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## FISCAL IMPACT REPORT

**SPONSOR** McSorley **ORIGINAL DATE** 1/22/2016  
**LAST UPDATED** 1/25/2016 **HB** \_\_\_\_\_

**SHORT TITLE** Sexual Assault and Rape Crisis Center Services **SB** 18

**ANALYST** Chenier/Boerner

### APPROPRIATION (dollars in thousands)

| Appropriation |           | Recurring<br>or Nonrecurring | Fund<br>Affected |
|---------------|-----------|------------------------------|------------------|
| FY16          | FY17      |                              |                  |
|               | \$1,000.0 | Recurring                    | General Fund     |

(Parenthesis ( ) Indicate Expenditure Decreases)

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

|              | FY16 | FY17      | FY18      | 3 Year<br>Total Cost | Recurring or<br>Nonrecurring | Fund<br>Affected |
|--------------|------|-----------|-----------|----------------------|------------------------------|------------------|
| <b>Total</b> |      | \$1,000.0 | \$1,000.0 | \$2,000.0            | Recurring                    | General<br>Fund  |

(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicates House Bill 131  
 Relates to proposed appropriations in HB2

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Administrative Office of the District Attorney

Department of Health (DOH)

Human Services Department (HSD)

### SUMMARY

#### Synopsis of Bill

Senate Bill 18 appropriates \$1 million from the general fund to the Department of Health to contract with sexual assault and rape crisis service centers to provide trauma-informed counseling to victims of sexual assault and rape.

## **FISCAL IMPLICATIONS**

The appropriation of \$1 million contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY17 shall revert to the general fund.

## **SIGNIFICANT ISSUES**

HSD notes both DOH and HSD have a role in sexual assault services. DOH focuses on forensic support, develops a state prevention plan, and provides epidemiology. The Behavioral Health Services Division (BHSD) of HSD focuses on funding local programs to provide behavioral health treatment for victims. HSD notes that since this bill would appropriate funding for contracts with local providers to provide trauma-informed counseling to victims, the appropriation may be more appropriate for HSD.

In FY16, the BHSD budget includes \$823 thousand for sexual assault programs which would remain in the department's base budget for FY17.

## **ADDITIONAL BACKGROUND INFORMATION**

New Mexico has a significant need for trauma-informed services for victims of sexual assault. Recognizing the need, in 1978, the New Mexico Legislature created the Sexual Crimes Prosecution and Treatment Act. This law mandates that the state provide services to professionals (medical, mental health, law enforcement, social services) to assist them in offering appropriate and effective services to victims of sexual assault. This law outlines the necessity of providing ongoing training and mandates the collection of sexual assault evidence in order to provide victims with the best possible prosecution of their cases. Additionally, the law provides for payment of all victims' medical exams following an assault or the discovery of abuse. (Sections 29-11-1, et seq., NMSA 1978).

The New Mexico Coalition of Sexual Assault Programs (Coalition), a private, non-profit organization, was created and continues to exist to fulfill the requirements of this statute. The Coalition provides technical assistance and training services statewide, with an emphasis on children, to sexual abuse programs coordinator and statewide training for all professionals working with sexual abuse victims. In addition, the coalition processes and verifies sexual assault bills (i.e. medical treatment bills and forensic medical exams bills) for victims of a sexual assault in accordance with the Sexual Crimes Prosecution and Treatment Act.

The Behavioral Health Services Division (BHSD), as the state mental health authority, has funded a NM Sexual Assault Coalition, and sexual assault service providers, for a number of years. In SFY 2016, HSD, through its Behavioral Health Services Division, funds the Coalition about \$1.221 million each year. An additional \$1 million is allocated to fund local service providers.

