

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: 2025.2.19 *Check all that apply:*
Bill Number: HB 463 Original Correction
 Amendment Substitute

Sponsor: Gail Armstrong **Agency Name and Code Number:** Office of Family Representation and Advocacy 68000
Short Title: Perinatal investigation and support unit within CYFD - Pilot **Person Writing:** Stacie Ortiz
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SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
	100K	Nonrecurring	general

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
0	0	0	0	0

(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:

This bill creates a 2-year pilot program within the Children, Youth and Families Department (CYFD) called the Perinatal Investigation and Support Unit. The unit must be staffed by “qualified trauma-informed perinatal specialists” trained to use an evidence-based intensive care coordination model identified from a federal Title IV-E prevention service clearinghouse or another national clearinghouse for child welfare. These professionals will investigate and assess all reported cases and take steps to support families identified in the reports. The unit will be required to coordinate efforts with the NM Department of Health Maternal Health Program, Health Care Authority, and Early Childhood Education and Care Department’s home visiting program.

Section 2: One-hundred thousand dollars will be appropriated from the general fund to CYFD for expenditures related to this pilot program, and the funds must be spent during fiscal years 2026 and 2027. Any unspent funds or unencumbered balance at the end of fiscal year 2027 will be reverted to the general fund.

FISCAL IMPLICATIONS

The non-recurring appropriation in the bill will not cover the cost of salaries and benefits for an entire unit of staff required to implement a statewide pilot program. Additionally, the level of training and expertise required under this bill may result in higher salary demands to identify and attract qualified candidates.

The creation of a new unit will result in additional related costs beyond FTE. Additional costs associated with developing and piloting a new program would include program development and implementation, training curriculum development, policy/procedure development, administrative oversight, and evaluation.

If plans of care and supportive interventions are not properly implemented (or successful due to the realities of substance abuse recovery), this bill will likely result in an increase of abuse/neglect petitions being filed by CYFD. There is no appropriation for CYFD or OFRA to cover the cost of attorney representation for any additional child abuse petitions filed in Children’s Court.

SIGNIFICANT ISSUES

Section 1

Subsection A: The bill requires the Perinatal Investigation and Support Unit to investigate and assess “all” reports of substance-exposed newborns from health care providers statewide. It is unclear if this means CYFD will investigate all reports from health care providers that rise to the level of investigation based on CYFD’s SCI screening process or if it means that any report submitted by a health care professional for a substance-exposed newborn, whether it meets the

requirements for investigation or not. This should be clarified.

Subsection B: The bill requires the unit to be staffed by “qualified trauma-informed perinatal specialists” trained to use an evidence-based intensive care coordination model identified from the federal Title IV-E prevention service clearinghouse or other national evidence-based clearinghouse for child welfare. It is unknown if this specialty currently exists in New Mexico or will need to be developed to meet the requirements under this bill. It is also unknown what cost is associated with the training required by this bill. This kind of training is rarely cost-free. Developing a brand-new program within these parameters will take time and there is no consideration for this timeline within the bill.

A significant gap in the bill is the lack of requirement for staff to also have experience or in-depth knowledge in working with clients and families with substance use disorders, only intensive care coordination within child welfare.

PERFORMANCE IMPLICATIONS

No performance measures are included in the bill. It is unclear how ‘success’ will be measured or what data will be tracked.

ADMINISTRATIVE IMPLICATIONS

CYFD currently has a staff shortage and a high turnover rate. They may not have the necessary staff to fill positions in the pilot unit. Since this is a pilot, these positions will likely be classified as ‘term’ limited. These are challenging positions to fill because they are temporary.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

The care coordination services provided by employees working in the pilot unit may duplicate services already provided by care coordinators with Medicaid managed care organizations. The managed care organizations have care coordinators designated to work with pregnant mothers, families with a CARA plan of care, and members with behavioral health needs. The addition of another care coordinator could be emotionally burdensome to families that already have multiple services providers and CYFD workers involved in their lives.

The pilot program outlined in this bill seems contradictory/duplicative of the CARA process, which is meant to be supportive and not punitive. Research related to best practices for pre-natal substance use indicate that supportive, engaging public health models of prevention and intervention are more effective than punitive models. Child abuse and neglect investigations are often received as shaming for families especially when the complexities involved in substance use disorders are considered. A punitive approach will likely decrease cooperation and engagement, which in turn can affect care of the newborn.

TECHNICAL ISSUES

OTHER SUBSTANTIVE ISSUES

OFRA continues to be concerned about the growing number of bills that directly affect the Children, Youth, and Families Department (CYFD) and the child and family welfare system more broadly. While these bills may not directly conflict with one another or duplicate efforts, this piecemeal approach could lead to a patchwork of uncoordinated requirements. Together, these changes would create significant administrative and programmatic burdens on CYFD.

Additionally, many of the requirements proposed in the multitude of bills would not improve practices or lead to better outcomes for children and families. OFRA is concerned that these bills, if passed without coordination, would negatively impact our clients and their ability to work with CYFD to reunify their families.

ALTERNATIVES

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Status quo until the ongoing efforts to improve the CARA program come to fruition.

AMENDMENTS