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FISCAL IMPACT REPORT

SPONSOR Stapleton **ORIGINAL DATE** 02/01/16
LAST UPDATED _____ **HB** 246

SHORT TITLE Interventions For Some Nonviolent Offenders **SB** _____

ANALYST Boerner/Chilton

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY16	FY17		
	\$250.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

RELATES to HB 247

SOURCES OF INFORMATION

LFC Files

Responses Received From

Children, Youth and Families Department (CYFD)

Human Services Department (Behavioral Health Services Division; HSD BHSD)

New Mexico Corrections Department (NMCD)

SUMMARY

Synopsis of Bill

House Bill 246 appropriates \$250 thousand from the general fund to the Behavioral Health Services Division of the Human Services Department to provide targeted, individualized interventions for nonviolent adult and juvenile offenders who have behavioral health diagnoses, connecting them to resources and services that would reduce the likelihood of committing future offenses. The services might include medical assistance, behavioral health therapy, and employment training.

FISCAL IMPLICATIONS

The appropriation of \$250 thousand contained in this bill is a recurring expense to the general fund. Any unexpended balance remaining at the end of fiscal year 2017 shall revert to the general fund.

NMCD stated the following:

The fiscal impact of this bill on the NMCD is unknown. However, to the extent this money helps provide housing, counseling or other services to NMCD probationers and parolees in need, it could help prevent these offenders from committing new crimes to support their families or past criminal lifestyles.

The Department's incarceration and probation/parole supervision costs are as follows. The classification of an inmate determines his or her custody level, and the incarceration cost varies based on the custody level and particular facility. The average cost to incarcerate a male inmate is \$45,250 per year in a state-owned and operated prison, and the average annual cost in a privately operated prison is \$29,781 (where primarily only level III or medium custody inmates are housed).

The cost per client in Probation and Parole for a standard supervision program is \$2,766 per year. The cost per client in Intensive Supervision programs is \$2,174 per year. The cost per client in Community Corrections is \$4,236 per year. The cost per client per year for female residential Community Corrections programs is \$30,631 and for males is \$20,471.

SIGNIFICANT ISSUES

CYFD notes that its "Juvenile Justice Services Division employs Community Behavioral Health Clinicians whose role is to identify and target behavioral health, substance abuse, and skill building (such as career, education, housing, and life skills) and link youth and their families to these services in the least restrictive environment. Since 2003, CYFD has implemented the Juvenile Detention Alternatives Initiative, of which one key part is identifying such contributing factors to delinquency as mental health and substance abuse.

"Connecting youth and adults to specific services requires adequate behavioral health screening at the time of referral, or at intake into services, to determine both eligibility for services (as in screen-in, screen-out) and to identify any significant issues appropriate for careful assessment and diagnostic evaluation. CYFD Juvenile Justice Services has adopted the Global Appraisal of Individual Needs-Short Screen (GAIN-SS), which is now used by all juvenile probation officers across the state to enable targeted referral to services. The GAIN-SS is a brief format screening instrument which identifies mental health, substance related, and public safety issues.

"Following this screening, the least restrictive level of care is determined at intake. The American Society of Addiction Medicine (ASAM) assessment and service intensity determination, or its equivalent, is used to determine the level of care for substance use conditions or disorders. In addition, recovery supports, housing needs and other resources can be identified concurrently with the identification of behavioral health needs so that targeted interventions and supports can be provided. These processes allow CYFD to more efficiently and effectively address the specific needs of its clients, thus reducing recidivism, detention and incarceration. CYFD sponsors yearly trainings in the ASAM and other evidence-based practices."

The HSD BHSB states that it “currently provides the types of services mandated in HB 247 to offenders with serious mental illness and substance use disorders. BHSB works with Medicaid to ensure that high need individuals, including offenders, receive appropriate care coordination, health risk assessments, care plans and treatment. For services not covered by Medicaid, such as supportive housing, BHSB uses federal and state non-Medicaid funds. Additional resources for this population would expand access to specialized non-Medicaid services mandated by the bill like employment training and supportive housing.”

Recent changes in Medicaid regulations allow youthful offenders to apply for Medicaid when entering correctional facilities; when they do so, they suspend Medicaid participation during their period of incarceration but are eligible for coverage immediately upon release. This allows provision of services in a more seamless manner, with the BHSB working “directly with the Department of Corrections on behavioral health services to offenders who are released from incarceration. BHSB’s experience providing services to offenders with behavioral health diagnoses provides a perspective to create the types of services HB 247 mandates to reduce the likelihood of recidivism, detention and incarceration.”

PERFORMANCE IMPLICATIONS

CYFD states that it has performance measures related to detention, recidivism, and commitment that might be affected by this bill, if enacted.

ADMINISTRATIVE IMPLICATIONS

HSD BHSB indicates that it cannot determine administrative implications for that agency without clarification of the target population of this bill.

RELATES to HB 247, which has more specifics as to the services to be provided, and requires that HSD contract for behavioral health and substance abuse treatment services. HB 247 also includes a \$250,000 appropriation.

OTHER SUBSTANTIVE ISSUES

HSD comments that “Clarification is needed as to the target population and the types of intervention - the terms ‘non-violent adult and juvenile offenders’ and ‘targeted individualized interventions’ are vague. Further, it is unclear if these interventions have to be court ordered or if the participants need to voluntarily comply.”

LAC/jo/jle/al