

LFC Requester:	
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AGENCY BILL ANALYSIS - 2025 REGULAR SESSION

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(Analysis must be uploaded as a PDF)**

SECTION I: GENERAL INFORMATION

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Check all that apply:

Original **Amendment**
Correction **Substitute**

Date Prepared: 2025-01-29
Bill No: HB173

Sponsor(s) Gail Armstrong
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Agency Name and Code Number: CYFD 69000
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Short Title: CYFD INVESTIGATION FOR PLAN OF CARE FAILURE

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SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY24	FY25		
0	0		
0	0		

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY24	FY25	FY26		

0	0	0		
0		0		

ESTIMATED ADDITIONAL OPERATION BUDGET (dollars in thousands)

	FY24	FY25	FY26	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	0	823.1	823.1	1,646.2	Recurring	General Fund

Duplicates/Conflicts with/Companion to/Relates to:

Duplicates/Relates to Appropriation in the General Appropriation Act:

SECTION III: NARRATIVE

BILL SUMMARY

If enacted HB 173 would:

Amend 32A-3A-14 NMSA 1978 requiring the following;

If parents, relatives, guardians, or caretakers of a child released from a hospital or birthing center with a CARA related Plan of Safe Care fail to comply with the plan, the department shall be notified and the department shall be required to complete a family assessment;

Based on the results of the family assessment, the department shall offer referrals for services aimed at addressing the issues that may negatively impact the safety or well-being of the child;

If the parents, relatives, guardians or caretakes of the child decline the recommended services the department shall conduct an investigation.

Further defines the meaning of family assessment to include a comprehensive assessment that determines the needs of the child, the child’s parents, relatives, guardians or caretakers and includes an assessment of the likelihood of imminent danger to the child’s well-being, the likelihood of the child to become an abused or neglected child, and the strengths and needs present in the family members that would facilitate their ability to provide for the health and safety of the child.

FISCAL IMPLICATIONS

There is no appropriation contained within this bill. CYFD anticipates that fulfillment of this bill's assessment and investigation mandates will require additional FTEs as follows:

- 4 additional FS Family Preservation FTE (Payband 70);
- 4 additional PS Investigation FTE (Payband SE);
- 1 additional PS Investigation Supervisor FTE (Payband SF);
- 1 additional PS Statewide Central Intake FTE (Payband SD)

SIGNIFICANT ISSUES

As currently written, the bill does not specify a mechanism for notifying the appropriate parties when parents, relatives, guardians, or caregivers of a child with a Plan of Safe Care disengage from services prematurely. It is unclear whether the bill requires the referring Plan of Safe Care agency (such as hospitals or birthing centers) to notify CYFD when a family fails to follow through with the plan. Currently, this notification process is managed by the Managed Care Organization (MCO) and is an issue that CYFD has struggled with to obtain immediate notification. While the bill mandates that CYFD be notified, it does not address any consequences if the MCO fails to provide this notification. As a result, the bill may necessitate amendments to existing processes, procedures, and potentially regulations to ensure clarity and compliance.

Under current CYFD rules, CARA Navigators are responsible for completing family assessments for families identified with a Plan of Safe Care. These assessments help determine the needs of the infant and family, and the CARA Navigator supports the family in accessing necessary services. According to NMAC 8.10.5.12, if a family disengages from services after a Plan of Care is established, the care coordinator is required to notify CYFD and the CARA Navigator is required to follow internal procedures regarding a report to SCI. SCI then assesses whether the disengagement warrants a CYFD investigation.

Currently, CARA Navigators are already required to make an abuse and/or neglect referral to Protective Services if, at any point during the one-year engagement period, there is concern that the infant is being abused or neglected.

If enacted, this legislation would require the CARA Navigator to contact Statewide Central Intake (SCI) if a family declines services. The bill also states that non-compliance would result in an automatic screening and investigation assignment for all families who decline services under a Plan of Safe Care. CYFD would need to address in its rules and regulations that these screened in calls will mandate an abuse and neglect investigation no matter the level of risk assessment.

