

LFC Requester:	
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AGENCY BILL ANALYSIS - 2025 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO
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(Analysis must be uploaded as a PDF)

SECTION I: GENERAL INFORMATION

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Check all that apply:

Original Amendment
Correction Substitute

Date Prepared: 2025-02-11
Bill No: HB345

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: Nicole Chavez

Agency Name CYFD 69000
and Code
Number:
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Analysis:
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Short FOSTER CARE
Title: BEHAVIORAL HEALTH
ASSESSMENT

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SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
	0		
0	0		

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
	0	0		
0	0	0		

ESTIMATED ADDITIONAL OPERATION BUDGET (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	0	2,990.3	2,913.3	5,903.6	Recurring	General Fund

Duplicates/Conflicts with/Companion to/Relates to:

Duplicates/Relates to Appropriation in the General Appropriation Act:

SECTION III: NARRATIVE

BILL SUMMARY

HB 345 amends Section 32A-3B-6 NMSA 1978 to require that a behavioral health assessment be conducted for a child prior to the child entering foster care. It also requires that CYFD provide referrals to appropriate behavioral health services based on the child’s assessment. If enacted, these provisions will go into effect July 1, 2025.

FISCAL IMPLICATIONS

There is no appropriation to CYFD in HB 345.

CYFD has trained existing Protective Service workers and Community Behavioral Health Clinicians on the administration of its current version of the Child and Adolescent Needs and Strengths (CANS) screening tool. If an assessment version of the CANS were to be required instead of the screening tool, Children’s Behavioral Health Services estimates, based upon past and current expenses, the following costs to revise the tool, retrain staff, and revise the existing database:

Description

Vendor

Cost

Revision of CANS from screening to assessment version

University of Kentucky

\$75,000

CANS certification/ re-certification

University of Kentucky

\$25,000

Database revision

Falling Colors, Inc. or TBD

\$150,000

TOTAL

\$250,000

Additionally, requiring an assessment version of CANS will necessitate an additional two (2) CYFD employees to revise the tool with the vendor and train and certify/re-certify staff. It would also require an additional twenty (20) licensed, independent clinicians in the Children's Behavioral Health Services Division to administer an assessment tool.

Position

Range

FTE

Role

Annual Cost

Social & Community Coord

70

2

Revise tool, retrain and certify/re-certify staff

Salary: \$71,198.40 + Benefits: \$27,482.58 = \$98,680.98 x 2

\$197,361.96

SIGNIFICANT ISSUES

Although the introduction of HB345 states that “a behavioral health assessment be conducted for a child prior to the child entering foster care,” Section I, C. states that the behavioral health assessment shall occur “within forty-five days of placing a child into foster care.” Clarification within the bill is necessary regarding the expected timeframe for completion of the behavioral health assessment. CYFD does not have the authority to complete a behavioral health assessment prior to entering foster care.

HB 345 identifies the “child and adolescent needs and strengths trauma assessment” as the behavioral health assessment to be delivered to all children entering state custody. The Child and Adolescent Needs and Strengths (CANS) tool is a multi-purpose information integration tool designed to be the output of a screening process. Its primary purpose is collecting information about the child, birth family, and Resource Family’s needs and unique strengths to guide the development and revision of the treatment and case plan, as well as determining areas of functional impairment and trauma symptoms. The CANS identifies risks, needs, strengths, and targets for treatment and coordination. The CANS was also developed as a tool so all employees trained and certified can administer and do not require a clinical license. There should be clarification that the CANS is an internal CYFD tool, and outside providers are not trained or set up to utilize the tool as it does not take into account any conflict of interest that can arise with internal behavioral health assessments.

PERFORMANCE IMPLICATIONS

Completion of the CANS screening tool is an existing CYFD requirement for all children in state custody by Protective Services workers and for a target population of juvenile justice involved youth by Community Behavioral Health Clinicians. The version of the CANS used currently at CYFD is a screening tool,

not a behavioral health assessment, evaluation, nor diagnostic tool.

The output from CANS screening tools currently informs a child in state custody's team on needs, strengths, and recommendations for services and supports for consideration. It should be at that point that a team recommends a child for further behavioral health evaluation and assessment so that all team members, including children and youth, have a voice and input into recommended next steps.

ADMINISTRATIVE IMPLICATIONS

If a behavioral health assessment version of the CANS were to be required for all children in state custody, only licensed, independent clinicians would be able to complete the tool, and existing Protective Services workers would no longer be qualified to complete the assessment version of the tool. There are insufficient licensed, independent clinicians employed currently at CYFD or available externally in the community to be able to complete CANS assessments for the approximately 2,000 children that enter state custody annually. CYFD would need to hire at a minimum twenty (20) new Community Behavioral Health Clinicians (CBHCs) to meet this requirement.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None identified.

TECHNICAL ISSUES

CYFD recommends that a specific tool, the "child and adolescent needs and strengths trauma assessment" (the CANS tool) not be named in HB 345 but instead be replaced with language referring to a "trauma screening tool". Best practices for screening or assessment tools are continuously being developed and adapted nationally to meet the ever-changing behavioral health needs of children and youth. Naming one specific tool, available for purchase from one vendor, may not meet future needs, costs, or intended outcomes for the children's behavioral health system.

OTHER SUBSTANTIVE ISSUES

None identified.

ALTERNATIVES

None proposed.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Status quo.

AMENDMENTS

None proposed.