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FISCAL IMPACT REPORT

SPONSOR Ortiz y Pino **ORIGINAL DATE** 2/13/15
LAST UPDATED _____ **HB** _____

SHORT TITLE Reconvene the J.P. Taylor Childhood Task Force **SM** 69

ANALYST Klundt

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY15	FY16	FY17	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	NFI	NFI	NFI	n/a	n/a	n/a

(Parenthesis () Indicate Expenditure Decreases)

Relates to Senate Joint Memorial 10 and House Memorial 47

SOURCES OF INFORMATION

LFC Files

Responses Received From

Children, Youth and Families Department (CYFD)

University of New Mexico Health Sciences Center (UNM HSC)

SUMMARY

Senate Memorial 69 requests the University of New Mexico Health Sciences Center (UNM HSC) to reconvene for the third year the J. Paul Taylor Early Childhood Task Force in order to continue the task force’s work in improving collaboration among stakeholders and developing further an early childhood behavioral health action plan.

FISCAL IMPLICATIONS

There is no appropriation included in SM 69; no additional impact on the operating budgets for UNM HSC or the Children, Youth and Families Department (CYFD) were reported. However, the CYFD believes the taskforce may be duplicative since many of the same agencies and individuals working with Governor appointed Early Learning Advisory Council (ELAC) are working to perform many of the same initiatives.

SIGNIFICANT ISSUES

In response to HM 75 and SM 5 (2014), the UNM HSC convened the J. Paul Taylor Early Childhood Task Force (task force) and developed recommendations to strengthen New Mexico’s early childhood behavioral health services system. In addition, the task force recommended that

it continue for an additional year, which would be accomplished with SM 69.

CYFD believes that the task force duplicates responsibilities and tasks of the Governor appointed Early Learning Advisory Council (ELAC), created under the Early Childhood Care and Education Act.

The Early Childhood and Education Act outlines detailed statutory responsibilities of the ELAC. Included in these responsibilities is 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 Early Childhood Care and Education Act also gives authority to the ELAC to establish sub-committees composed of ELAC members as well as experts in the field. A working meeting of ELAC members is currently being scheduled to establish a number of sub-committees. Based on the work and planning of the ELAC to date, CYFD anticipates the subcommittees will duplicate work required by SM 69.

Additionally, CYFD has funded the UNM Center for Educational Policy Research (CEPR) to conduct extensive data collection to provide the ELAC with detailed information regarding the location of children who are most at risk compared to where current early childhood services are located. This information is to support the ELAC in the establishment of a Results Based Accountability (RBA) process and strategic plan that is alignment with the work of the Children’s Cabinet.

CYFD Early Childhood Services, Office of Child Development has also recently contracted with an expert in the field and convened an interagency planning team to develop an Early Childhood Mental Health Plan. This Plan addresses the social and emotional, behavioral and mental health needs of children birth to age five. The plan utilizes a “Pyramid Model” framework developed by the National Center on the Social and Emotional Foundation for Early Learning (CSEFEL) that addresses promotion, prevention and intervention.

Currently, the Early Childhood Behavioral Health System has developed a comprehensive process that includes workforce development to build capacity in diverse communities. The workforce development includes:

- More than 1,000 early childhood professionals (from prevention to treatment) have been trained in the Circle of Security (some judicial systems have provided option to families to participate in the Circle of Security sessions) and the Circle of Security Evidence Clinical approach.
- Child Parent Psychotherapy Institutes have also been held at least two time per year with 26 professionals involved at each institute free of charge.
- More than 120 Mental Professionals from diverse disciplines that support Infant-Early Childhood programs have been trained in the Maternal, Infant, Early Childhood Mental Health Institute at UNM, utilizing the approved evidence-based therapeutic models such

as the Neuro-sequential for trauma-informed practice developed by Dr. Bruce Perry.

There has been a significant growth in the implementation of Infant and Early Childhood Mental Health, with additional clinicians serving a total of 11 counties (some rural and remote areas such as San Juan, Hobbs, Alamogordo, etc.). This is an increase of 8 counties from 2013. In addition, there are four Infant Mental Health Team specifically working with Infants in foster care working alongside with CPS and the Judicial System (an increase of three from 2012).

The current billing code utilized by the CYFD Behavioral Health Infant-Early Childhood Mental Health services, is based on the DC-0-3 R Classification. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), “For children 3 years of age or younger there must be significant behavioral or relational symptoms that meet the criteria for a DCM-IV diagnosis, a diagnosis as identified in the Diagnostic Classification of Mental Health Development Disorders of Infancy and Early Childhood-Revised (DC-0-3R), including an Axis II Relationship Disorder with a PIRGAS Score of 40 or below (which indicates a Relationship Disorder in the “Disturbed” Category), or a diagnostic impression of “imminent risk” that is identified through an intake process that includes a standardized measure (e.g., Baby’s Emotional and Social Style (BABES)) and an approval by a licensed mental health practitioner with knowledge and experience with early childhood development”.

Relates to

SM 69 relates to SJM 10 and HM 47. However, SM 69 requires the New Mexico legislative council be requested to charge the chair and vice chair of the Legislative Finance Committee and the chair and vice chair of the Legislative Health and Human Services Committee with a review of the feasibility of the J. Paul Taylor early childhood task force's preliminary recommendations with respect to the budgeting, oversight, data collection and reporting requirements that those recommendations will entail.

ALTERNATIVES

CYFD submitted an alternative that the task force could be convened as a sub-committee of the governor-appointed Early Learning Advisory Council to coordinate efforts.

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