Additionally, the bill appears to place the family assessment process before an

investigation. While assessments are a critical step, there are instances where an immediate report and investigation may be necessary prior to a full family assessment. To avoid any misunderstanding, it may be beneficial to clarify that all mandated reporters remain responsible for fulfilling their statutory duty to report suspected abuse and neglect, and that compliance with this bill does not exempt them from that obligation.

PERFORMANCE IMPLICATIONS

Result in need for additional FTE workforce in CYFD for Family Services, Statewide Central Intake and investigations.

Result in need to provide ongoing monitoring of service engagement related to the plan of care for the parents, relatives, guardians, and/or caregivers of the infant;

Result in need to develop monitoring process specific to identification of premature termination of services related to the plan of care for child by parents, relatives, guardians, and/or caregivers.

ADMINISTRATIVE IMPLICATIONS

If enacted, HB 173 has the following administrative implications:

If enacted, this bill will require all parents, relatives, guardians, and/or caretakers to accept and comply with a plan of care;

If enacted, this bill will require all parents, relatives, guardians, and/or caretakers who fail to comply with a plan of care to receive a comprehensive family assessment;

If enacted, this bill will require all parents, relatives, guardians, and/or caretakers who fail to comply with a services that result from a family assessment to receive an investigation.

If enacted, this bill may result in need to develop monitoring process to ensure ongoing engagement by parents, relatives, guardians, and/or caregivers in services related to the plan of care for child.

CYFD will need to amend its rules to address these issues.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

CYFD will soon be dropping a comprehensive bill related to CARA. This portion of the bill will also be similarly included in its bill.

TECHNICAL ISSUES

None identified

OTHER SUBSTANTIVE ISSUES

Bill targets those already underserved and inadequately served in communities where there is limited medical, behavioral health, and substance use services. The changes would penalize families who struggle with substance use disorders, without focusing on the underlying physiological and socioeconomic conditions that perpetuate addiction.

Impact on Tribal communities: Tribal communities do not have birthing facilities, and as a result, all births take place off Tribal land. A plan of care that is created at the hospital, by hospital staff, will need to include Tribal social services agencies, which is currently a struggle to do. The resources available to Nations/Pueblos/Tribes (NPTs) is limited and there will be a need to provide financial resources to Tribal communities so NPTs are able to address the influx of cases they will see and implement their culturally responsive services and support this change requires. CYFD does not currently provide recurring funding to all 23 NPTs to support their social services programs. Tribal consultation with NPTs would be needed in order to determine the impact and identify the FTEs Tribal social services would need.

Impact on Tribal children/youth/families: CYFD is struggling to address the disproportionality of Native children/youth in custody. At the end of calendar year 2024, of the total number of children in CYFD custody, 10.06% were Native children/youth. The disproportionality will increase as a result of the change this bill. In order to address this, more FTEs would be needed in the Family Services Division to provide active efforts to prevent children from coming into custody, as required by IFPA. If active efforts to prevent the removal of Native children/youth are not provided or are unsuccessful, more children would be in the custody. To address the need at the end of calendar year 2024, 21 Indian Child Welfare permanency coordinators who are ICW specialists are needed (we currently have 1 and 1 supervisor), to provide active efforts for reunification; ICW specialists FTEs for investigation are needed along with more children's court attorneys who are specialized in the Indian Child Welfare Act and NM's Indian Family Protection Act. With the resulting influx in ICWA/IFPA cases, there will be a need for financial resources made directly to Tribal communities so NPTs are able to address the influx of cases they will see and implement

their culturally responsive services and support this change in requirement would have. CYFD does not currently provide recurring funding to all 23 NPTs to support their social services programs. Tribal consultation with NPTs would be needed in order to determine the impact and identify the FTEs Tribal ICWA/IFPA programs would need.

ALTERNATIVES

None identified

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

If not enacted, the parents, relatives, guardians, and/or caregivers of a child with a plan of safe care will continue to be offered a plan of safe care and connection to services that have the potential to support the overall health and well-being of the child in a voluntary manner. However, the department will continue to face challenges with notification and may not be informed when families prematurely disengage in services, potentially placing the child at risk for harm.

AMENDMENTS

None.