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## FISCAL IMPACT REPORT

SPONSOR Torres-Velásquez/Thomson LAST UPDATED \_\_\_\_\_  
ORIGINAL DATE 02/26/2024  
BILL  
SHORT TITLE Autobiographical Storytelling for Children NUMBER House Bill 534  
ANALYST Chilton

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

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
CYFD	No fiscal impact	\$230.3	\$226.8	\$457.1	Recurring	General Fund

Parentheses ( ) indicate expenditure decreases.

\*Amounts reflect most recent analysis of this legislation.

### Sources of Information

LFC Files

#### Agency Analysis Received From

Children, Youth and Families Department (CYFD)

Health Care Authority (HCA)

Office of Family Representation and Advocacy (OFRA)

#### Agency Declined to Respond

Department of Health (DOH)

## SUMMARY

### Synopsis of House Bill 534

House Bill 534 (HB534) would add a subsection to the Children, Youth and Families Department Act (Section 9-2A, NMSA 1978) entitled “Autobiographical Storytelling as a Trauma-Informed Strategy.”

The Children, Youth and Families Department (CYFD) would be asked to do the following:

- Establish standards for speech-language pathologists (SLPs) to use in developing training for foster parents and case workers.
- Contract with speech-language pathologists to train foster parents and case workers to give language support and emotional development services to help children in foster care develop coherent storytelling and language skills using family experiences.
- Create, implement, and evaluate the effectiveness of a storytelling framework to help children in foster care develop autobiographical memory.

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

There is no appropriation in House Bill 534.

CYFD reports that the agency would need “to contract with SLPs to deliver trainings and workshops. It also requires the evaluation of the effectiveness of Autobiographical Storytelling on children’s development of autobiographical memory. There is also a potential need for one FTE to oversee the contracts administratively and programmatically as well as ensure the establishment of training and workshop standards and the outcomes evaluation.” CYFD’s estimate of costs is included in the table above.

## SIGNIFICANT ISSUES

Almost all children in foster care have been exposed to traumatic circumstances, which may include child abuse or neglect, being taken from a family home, and being placed in one or more less-than-supportive foster homes.

The full title of the bill includes the words “creating a trauma-informed practice.” 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 a [policy statement](#) on trauma-informed care (TIC), the American Academy of Pediatrics supports the use of trauma-informed care to ameliorate stress and trauma’s effects on children. The Academy advises that trauma symptoms can vary, from changes in eating and sleeping to severe physical and mental health effects requiring extensive treatment. Individual differences in trauma symptoms relate to the interplay of exposures and buffering from SSNRs as well as genetic variations impacted by the early environment (biological differential sensitivity to context). Integrating this relational model of care (TIC) to prevent and mitigate the impact of trauma so that all members of the care team feel supported and valued is integral to TIC. Addressing safety and supporting relationships that promote affiliative responses, decrease stress responses, and promote building resilience are principles of TIC for children, caregivers, and health care personnel.

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. There is a 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.”

CYFD states: “Narrative therapy is a well-established therapeutic approach that has been utilized across generations, particularly within traditional and minority populations. Autobiographical storytelling is rooted in the same core principles as narrative therapy. These modalities are effective across diverse communities and cultures as they recognize the individual as the expert on their own life. By acknowledging that people’s lives are shaped by the stories they tell themselves, these approaches foster an environment conducive to healing.”

In a [study](#) published in *Children and Youth Services Review*, authors from the Netherlands find support for the use of autobiographical storytelling among foster children in that country.

## TECHNICAL ISSUES

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

Additionally, as OFRA suggests, “No performance measures are included in the bill. It is unclear how ‘success’ will be measured or what data will be tracked. This is not a pilot program with the requirement of assessing efficacy and impact. If the program does not produce the intended results, CYFD will still be required to maintain this program under the law.”

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