

RECOMMENDATIONS OF THE J PAUL TAYLOR EARLY CHILDHOOD TASK FORCE October 2021

The J Paul Taylor Early Childhood Task Force was established by the Legislature in 2013 in honor of former Representative and early childhood advocate, Rep. J Paul Taylor, with goals “to improve collaboration among early childhood development stakeholders, to better identify children at risk of child abuse and neglect, to develop an early childhood mental health plan and to improve the early childhood services system and promote evidence- and community-based early childhood programs throughout the state.”

The Task Force recognizes the budget opportunities faced by the State of New Mexico. Task Force in this report emphasizes the urgent need to preserve the integrity of existing, foundational early childhood and family support services and infrastructure. These proven, cost-effective investments in healthy families and communities are even more critical in these challenging times of pandemic responses and recovery that have profoundly affected access to important services for families at greatest need. This report addresses conditions that might prevent risks of child neglect and associated long-term consequences.

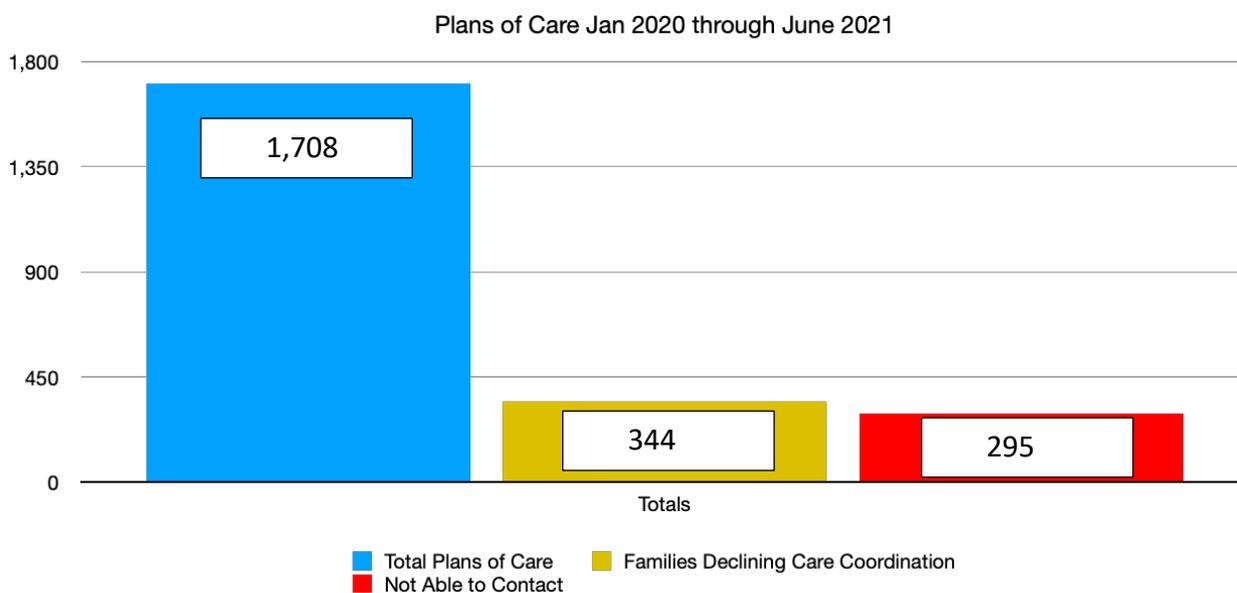
Since its inception, the Task Force has been administratively housed by the UNM Health Sciences Center under the Executive Vice Chancellor for Research. We are grateful for the support provided by UNM HSC; however, these recommendations are solely from the Task Force and do not reflect positions of the UNM Health Sciences Center. The Task Force thanks Ms. Jennifer Daniels in the Institute for Resilience, Health, and Justice for making arrangements for our virtual meetings and for distributing the minutes from our meetings.

The 2021 Task Force makes the following recommendations to the New Mexico Legislature and to the Governor:

