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FISCAL IMPACT REPORT

SPONSOR Ortiz y Pino **ORIGINAL DATE** 01/23/14
LAST UPDATED _____ **HB** _____
SHORT TITLE J.P. Taylor Early Childhood Task Force **SM** 5
ANALYST Klundt

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY14	FY15	FY16	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	\$0.0	\$50.0	\$0.0	\$50.0	Nonrecurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Children, Youth and Families Department (CYFD)

Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Memorial 5 requests the University of New Mexico (UNM) Health Sciences Center to reconvene the J. Paul Taylor Early Childhood Task Force (task force) originally authorized in 2013 by House Memorial 75, to continue its work in regards to collaboration among early childhood development stake holders and developing an infant and early childhood mental health action plan. The memorial further requests the New Mexico Legislative Council to direct appropriate interim committees to study feasibility of the task force's preliminary recommendations. The bill expands the taskforce's membership to include Legislative Finance Committee (LFC) staff and additional stake holders including managed health care organizations, representatives from the medical assistance division of the Human Services Department (HSD) and the New Mexico Associate of Health Council.

FISCAL IMPLICATIONS

There is no appropriation attached to this memorial, but the task force members will be responsible for their own costs. In addition the University of New Mexico Health Sciences will have costs administering the task force. Total costs for the task force could be \$50.0 thousand.

SIGNIFICANT ISSUES

In 2013, House Memorial 75 established the J. Paul Taylor Early Childhood Task Force to address the prevention of child abuse and neglect through the development of an outcomes-based system of care for at-risk children and families using a community health approach. The task force was charged with 1.) recommending methods to improve collaboration among early childhood development stakeholders; 2.) developing a system to identify un-served and underserved at-risk infants and young children; 3.) developing an early childhood community health-based and outcomes-driven mental health plan and process for infants and children through age eight, ranging from prevention through early intervention and treatment; 4.) identifying how the early childhood system can be used for child abuse prevention; and 5.) promoting evidence-based, community early childhood programs in New Mexico by establishing a link to state data for early childhood research a link to state data for early childhood research.

DOH and CYFD report that the task force may duplicate the responsibilities, tasks, and efforts of the Governor-appointed Early Learning Advisory Council (ELAC), authorized by the Early Childhood Care and Education Act (Act).

The act outlined a detailed statutory responsibilities for the ELAC, including to, “make recommendations to the department and the legislature on how to coordinate and align an early childhood care and education system to include child care, pre-kindergarten, home visitation, early head start, head start, early childhood special education, early intervention and family support and to provide New Mexico families with consistent access to appropriate care and education services...”, to “...“ensure effective collaboration with state and local child welfare programs and early childhood health and behavioral health programs” and to “consider the advancement of quality early childhood care and education programs in order to support the healthy development of children...”

The act also gave authority to the ELAC to establish sub-committees composed of ELAC members as well as experts in the field. According to the DOH and CYFD, the work and planning of the ELAC subcommittees will produce the similar work that this memorial is requiring of the task force.

CYFD also reports it currently has funded the UNM Center for Educational Policy Research (CEPR) to conduct a data collection to provide the ELAC with information regarding the location of children who are most at risk compared to where current early childhood services are located. The agency states that this information is to support the ELAC in the establishment of a Results Based Accountability (RBA) process and strategic plan.

In addition, the CYFD Early Childhood Services program reports that the program has contracted with an expert in childhood mental health, and convened an interagency planning team to develop an Early Childhood Mental Health Plan. Focusing on the social, emotional, behavioral, and mental health needs of children between the ages of birth to five.

DOH provided the following background information on early brain development and child maltreatment:

In 2010, 6,018 children were victims of abuse or neglect in New Mexico, a rate of 11.8

per 1,000 children, representing a 12.1% increase from 2009 (Administration on Children, Youth, and Families. 2011. *Child Maltreatment 2010: Reports from the States to the National Child Abuse and Neglect Data System: Table 2-1: Screened-In and Screened-Out Referrals, 2010*. Retrieved December 20, 2011 from www.acf.hhs.gov/programs/cb/pubs/cm10/index.htm.)

According to the 2013 Annie E. Casey Foundation, New Mexico ranks 50th in overall child well-being. And, research clearly indicates that one of the most cost-effective strategies is to reach the highest-risk kids in their earliest years (2013 KIDS COUNT Data Book: State Trends in Child Well-Being).

During 2013, the taskforce met for one year and issued a report and recommendations including 1.) establish community and state networks for planning, collaboration, needs assessments, training, data collection, resource sharing, implementation of promising and evidence-based practice, and public health-based campaigns to prevent child maltreatment; 2.) identify and serve more at-risk children and families through widespread screening to include adverse childhood experiences (ACEs), post-partum depression, trauma, developmental delays, and other risks; 3.) increase linkages between primary and behavioral health by assessing current policy including referral protocols with Managed Care Organizations (MCOs) and primary health providers to connect at-risk families to appropriate community services; 4.) increase support comprehensive workforce training; 5.) increase the availability of high quality, outcomes-based mental health services to children and their families identified as needing these services; 6.) promote New Mexico programs to become evidence-based and promising programs that meet standards for best practice; 7.) collect and make available critical data and support rigorous evaluation 8.) decrease child abuse and neglect by developing a statewide child abuse prevention plan, modifying state contracts with early childhood service providers to require performance measures in child abuse prevention, improving family access to community, educational and medical programs, and establishing a policy and process in child protective services for referral to a community-based program for families in unsubstantiated investigations with greater than two ACE factors.

PERFORMANCE IMPLICATIONS

SM 5 relates to the DOH FY15 Strategic Plan, Result 1.) improved health outcomes for the people of New Mexico; and Result; 2.) improved quality, accessibility, and utilization of health care services.

SM 5 also relates to the CYFD Behavioral Health program performance measures of 1.) percent of youth hospitalized for treatment of selected mental health disorders who receive a follow-up with a mental health practitioner within seven calendar days after discharge 2.) percent of youth who show improvement in the substance disorder domain of the global assessment of individual need short screen.

ADMINISTRATIVE IMPLICATIONS

The CYFD reports that support necessary to accomplish the tasks of this memorial would be provided out of existing resources.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

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According to the DOH, SM 5 relates to SB 68, which proposes to appropriate \$975,000 to Department of Health to fund the creation and operation of early childhood services committees within county and tribal health councils, as well as to develop an online portal to facilitate referral of children at risk to early childhood services.

ALTERNATIVES

The task force could be convened as a sub-committee of the governor-appointed Early Learning Advisory Council to ensure better coordination of effort and largely eliminate duplicate activities. As an ELAC sub-committee, the taskforce could continue the work on the Early Childhood Mental Health Plan being developed by the interagency planning team convened by the Children, Youth & Families Department.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

If SM 5 is not enacted, the J. Paul Taylor Early Childhood Task Force would not reconvene and the New Mexico Legislative Council may not direct appropriate interim committees to study the feasibility of the J. Paul Taylor Early Childhood Task Force's preliminary recommendations.

KK/ds