LFC Requestor: GARCIA, Rachel

2025 LEGISLATIVE SESSION AGENCY BILL ANALYSIS

Section I: General

Chamber: Senate Category: Bill

Number: 489 Type: Introduced

Date (of THIS analysis): 2/24/2025

Sponsor(s): Linda M Lopez

Short Title: BEHAVIORAL HEALTH FOR ABUSED CHILDREN

Reviewing Agency: Agency 665 - Department of Health

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or	Fund	
FY 25	FY 26	Nonrecurring	Affected	
\$0	\$0	N/A	N/A	

REVENUE (dollars in thousands)

	Estimated Revenue	Recurring or		
FY 25	FY 26	FY 27	Nonrecurring	Fund Affected
\$0	\$0	\$0	N/A	N/A

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 25	FY 26	FY 27	3 Year Total Cost	Recurring or Non- recurring	Fund Affected
Total	\$0	\$0	\$0	\$0	N/A	N/A

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: None

Duplicates/Relates to an Appropriation in the General Appropriation Act: None

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

Senate Bill 489 (SB489) proposes to amend Section 32A-6A-15 NMSA Chapter 162, Section 15 related to a child over the age of 14, who is under the supervision of the children's court and has been found to abused or neglected may be required to participate in court-ordered behavioral health services or treatment if there is evidence that this is in the best interest of the child.

Is this an amendment or substitution? \square Yes \boxtimes No

Is there an emergency clause? \square Yes \boxtimes No

b) Significant Issues

SB489 seeks to enhance the accessibility of behavioral health services for children and youth, which are crucial for emotional well-being, addressing mental health and substance use disorders, and supporting recovery for families. In New Mexico, children aged fourteen and older have the legal capacity to consent to behavioral health treatment, including services such as psychotherapy, guidance counseling, behavioral therapy, family therapy, and substance abuse treatment.

(https://law.justia.com/codes/new-mexico/chapter-32a/article-6a/section-32a-6a-15/#:~:text=A%20child%20fourteen%20years%20of,therapy%2C%20counseling%2C%20substance%20abuse%20treatment)

Child maltreatment is a major contributing factor to mental health issues such as anxiety, depression, substance use disorders, and post-traumatic stress disorder (PTSD). The Centers for Disease Control and Prevention (CDC) reports that at least one in seven children in the U.S. has experienced abuse or neglect in the past year, though this figure may be underreported (https://www.cdc.gov/childrensmentalhealth/data.html). Addressing behavioral health needs in youth who have experienced maltreatment can help mitigate long-term mental health consequences and improve overall well-being.

The juvenile justice system also plays a role in supporting youth, particularly those involved in criminal activities, by offering rehabilitative services aimed at reducing recidivism. Research shows a significant connection between childhood maltreatment and later delinquent behavior. Nearly 50% of children involved in child welfare investigations display significant emotional or behavioral issues, and between 50% and 70% of youth in the juvenile justice system have mental health disorders, with 60% meeting the criteria for a substance-use disorder (https://soarworks.samhsa.gov/article/social-service-systemschild-welfare-childrens-behavioral-health-and-juvenile-justice). Coordinating care across systems, such as child welfare, behavioral health, and juvenile justice, can strengthen support for youth and improve long-term outcomes and SB489 would likely provide the Children's Court additional tools to support this goal.

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2.	PERFORMANCE IMPLICATIONS
	• Does this bill impact the current delivery of NMDOH services or operations?
	□ Yes ⊠ No
	• Is this proposal related to the NMDOH Strategic Plan? \boxtimes Yes \square No
	☐ Goal 1: We expand equitable access to services for all New Mexicans
	☐ Goal 2: We ensure safety in New Mexico healthcare environments
	☐ Goal 3: We improve health status for all New Mexicans
	☐ Goal 4 : We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals
3.	FISCAL IMPLICATIONS
	• If there is an appropriation, is it included in the Executive Budget Request?
	□ Yes □ No ⊠ N/A
	• If there is an appropriation, is it included in the LFC Budget Request?
	□ Yes □ No ⊠ N/A
	• Does this bill have a fiscal impact on NMDOH? ☐ Yes ☒ No
4.	ADMINISTRATIVE IMPLICATIONS Will this bill have an administrative impact on NMDOH? □ Yes ⋈ No
5.	DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP None.
6.	TECHNICAL ISSUES Are there technical issues with the bill? □ Yes ⋈ No
7.	LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

Will administrative rules need to be updated or new rules written? \square Yes \boxtimes No

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8. DISPARITIES ISSUES

Increased rates of poverty, parental education level, housing instability, food insecurity and a lack of insurance are associated with higher rates of child maltreatment(<u>Social determinants of health and child maltreatment: a systematic review - PubMed</u>).

9. HEALTH IMPACT(S)

Children who experience abuse may develop mental health concerns, such as anxiety, depression, and PTSD. They are more likely than their peers to engage in risky behaviors and experience a range of stressors, including early pregnancy and suicide attempts. The stress of child abuse can also make victims more susceptible to a wide range of physical health consequences including increased rates of diabetes, lung disease, vision problems, heart attack, cancer, stroke and high blood pressure(Long-Term Consequences of Child Abuse and Neglect).

10. ALTERNATIVES

None

11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

If SB489 is not enacted, the children's court would not have the authority to require children over the age of 14, who are under the court's supervision and have been found to be abused or neglected, to participate in behavioral health services or treatment, even if there is evidence that such services would be in the child's best interest.

12. AMENDMENTS

None.