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## FISCAL IMPACT REPORT

**SPONSOR** Ortiz y Pino **ORIGINAL DATE** 01/23/14  
**LAST UPDATED** \_\_\_\_\_ **HB** \_\_\_\_\_

**SHORT TITLE** At Risk Children Case Management Services **SB** 70

**ANALYST** Klundt

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY14	FY15		
	TBD	TBD	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Children, Youth and Families Department (CYFD)

### SUMMARY

This bill amends sections of the Home Visiting Accountability Act (HVAA) to provide for case management services and to prioritize services for children and families deemed to be at risk for adverse outcomes, where "at risk for adverse outcomes" is defined by the bill as having experienced at least two adverse childhood events as identified by CYFD rule.

### FISCAL IMPLICATIONS

There is no appropriation attached to this bill. However, the addition CYFD reports that the case management amendment by this bill could double the cost per family.

### SIGNIFICANT ISSUES

The amendments that this bill makes to the HVAA will, in effect, shift the emphasis of the Home Visiting program from one "designed to promote child well-being and prevent adverse childhood experiences" (NMSA 1978 §32A-23B-2(D)(1)) to one focused principally on intervention following adverse childhood experiences.

The cost per child allocated to programs in the current Home Visiting program is based on the provision of services as defined in the HVAA, which provides the opportunity for programs to increase the level and intensity of services according to the needs of a family identified during

home visitations. Shifting the purpose and scope of the Home Visiting program to an intervention strategy may require an increased level of funding to accommodate the additional costs for increased level of support provided by the Home Visiting program. According to CYFD, staff qualifications will increase and, as a result, the cost of compensation will increase. Agency analysis of increased qualification home visiting models indicates that increased qualifications of home visitors can double the cost per family.

The Act is based on the prevention and promotion services rather than intervention. For those children whom the prevention and promotion services identify as at-risk, or diagnose as having developmental disabilities or other special needs, both the early childhood programs and the protective services program of the CYFD provide the next tier of services to address those needs. The highest tier of service targets children who have been diagnosed as needing clinical treatment.

This bill may reverse the prevention and promotion for intervention levels, thereby requiring home visiting programs to prioritize a smaller population. This could significantly change because prevention and promotion services allow the CYFD to make home visiting services available to more children.

The purpose of the Home Visiting program is to prevent adverse childhood experiences and promote children's well-being and eliminate risk factors. Additionally, the CYFD reports that because the Home Visiting Program is designed to foster a long-term relationship between the home visitor and the participating family, the home visitor is constantly assisting the family to access resources that are needed. The agency believes this continued level of service could be considered a form of "case management". However, Home Visiting program at the CYFD is not a case management program as is commonly understood.

## **PERFORMANCE IMPLICATIONS**

CYFD reports that the agency has performance measures tied to the structure of the existing Home Visiting program which may be negatively affected by this bill and therefore need to be rewritten to accommodate the altered parameters of the program as laid out in this bill.

## **ADMINISTRATIVE IMPLICATIONS**

CYFD states that this bill would require higher level administration and oversight. To accomplish additional administration and oversight the agency would require two additional FTE.

## **DUPLICATION**

According to CYFD, significant change to the Home Visiting program by this bill would result in the duplicating the intervention programs that are already in existence, and already receiving both federal and state funds. The FIT Early Intervention Program at the Department of Health (DOH), for example, determines risk as is described in the bill and provides intervention services as an entitlement. CYFD provided the following information regarding FIT program duplication:

The Family Infant Toddler (FIT) Program defines environmental risk as the presence of family environmental risk factors including but not limited to abuse and neglect, domestic violence, substance abuse, severe mental illness, or any risk factor that may pose a threat to the child's development (7.30.8.7C NMAC). The FIT Program Environmental Risk Assessment was designed to broaden early intervention personnel's understand of environmental risk factors and to provide a standard format for determining eligibility across the state. These are the indicators of the FIT Program Environmental Risk Assessment.

1. Baby's Basic Needs
2. Support Network
3. Home Structure
4. Family Educational History
5. Family Health
6. Family Substance Abuse
7. Family Mental Health
8. Family Violence
9. Abuse or Neglect
10. (A) Justice System Related Legal History (B) Immigration Residency/Status
11. Primary Caregiver Age at Child's Birth
12. Multiple Placements
13. Primary Caregiver Acceptance of and Affection Toward Child
14. Primary Caregiver Expectations of Child
15. Primary Caregiver Interpretation of Child Cues
16. Primary Caregiver Responds to Child's Cues
17. Other Physical, Social, Economic, and/or Caregiver/Family Member
18. Disposition Factors That May Pose a Substantial Risk to Development