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FISCAL NOTE
 LEGISLATIVE FISCAL ANALYST ESTIMATE

ESTIMATE OF FISCAL IMPACT – STATE AGENCIES *				
	FY 2008-09		FY 2009-10	
	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE
GENERAL FUNDS	See Below		See Below	
CASH FUNDS				
FEDERAL FUNDS	See Below		See Below	
OTHER FUNDS				
TOTAL FUNDS	See Below		See Below	

*Does not include any impact on political subdivisions. See narrative for political subdivision estimates.

This bill establishes two acts: the Nebraska Infant Safe Haven Act and the Nebraska Children's Safe Haven Act. Under the Nebraska Infant Safe Haven Act contained in Sections 1 to 9, a child one year of age or younger may be placed with a hospital by a parent or designated person and it shall not constitute an automatic grounds for termination of parental rights but would constitute abandonment beginning 90 days after the child is left at a hospital. Placement of a child at a hospital would not constitute child abuse or neglect, but if abuse or neglect is suspected for other reasons it would be reported pursuant to law. The hospital shall contact the Department of Health and Human Services immediately and department will take custody. The hospital may seek voluntary information for the person leaving the infant. The hospital shall provide the parent or designated person with certain information. Parental rights will be terminated if within 90 the parent does not seek to make contact with the child or have the child returned to them. The department must provide notice in the newspaper of general circulation in the county or counties where the child's parent may be located. The department must have rules and regulations by January 1, 2009.

The Nebraska Infant Safe Haven Act establishes under what conditions a child under the age of one may be left at a hospital and not have it considered to be a violation of any criminal statute or considered abuse or neglect. State law in Section 29-121 allows a child of any age to left a hospital, so leaving a one year old is currently covered by existing law, so the Nebraska Infant Safe Haven Act would not have a fiscal impact.

Sections 10 to 15 of the bill contain the Nebraska Children's Safe Haven Act. The act terminates on June 4, 2009. These sections require safe haven intervention teams to be established in each of the six behavioral health regions and a statewide Safe Haven Intervention Team. The teams shall consist of at least four members including a psychiatrist, a psychologist, a children's behavioral health professional and a Department of Health and Human Services representative.

Under the act, a child older than one year and less than 16 years of age may be left at a hospital by a resident of the state who is a parent or guardian of the child. This would not constitute automatic grounds for termination of parental rights. It would constitute abandonment beginning 90 days after the child is left at a hospital. Within one hour of a child being left at a hospital, the facility is required to contact the regional safe haven intervention team, and if the team is unavailable, then the statewide Safe Haven Intervention Team is contacted. The team shall assess the needs of the child and provide immediate intervention to the parent, guardian or child. The team shall work with regional behavioral health providers to provide any needed services for the child. Services may include, but are not limited to, foster care and behavioral health services. The juvenile court may also be contacted. If the child has been committed to the Office of Juvenile Services, the office shall provide additional oversight and intervention.

The fiscal impact of sections 10 to 15 of the bill is unknown but would be substantial to the state in 2008-09 and thereafter**. Since the bill does not require a parent to relinquish parental rights if a child between the ages of one and sixteen is left at the hospital, and the regional or state safe haven team is required to assess the needs of the child and work with providers to offer needed services, it is assumed there will be a considerable number of children seeking services pursuant to the act.

According to the Department of Health and Human Services, there are about 377,000 children in the state between the ages of one and sixteen. It is estimated that up to 20% of the children in the state could have some need for behavioral health services. Some of the services ultimately provided to children under the act may have been provided under current law through schools, the child protection system or through the Medicaid Program. Since the opportunity to access services will be available under the safe haven law, it is assumed there will be a large increase in the number of children seeking services and the services provided.

It is possible the state could require regional behavioral health providers to use a portion of the state aid funds currently provided to the regions in 2008-09 to pay the expenses of the safe haven intervention teams and the cost of needed services for children. The requirement to do so would mean behavioral health services currently provided to adults would have to be reduced and/or the behavioral health services provided to children may need to be changed.

The estimated costs to provide regional safe haven teams and a state safe haven team are unknown. The requirement for the teams to be available within one hour of a child being dropped off would necessitate a high level of staffing for the teams in order to have 24 hour availability. There is currently a deficiency of psychiatric, psychological and behavioral health providers in the state. Ignoring the deficiency, if the medical professionals were available, the contractual costs for the teams could be substantial.

Almost the entire amount of state and federal aid funds provided to behavioral health regions is currently being used for services for adults. The requirement for needed behavioral health services to be provided to children under the safe haven act would require increased state and federal funding. The actual fiscal impact in 2008-09 will depend upon the number of children accessing the safe haven act, the services needed and the service development capability. The cost to the state for services in the future, assuming some form of the act is extended after the 2008-09 termination date, is projected to be substantial, in terms of millions of dollars, due to the number of children that will be able to access a broad array of behavioral health and other services pursuant to the bill.

*It is assumed the costs and services developed pursuant to the bill will continue in the future at some unknown level, if the state moves forward with the establishment of teams and provider services in this bill. There will be a definite lag time to establish services and hire mental health professionals to staff teams and deliver services.