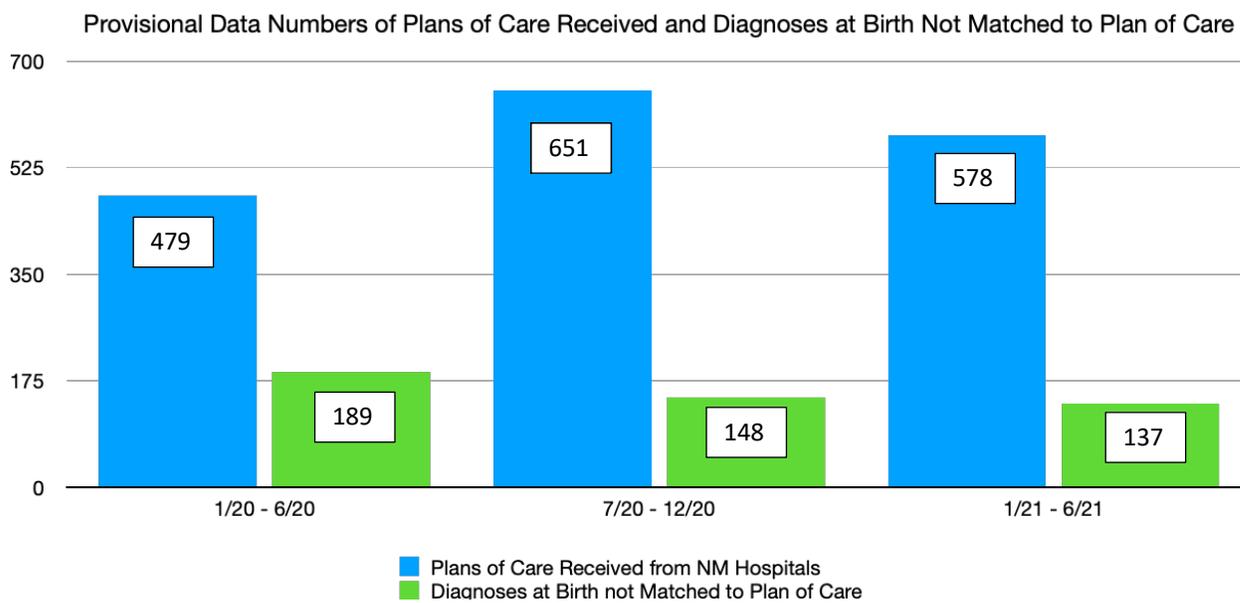
- I. Recommendations regarding adoption of the policies, and second, considerations about the impact of cannabis legalization.
 - a. Prioritize funds collected by taxation of cannabis retail sales to specific areas of concern regarding impact of legalization not currently funded by general appropriation.
 - b. Retail outlet bud tenders that recommend products to customer should receive education regarding safe use of cannabis related to pregnancy, parenting, and child safety. Funds should be made available to implement and monitor this..
 - c. ECECD-supervised providers of newborn home visiting and early intervention should receive education on the effects of prenatal cannabis exposure on early child development and on services available to homes where cannabis use occurs. Funds should be made available to implement and monitor this.
 - d. Education of parents and families about Safe Parenting should be developed to reduce the Adverse Childhood Experience of a child parented by adults under the influence.
 - e. To reduce or prevent accidental child poisoning, clearly noticeable labeling of retail cannabis products should be required.
 - f. There should be regulation recommending safe storage of retail cannabis products in lock boxes or locking bags as are recommended for patients with opioid medications.

II. Recommendations regarding the Plan of Care legislation, we bring to your attention the ongoing implementation of the Plan of Care law and implications affecting the law from legalization of retail cannabis.

- a. The experiences of health systems in Colorado and California document increased numbers of infants with prenatal cannabis exposure. If more infants in New Mexico have prenatal exposure to cannabis, then this will result in increased numbers of infants born needing a Plan of Care to satisfy federal law.
- b. The illustration shows the growth of Plans of Care and provide the basis for appropriations to increase the numbers of CARA navigators in DOH and CYFD. and for evaluation.
- c. Provisional data on total numbers of plans created, families declining care coordination, and families who could not be contacted after hospital discharge:



- d. Members of the legislature have requested data regarding Plans of Care and outcomes, that is, family access to services and subsequent adherence to recommendations for care. Unfortunately, no funding has been designated or made available for collecting and analyzing any such data.
- e. Potentially not all infants born with prenatal drug exposure receive a plan of care from the hospital. The illustration looks at the numbers of plans of care compared to preliminary reports of the numbers of infants identified with prenatal drug exposure from the birth defects registry:



- f. In addition to this, outcome-tracking of infants with exposure to all substances covered under the Plan of Care legislation will start to include cannabis. As yet, functional data linkages to MCOs and insurance carriers in general do not currently exist. Funds should be made available to implement and monitor creation of such functional data linkages.
1. Current reports from the CARA navigator team find that:
 - i. BCBS communicates regularly.
 - ii. Western Sky does communicate but has the lowest number of plans (as they are the smaller MCO).
 - iii. Pres is a larger system, so they do not communicate as easily. The information does not indicate if a Care Coordinator is assigned, or if there is a Peer Specialist or Community Health Worker following the family.
 2. In general the MCOs provide information on a monthly basis, but it is not in their contract to provide data that coordinates with tracking plans of care.
 3. The work group would recommend changing the MCO contracts to expedite data communication. The contract language changes should modify the timelines and enrollment for Care Coordination after birth of infants who qualify for plans of care, a delay that plays a role in why families decline the services.