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## FISCAL IMPACT REPORT

**ORIGINAL DATE** 02/03/16  
**SPONSOR** Stapleton **LAST UPDATED** \_\_\_\_\_ **HB** 247

**SHORT TITLE** Interventions for Some Nonviolent Offenders **SB** \_\_\_\_\_

**ANALYST** Boerner/Chilton

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY16	FY17		
	\$250.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY16	FY17	FY18	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>		Uncertain	Uncertain	Uncertain	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

**RELATES** to HB 246

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Children, Youth and Families Department (CYFD)

Human Services Department (Behavioral Health Services Division; HSD BHSD)

New Mexico Corrections Department (NMCD)

### SUMMARY

#### Synopsis of Bill

House Bill 247 appropriates \$250 thousand from the general fund to the Behavioral Health Services Division of the Human Services Department to provide targeted, individualized interventions for nonviolent adult and juvenile offenders who have behavioral health diagnoses, connecting them to resources and services that would reduce the likelihood of their committing future offenses. The services might include medical assistance, behavioral health therapy, and employment training.

It inserts language to this effect in Section 9-8-7.1 NMSA 1978 as a new paragraph E, stating the services to be provided by the HSD BHSD to young offenders.

## **FISCAL IMPLICATIONS**

The appropriation of \$250 thousand contained in this bill is a recurring expense to the general fund. Any unexpended balance remaining at the end of fiscal year 2017 shall revert to the general fund.

The New Mexico Corrections Department states that

The fiscal impact of this bill on the NMCD is unknown. However, to the extent this money helps provide housing, counseling or other services to NMCD probationers and parolees in need, it could help prevent these offenders from committing new crimes to support their families or past criminal lifestyles.

The Department's incarceration and probation/parole supervision costs are as follows. The classification of an inmate determines his or her custody level, and the incarceration cost varies based on the custody level and particular facility. The average cost to incarcerate a male inmate is \$45,250 per year in a state-owned and operated prison, and the average annual cost in a privately operated prison is \$29,781 (where primarily only level III or medium custody inmates are housed).

The cost per client in Probation and Parole for a standard supervision program is \$2,766 per year. The cost per client in Intensive Supervision programs is \$2,174 per year. The cost per client in Community Corrections is \$4,236 per year. The cost per client per year for female residential Community Corrections programs is \$30,631 and for males is \$20,471.

## **SIGNIFICANT ISSUES**

NMCD states that providing the type of services envisioned in this bill should “help lower recidivism rates for these offenders,” making it less likely that the treated offender “will have to resort to committing other crimes in order to survive or support his family,” and “potentially creating more bed space in NMCD's prisons due to fewer convictions and incarcerations” for recurrent crimes.

CYFD notes that its “Juvenile Justice Services Division employs Community Behavioral Health Clinicians whose role is to identify and target behavioral health, substance abuse, and skill building (such as career, education, housing, and life skills) and link youth and their families to these services in the least restrictive environment. Since 2003, CYFD has implemented the Juvenile Detention Alternatives Initiative, of which one key part is identifying such contributing factors to delinquency as mental health and substance abuse.

“Connecting youth and adults to specific services requires adequate behavioral health screening at the time of referral, or at intake into services, to determine both eligibility for services (as in screen-in, screen-out) and to identify any significant issues appropriate for careful assessment and diagnostic evaluation. CYFD Juvenile Justice Services has adopted the Global Appraisal of Individual Needs-Short Screen (GAIN-SS), which is now used by all juvenile probation officers across the state to enable targeted referral to services. The GAIN-SS is a brief format screening instrument which identifies mental health, substance related, and public safety issues.

“Following this screening, the least restrictive level of care is determined at intake. The American Society of Addiction Medicine (ASAM) assessment and service intensity determination, or its equivalent, is used to determine the level of care for substance use conditions or disorders. In addition, recovery supports, housing needs and other resources can be identified concurrently with the identification of behavioral health needs so that targeted interventions and supports can be provided. These processes allow CYFD to more efficiently and effectively address the specific needs of its clients, thus reducing recidivism, detention and incarceration. CYFD sponsors yearly trainings in the ASAM and other evidence-based practices.”

The HSD BHSD states that it “currently provides the types of services mandated in HB 247 to offenders with serious mental illness and substance use disorders. BHSD works with Medicaid to ensure that high need individuals, including offenders, receive appropriate care coordination, health risk assessments, care plans and treatment. For services not covered by Medicaid, such as supportive housing, BHSD uses federal and state non-Medicaid funds. Additional resources for this population would expand access to specialized non-Medicaid services mandated by the bill like employment training and supportive housing.”

Recent changes in Medicaid regulations allow youthful offenders to apply for Medicaid when entering correctional facilities; when they do so, they suspend Medicaid participation during their period of incarceration but are eligible for coverage immediately upon release. This allows provision of services in a more seamless manner, with the BHSD working “directly with the Department of Corrections on behavioral health services to offenders who are released from incarceration. BHSD’s experience providing services to offenders with behavioral health diagnoses provides a perspective to create the types of services HB 247 mandates to reduce the likelihood of recidivism, detention and incarceration.”

### **PERFORMANCE IMPLICATIONS**

CYFD states that it has performance measures related to detention, recidivism, and commitment that might be affected by this bill, if enacted.

### **ADMINISTRATIVE IMPLICATIONS**

HSD BHSD indicates that it cannot determine administrative implications for that agency without clarification of the target population of this bill.

**RELATES** to HB 246, but in addition to appropriating funds for provision of services, it inserts language requiring these services into New Mexico statute.

### **OTHER SUBSTANTIVE ISSUES**

HSD comments that “Clarification is needed as to the target population and the types of intervention - the terms ‘non-violent adult and juvenile offenders’ and ‘targeted individualized interventions’ are vague. Further, it is unclear if these interventions have to be court ordered or if the participants need to voluntarily comply.”

NMCD also notes the lack of definition of the term “nonviolent offender.”

**WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

NMCD notes that the result would be “the status quo, which is a shortage of effective types of needed services for these offenders and of money to pay for these services.” Lacking such services, it is possible that the high recidivism rate of juvenile offenders, estimated at 80%, will continue unabated.

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