

LFC Requester:	Rachel Mercer-Garcia
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AGENCY BILL ANALYSIS - 2025 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO

AgencyAnalysis.nmlegis.gov and email to billanalysis@dfa.nm.gov

(Analysis must be uploaded as a PDF)

SECTION I: GENERAL INFORMATION

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Date Prepared: 02/21/25 *Check all that apply:*
Bill Number: SB 489 Original Correction
 Amendment Substitute

Sponsor: Linda Lopez **Agency Name** Office of Family Representation & Advocacy
Short Title: Behavioral Health for Abused Children **and Code Number:** 68000
Person Writing Leslie Jones
Phone: 505-549-3905 **Email** Leslie.jones@ofra.nm.gov

SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
0	0		

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		

(Parenthesis () indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total						

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis: SB 489 proposes to add a paragraph to the Children’s Mental Health and Developmental Disabilities Act, Section 32A-6A-15 (Consent for Services—Children Fourteen Years of Age or Older). The new paragraph D would permit a court to order a child age 14 or older who has been adjudicated as abused or neglected to participate in court-ordered behavioral health services or treatment if the court determines those services to be in the best interest of the child and necessary to promote the child’s health, safety or welfare.

FISCAL IMPLICATIONS

SB 489 does not have fiscal implications for OFRA as an agency. It could, however, result in additional time for attorneys representing youth aged 14 and older in abuse and neglect cases who may be subject to this new provision.

Note: major assumptions underlying fiscal impact should be documented.

Note: if additional operating budget impact is estimated, assumptions and calculations should be reported in this section.

SIGNIFICANT ISSUES

Section 32A-6A-15 creates a presumption that a child fourteen years of age or older has the capacity to consent to behavioral health or services or treatment, including the administering of psychotropic medications, and the capacity to decline such services if they do not desire them.

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.

PERFORMANCE IMPLICATIONS

ADMINISTRATIVE IMPLICATIONS

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

TECHNICAL ISSUES

OTHER SUBSTANTIVE ISSUES

ALTERNATIVES

The Children's Mental Health and Developmental Disabilities Act already provides other avenues, with greater due process protections for the child, for ensuring that children fourteen years of age or older who may be suffering from a serious mental illness or developmental delay but who are refusing mental health services are nonetheless required to receive those services.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

AMENDMENTS