

LFC Requester:

AGENCY BILL ANALYSIS - 2025 REGULAR SESSION

**WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO AgencyAnalysis.nmlegis.gov and email to billanalysis@dfa.nm.gov
(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: 2025-02-19
Bill No: HB463

Sponsor(s) Gail Armstrong
:

Agency Name and Code CYFD 69000
Number:
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Short Title: CYFD PERINATAL INVESTIGATION & SUPPORT UNIT

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SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
0	0		
0	0		

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
0	0	0		
0		0		

ESTIMATED ADDITIONAL OPERATION BUDGET (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	0	1,379.5	1,337.5	2,716.9	Recurring	General Fund

Duplicates/Conflicts with/Companion to/Relates to:

Duplicates/Relates to Appropriation in the General Appropriation Act:

SECTION III: NARRATIVE

BILL SUMMARY

HB 463 proposes to establish a 2-year pilot program to create a perinatal investigation and support unit within CYFD to investigate and assess all reports of substance-exposed newborns from health care providers statewide.

Details include:

- * The unit shall be staffed with qualified trauma-informed perinatal professionals.
- * The unit must be trained in an evidence-based intensive care coordination model that is in the Federal Title IV-E clearing house.
- * The unit must coordinate with the department of health's maternal health program.
- * There is an appropriation of \$100,000 for the CYFD general fund for FY26 and FY27.

FISCAL IMPLICATIONS

If enacted, CYFD would likely be able to conduct the investigations required by this bill through the protective services division as it already investigates reports screened in for substance exposed newborns. However, the bill requires CYFD to develop a specific unit that will investigate these reports statewide, this would mean that we would need to identify staff in each county office to be part of this team and identify counties that may need additional FTEs to meet the requirement. This may mean adding one FTE to 12 (with perinatal professional qualifications) to the county offices that have smaller

investigation units at pay band SF. Due to the additional training requirements and qualifications needed to be a part of this investigations unit, the position will be pay band SF which is a senior level position.

SIGNIFICANT ISSUES

The proposed two-year pilot program outlined in the bill appears to duplicate the existing CARA Unit currently housed within the Department of Health. If the intent is for this new investigation unit to function within the Protective Services Division of CYFD, the program's design must be adjusted to ensure it can coexist and collaborate effectively with the CARA unit rather than creating redundant efforts.

PERFORMANCE IMPLICATIONS

HB 463 lacks defined data metrics to assess the success of the two-year pilot program. Without measurable outcomes, it will be difficult to determine whether the program should be continued, modified, or discontinued due to ineffectiveness or its redundancy with the existing CARA program within the Department of Health.

ADMINISTRATIVE IMPLICATIONS

Having this program created in CYFD and a similar program under the Department of Health would likely require an interagency agreement for collaboration and contract development for community providers that provide services to this population to ensure that we do not duplicate contracts or services.

If this bill is passed and a well-supported or supported program is selected from the Title IV-E Prevention Services Clearinghouse, it would benefit CYFD to update its approved Title IV-E Prevention Plan in order to claim program and administrative costs at the allowable federal reimbursement rate.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

HB 463 duplicates aspects of the CARA Plan of Care by requiring CYFD to investigate and assess all reports of substance-exposed newborns, a role already covered under New Mexico's CARA. CARA laws mandate that healthcare providers notify CYFD agencies about substance exposed infants and develop Plans of Care, which coordinate medical, behavioral health and social services for both the infant and family. HB 463 overlaps with this by creating a new investigative unit within CYFD, despite existing CARA policies that already require multi-agency collaboration.

CARA-related bills include HB 173, HB 205, HB 343, and SB 42.

TECHNICAL ISSUES

HB 463 states that CYFD's Perinatal Investigation and Support unit will investigate all reports of substance-exposed newborns. However, it does not specify whether these investigations will follow child abuse/neglect procedures or a separate more supportive process.

OTHER SUBSTANTIVE ISSUES

None.

ALTERNATIVES

None.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

The CARA program under the Department of Health and Protective Services Division in CYFD would continue to investigate and provide services to the substance exposed newborns.

AMENDMENTS

None.