In FY 2016, BHSD funds the following sexual assault service providers:

- Rape Crisis Center of Central New Mexico - Albuquerque (Bernalillo, Sandoval, Torrance & Valencia) Allocation for FY16=\$265,154; 115 Clients served in 2015;
- Community Against Violence – TAOS, NM (Taos, Colfax, Union, Guadalupe, Mora, San Miguel & Rio Arriba) Allocation for FY16=\$60,460; 47 clients served in 2015;

- La Pinion Sexual Assault Recovery Services of Southern New Mexico - Las Cruces, NM (Dona Ana, Hidalgo, Luna Otero & Sierra) Allocation for FY16= \$166,710; clients served data unavailable;
- Solace Crisis Treatment Center - Santa Fe, NM (Santa Fe, Los Alamos, Rio Arriba & San Miguel) Allocation for FY16=\$309,460; 282 clients served in 2015;
- Desert View, Inc. - Farmington, NM (San Juan) Allocation for FY16 \$226,000; 370 clients served in 2015.

Sexual assault providers use Trauma-informed Care, Person-centered Planning, Evidence-based Programs and Recovery-Oriented Systems of Care. Providers are trained in Cultural Competency and Health Privacy laws.

The NM Sexual Assault Coalition provides local programs and providers with training on evidence collection, legal advocacy, treatment methodologies and requirements of state law. Of the \$1.0 million allocated to the Coalition, about \$100,000 is used for training and about \$800,000 is used for Forensic Medical Services and the rest is for needed exam supplies.

BHSD has established a comprehensive billing and reporting system BHSDSTAR that many BHSD contractors use that streamlines billing and strengthens accountability.

HSD ensures that the medical coverage for Medicaid enrolled individuals provides the additional health and behavioral health services that support victim's needs.

**DOH provided the following:**

Currently several sexual assault and rape crisis centers in New Mexico experience waiting lists due to lack of trained staff to handle the request. The time it takes to recruit and train therapists to meet the demand for services is considerable and may extend beyond FY17.

Sexual violence is a major public health problem with serious long-term physical and mental health consequences. In New Mexico, 19.5 percent (149,000) of adult women reported being raped at some time in their lives. In addition, 49 percent of adult women and 21.5 percent of adult men have experienced some form of sexual victimization other than rape during their lifetimes (New Mexico Department of Health, *The State of Health in New Mexico 2013*, pg. 25).

Among women in New Mexico who experienced rape, physical violence, or stalking by an intimate partner during their lifetimes, 29.9 percent reported additional impacts on their lives, including but not limited to being fearful, having safety concerns, experiencing symptoms of posttraumatic stress disorder, needing housing, legal or victim's advocate services, or missing school or work. Further, 20 percent of these women reported an injury or need for medical care (New Mexico Department of Health, *The State of Health in New Mexico 2013*, pg. 25).

Persons who have experienced sexual assault are at elevated risk for many adverse health outcomes, including an increased risk for psychological and behavioral problems, such as depression, anxiety, posttraumatic stress disorder, substance use disorders, and suicidal behaviors; and reproductive health problems, such as unwanted pregnancy and sexually transmitted infections (New Mexico Department of Health, *The State of Health in New Mexico 2013*, pg. 24).

Sex crimes in New Mexico go largely unreported. In 2010, the number of rapes that came to the attention of law enforcement represented about one-fifth of the estimated rapes that occurred. According to these reports, the offender was known by the victim in an average of 72 percent rapes perpetrated; and, of known offenders, 24 percent were family members.

#### **ADMINISTRATIVE IMPLICATIONS**

Having two state agencies, HSD and DOH, separately fund Sexual Assault and Rape Crisis Centers could lead to confusion in billing and reporting and result in administrative duplication for providers and agencies.

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

HB 131 is identical except the unexpended or unencumbered funds in SB 18 would revert at the end of FY17.

#### **ALTERNATIVES**

Appropriating the funds to HSD would ensure that this additional appropriation is coordinated with existing efforts and does not duplicate or increase the administrative burden for providers of having two payers.

EC/jo/jle/al