FISCAL IMPACT REPORT

SPONSOR López **LAST UPDATED** **ORIGINAL DATE** 02/27/2025

SHORT TITLE Behavioral Health for Abused Children **BILL NUMBER** Senate Bill 489

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	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	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)
Office of Family Representation and Advocacy (OFRA)
Administrative Office of the Courts (AOC)
Health Care Authority (HCA)
Department of Health (DOH)

SUMMARY

Synopsis of Senate Bill 489

Senate Bill 489 (SB489) amends Section 32A-6A-15, part of the Children's Code, which grants children of 14 years of age or older the right to consent to mental and behavioral health treatment without the consent of the child's legal guardian. SB489 adds a new section outlining that a child who has been determined to be abused or neglected and who is under the jurisdiction of the children's court can be compelled to participate in court-ordered behavioral health services.

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 Senate Bill 489. Aside from a possible increase in use of behavioral health care, there are no fiscal implications identified.

SIGNIFICANT ISSUES

The Department of Health (DOH) points out that:

> 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 … Nearly 50 percent of children involved in child welfare investigations display significant emotional or behavioral issues, and between 50 percent and 70 percent of youth in the juvenile justice system have mental health disorders, with 60 percent 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."

On the other hand, the Health Care Authority (HCA) suggests caution in ordering behavioral health treatment in these situations:

> Court ordered treatment may impact outcomes. Court-mandated treatments imply a dual role for therapy providers not only in caring for, but also of having control over, involuntary clients. The impact of legal coercion on the therapeutic relationship and feelings of stigma is widely regarded as negative and detrimental for treatment outcomes. While mandated therapy provides external motivation to attend treatment, voluntary clients are normally believed to be intrinsically motivated. The bill highlights the need for safeguards to ensure that court-ordered treatment is trauma-informed, evidence-based, and does not disproportionately rely on punitive measures. Additionally, balancing the rights of minors to consent to their own treatment (a protection granted to youth aged 14 and older under current law) with the need for intervention in cases of severe risk requires careful judicial consideration.

HCA is also concerned that court-ordered treatment for these youth might cause additional impact on a stressed and under-resourced health system.

The Office of Family Representation and Advocacy (OFRA), too, expresses reservations about court-ordered behavioral health treatment:

> It is a concern that if this bill is enacted, youth who have been adjudicated as abused or neglected, through no fault of their own, would have less autonomy over their own behavioral health services or treatment than youth who are not in state custody.
>
> While well-intentioned, it is uncertain that youth who have been court-ordered to engage in behavioral health services or treatment will actually benefit from such services if they do not want to participate and feel that they are being forced to do so.
>
> Further, youth who are ordered to participate in behavioral health services or treatment against their wishes may see the court's imposition as punitive, as though they are being punished for the parents' behavior that resulted in their being in custody. This could have

> the effect of making them less willing to engage in the court process or to inform the court as to their positions and wishes in the matter. This could in turn deprive the court of important information it should have when making decisions about the case and family.

The Children, Youth and Families Department (CYFD) notes that "If enacted, [its] Protective Services workers and attorneys would be responsible for addressing hearings related to court-ordered treatment.

TECHNICAL ISSUES

The Administrative Office of the Courts (AOC) expresses concern that the bill's provision may conflict with Section A of the same statute, which gives a person over 14 the right to consent (or presumably refuse) behavioral health care. AOC also points out that the bill does not differentiate between outpatient and inpatient care and might lead to internment in a residential treatment center against the minor's wishes and in conflict with Section 32A-6A-22 NMSA 1978, entitled Involuntary Residential Treatment.

AOC also points out that there is no information in the bill as to requirements for a court hearing on this matter.

OTHER SUBSTANTIVE ISSUES

HCA states that "Consideration should be given to data tracking and reporting requirements to evaluate the effectiveness of mandated treatment on behavioral health outcomes for adjudicated youth."

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