings and workshops. CYFD could

likely absorb additional costs associated with delivering the training and workshops for families within the existing Behavioral Health Services Division budget, as actual expenditures in FY24 totaled \$46 million and were roughly \$3.7 million below budgeted levels.

In addition, CYFD received a Government Results and Opportunity appropriation totaling \$1.5 million during the 2024 Legislative session to provide trauma-informed training to staff and foster families. This appropriation is available through FY27 and has no reported expenditures to date. These funds could also be used to implement the trauma-informed approach proposed in the memorial.

SIGNIFICANT ISSUES

The Behavioral Health Services Division is responsible for providing coordination and management of behavioral health policy, programs, and services for all children in New Mexico, not just the children who are in foster care. The majority of behavioral health services for children in New Mexico are paid for through Medicaid, which is administered by the Health Care Authority. Roughly 2,100 children are currently in foster care in New Mexico, and children in foster care are often exposed to traumatic circumstances and or experience behavioral health needs.

The National Institute of Health notes clinicians working with families who have been impacted by trauma can use family storytelling to aid healing. The American Psychological Association reports Narrative Exposure Therapy, a form of psychotherapy, is a treatment for complex and multiple forms of trauma, including post-traumatic stress disorder. While the memorial does not specify a specific form of psychotherapy, it requests CYFD work with clinicians to provide opportunities for children and families to process trauma through autobiographical storytelling.

According to the [National Child Traumatic Stress Network](#), trauma-informed child and family systems are those:

In which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive.”

In analysis for a related bill (HB534), the Office of Family Representation and Advocacy (OFRA) points out that:

While autobiographical storytelling can be a healing modality when implemented within a clinical framework, it can also lead to unintentional re-traumatization of children and youth in foster care. OFRA reported risk of new disclosures of child abuse and neglect, and the bill does not address how this should be handled or addressed. Presumably, CYFD’s established procedures for reports of abuse or neglect would apply. If storytelling activities occur in a place that feels unsafe or with people with whom the child or youth does not feel emotionally or physically safe, it could be harmful to them. Further, the bill does not clarify whether this service is voluntary for children and youth, or families and case workers.

ADMINISTRATIVE IMPLICATIONS

CYFD has experienced challenges with hiring clinicians and other positions within the agency, as noted in the fiscal implications section. The bill would request CYFD to provide new and additional children's behavioral health services, which could be inhibited by capacity constraints within the agency.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Relates to House Bill 345, which would require CYFD to provide the Child and Adolescent needs and Strengths (CANS) trauma assessment within 45 days of placing a child into foster care.

Duplicates sections of House Bill 534, which would direct (as opposed to request) CYFD to use autobiographical storytelling.

TECHNICAL ISSUES

The memorial does not outline a timeline by which CYFD should initiate and complete requested activities or any request for outcome reporting.

It is not clear why the bill specifies speech-language pathologists as those to conduct autobiographical storytelling. Some SLPs will have educational experience in facilitation, but some medical providers, social workers, psychologists, and psychiatrists may also have such training, especially training that encompasses trauma-informed care.

RMG/hj