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FISCAL IMPACT REPORT

SPONSOR Lopez ORIGINAL DATE 1/26/16
 LAST UPDATED _____ HB _____

SHORT TITLE Sexual Assault Prevention and Training SB 125

ANALYST Chenier

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY16	FY17		
	\$1,000	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY16	FY17	FY18	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		\$1,000	\$1,000	\$2,000	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Senate Bill 125 would have a similar impact to House Bill 131 and Senate Bill 18

SOURCES OF INFORMATION

LFC Files

Responses Received From

SUMMARY

Synopsis of Bill

Senate Bill 125 appropriates \$1 million from the general fund to the Department of Health to fund sexual assault prevention and sexual assault services and training.

FISCAL IMPLICATIONS

The appropriation of \$1 million contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY17 shall revert to the general fund.

SIGNIFICANT ISSUES

HSD, DOH, and the Children Youth and Families Department (CYFD) all have a role in sexual assault services. CYFD currently manages \$11.6 million in domestic violence funds which includes sexual assault services.

The Behavioral Health Services Division (BHSD) of HSD focuses on funding local programs to provide behavioral health treatment for victims. In FY16, the BHSD budget includes \$823 thousand in general fund revenue for sexual assault programs which would remain in the department's base budget for FY17.

DOH provides sexual violence prevention and crisis services using \$2.6 million in general fund revenue. Ninety-five percent of these funds are expended through contracts with community service providers throughout the state to fund sexual violence crisis and prevention services.

Consolidation and or improved coordination between the three agencies would help to improve sexual assault services in New Mexico.

ADDITIONAL BACKGROUND INFORMATION

New Mexico has a significant need for trauma-informed services for victims of sexual assault. Recognizing the need, in 1978, the New Mexico Legislature created the Sexual Crimes Prosecution and Treatment Act. This law mandates that the state provide services to professionals (medical, mental health, law enforcement, social services) to assist them in offering appropriate and effective services to victims of sexual assault. This law outlines the necessity of providing ongoing training and mandates the collection of sexual assault evidence in order to provide victims with the best possible prosecution of their cases. Additionally, the law provides for payment of all victims' medical exams following an assault or the discovery of abuse. (Sections 29-11-1, et seq., NMSA 1978).

The New Mexico Coalition of Sexual Assault Programs (Coalition), a private, non-profit organization, was created and continues to exist to fulfill the requirements of this statute. The Coalition provides technical assistance and training services statewide, with an emphasis on children, to sexual abuse programs coordinator and statewide training for all professionals working with sexual abuse victims. In addition, the coalition processes and verifies sexual assault bills (i.e. medical treatment bills and forensic medical exams bills) for victims of a sexual assault in accordance with the Sexual Crimes Prosecution and Treatment Act.

The Behavioral Health Services Division (BHSD), as the state mental health authority, has funded a NM Sexual Assault Coalition, and sexual assault service providers, for a number of years. In SFY 2016, HSD, through its Behavioral Health Services Division, funds the Coalition about \$1.221 million each year. An additional \$1 million is allocated to fund local service providers.

In FY 2016, BHSD funds the following sexual assault service providers:

- Rape Crisis Center of Central New Mexico - Albuquerque (Bernalillo, Sandoval, Torrance & Valencia) Allocation for FY16=\$265,154; 115 Clients served in 2015;
- Community Against Violence – TAOS, NM (Taos, Colfax, Union, Guadalupe, Mora, San Miguel & Rio Arriba) Allocation for FY16=\$60,460; 47 clients served in 2015;

- La Pinon Sexual Assault Recovery Services of Southern New Mexico- Las Cruces, NM (Dona Ana, Hidalgo, Luna Otero & Sierra) Allocation for FY16= \$166,710; clients served data unavailable;
- Solace Crisis Treatment Center - Santa Fe, NM (Santa Fe, Los Alamos, Rio Arriba & San Miguel) Allocation for FY16=\$309,460; 282 clients served in 2015;
- Desert View, Inc. - Farmington, NM (San Juan) Allocation for FY16 \$226,000; 370 clients served in 2015.

Sexual assault providers use Trauma-informed Care, Person-centered Planning, Evidence-based Programs and Recovery-Oriented Systems of Care. Providers are trained in Cultural Competency and Health Privacy laws.

The NM Sexual Assault Coalition provides local programs and providers with training on evidence collection, legal advocacy, treatment methodologies and requirements of state law. Of the \$1.0 million allocated to the Coalition, about \$100,000 is used for training and about \$800,000 is used for Forensic Medical Services and the rest is for needed exam supplies.

BHSD has established a comprehensive billing and reporting system BHSDSTAR that many BHSD contractors use that streamlines billing and strengthens accountability.

HSD ensures that the medical coverage for Medicaid enrolled individuals provides the additional health and behavioral health services that support victim's needs.

DOH provided the following:

Currently several sexual assault and rape crisis centers in New Mexico experience waiting lists due to lack of trained staff to handle the request. The time it takes to recruit and train therapists to meet the demand for services is considerable and may extend beyond FY17.

Sexual violence is a major public health problem with serious long-term physical and mental health consequences. In New Mexico, 19.5 percent (149,000) of adult women reported being raped at some time in their lives. In addition, 49 percent of adult women and 21.5 percent of adult men have experienced some form of sexual victimization other than rape during their lifetimes (New Mexico Department of Health, *The State of Health in New Mexico 2013*, pg. 25).

Among women in New Mexico who experienced rape, physical violence, or stalking by an intimate partner during their lifetimes, 29.9 percent reported additional impacts on their lives, including but not limited to being fearful, having safety concerns, experiencing symptoms of posttraumatic stress disorder, needing housing, legal or victim's advocate services, or missing school or work. Further, 20 percent of these women reported an injury or need for medical care (New Mexico Department of Health, *The State of Health in New Mexico 2013*, pg. 25).

Persons who have experienced sexual assault are at elevated risk for many adverse health outcomes, including an increased risk for psychological and behavioral problems, such as depression, anxiety, posttraumatic stress disorder, substance use disorders, and suicidal behaviors; and reproductive health problems, such as unwanted pregnancy and sexually transmitted infections (New Mexico Department of Health, *The State of Health in New Mexico 2013*, pg. 24).

Sex crimes in New Mexico go largely unreported. In 2010, the number of rapes that came to the attention of law enforcement represented about one-fifth of the estimated rapes that occurred. According to these reports, the offender was known by the victim in an average of 72 percent rapes perpetrated; and, of known offenders, 24 percent were family members.

ADMINISTRATIVE IMPLICATIONS

Having three state agencies separately fund Sexual Assault and Rape Crisis Centers results in confusion in billing and reporting and results in administrative duplication for providers and agencies.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

HB 131 and SB 18 have a similar impact.

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