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## FISCAL IMPACT REPORT

<b>SPONSOR</b> <u>Kernan</u>	<b>LAST UPDATED</b> <u>2/24/2023</u>
	<b>ORIGINAL DATE</b> <u>2/1/2023</u>
<b>SHORT TITLE</b> <u>CYFD Plan of Care Failure Assessments</u>	<b>BILL NUMBER</b> <u>Senate Bill 150/aSHPAC/aSJC</u>
	<b>ANALYST</b> <u>Chenier</u>

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT\* (dollars in thousands)

	FY23	FY24	FY25	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
		\$0-\$500	\$0-\$500	0-\$1,000.0	Recurring	CYFD General Fund

Parentheses ( ) indicate expenditure decreases.  
\*Amounts reflect most recent analysis of this legislation.

House Bill 2 includes \$1 million for grants to hospitals to improve reporting and adherence to plans of safe care.

### Sources of Information

LFC Files

#### Responses Received From

Children, Youth and Families Department (CYFD)  
Human Services Department (HSD)  
University of New Mexico, Health Sciences Center (UNM-HSC)  
Department of Health (DOH)

#### No Response Received

No amendment response from CYFD

## SUMMARY

### Synopsis of SJC Amendment to Senate Bill 150

The Senate Judiciary Committee amendment to Senate Bill 150 clarifies the department shall provide referrals for services as opposed to offer referrals for services. The amendment also gives the department the option to proceed with an investigation and removes language about what the department should do if the caregivers refuse services.

### Synopsis of SHPAC Amendment to Senate Bill 150

The Senate Health and Public Affairs Committee amendment to Senate Bill 150 removes the requirement that CYFD investigate in the event the family of a newborn declines services or

programs offered because of a family assessment conducted in response to observed symptoms consistent with fetal alcohol syndrome or exposure to other substances in a newborn.

## **Synopsis of Original Bill**

Senate Bill 150 amends the existing state statute that established plans of safe care for newborns with symptoms consistent with fetal alcohol syndrome or exposure to other substances. The bill changes “may” to “shall” in several places to mandate CYFD conduct a family assessment in the event of noncompliance with a plan of care. The bill also mandates CYFD refer families to services and mandates investigations in the event a newborn’s parents, relatives, guardians, or caretakers decline services or programs offered because of the assessments. In current statute, all three of these actions are elective (“may” not “shall”).

This bill does not contain an effective date and, as a result, would go into effect June 16, 2023, (90 days after the Legislature adjourns) if signed into law.

## **FISCAL IMPLICATIONS**

CYFD provides the following:

There is no appropriation contained within this bill. CYFD anticipates the minimum additional expenses for staff and case management to be \$500.0 annually. CYFD cannot absorb the fiscal implications of this bill with existing resources.

Currently, the Comprehensive Addition and Recovery Act (CARA) program and plans of care are supported by federal funding through the Child Abuse Prevention and Treatment Act (CAPTA), in the amount of \$200 thousand in FY22. The federal revenue funds 2 FTE, training, a website, and the CARA portal. The activities necessary to fulfill the mandates of this bill – family assessments, training on plans of care, safety assessments, reporting, investigating, upgrading the CARA portal to track noncompliance, efforts to engage families, documentation, and a case management system connecting the four CARA agencies (CYFD, HSD, DOH, and the Early Childhood Education and Care Department) – will require additional resources.

## **SIGNIFICANT ISSUES**

UNM-HSC provides the following:

CARA is a federal provision of the Child Abuse and Prevention Treatment Act (CAPTA) that focuses on infants, children, and families impacted by substance abuse. CARA requires a CARA Plan of Care to be developed when an infant has been identified by a healthcare provider as affected by substance abuse or as having withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder (FASD). The purpose of the CARA Plan of Care is to identify the needs and services for the infant and family.

An acknowledged challenge with implementation of CARA plans is the fact that they are not compulsory for families. A variety of barriers exist, some as simple as inability to contact a family after hospital discharge.

CYFD provides the following:

Requiring investigations as a result of failure to comply with safe care plans may run counter to the spirit and intent of CARA's goal – to provide parents with the support and services they need to make healthy decisions for their children; to ensure they feel comfortable seeking out and engaging in prenatal and medical care regardless of their own lifestyles; and to help them engage with the healthcare necessary and appropriate for their families.

HSD provides the following:

The family assessment would provide insight into the care of the child and family which can provide alternatives for treatment and care.

A 2019 study conducted by Dr. Esme Fuller-Thomson and published in the *Journal of Interpersonal Violence* found that child maltreatment strongly correlates with 3 factors:

- Caregiver mental illness, domestic violence, and caregiver addiction.
- <https://www.healio.com/news/psychiatry/20190614/parental-mental-illness-addiction-domestic-violence-tied-to-childhood-abuse>
- The provision of behavioral health services to caregivers and children in families where child maltreatment is occurring could mitigate the root causes of maltreatment.

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