## AN ACT

RELATING TO CHILD WELFARE; AMENDING AND ENACTING SECTIONS OF
THE NMSA 1978 TO ENACT A NEW MEXICO CHILD SAFETY AND WELFARE
ACT; REQUIRING THE USE OF STATE-ISSUED ELECTRONIC DEVICES
WHEN PERFORMING DEPARTMENTAL DUTIES; REQUIRING THE BACKUP AND
RETENTION OF ELECTRONIC RECORDS; ENHANCING THE STATE PROGRAM
ADMINISTERED PURSUANT TO THE FEDERAL COMPREHENSIVE ADDICTION
AND RECOVERY ACT OF 2016; MOVING THAT PROGRAM FROM THE
CHILDREN, YOUTH AND FAMILIES DEPARTMENT TO THE HEALTH CARE
AUTHORITY; AMENDING REQUIREMENTS FOR PLANS OF SAFE CARE;
REQUIRING THE CHILDREN, YOUTH AND FAMILIES DEPARTMENT TO
IMPLEMENT THE MULTILEVEL RESPONSE SYSTEM STATEWIDE; ENACTING
THE FAMILIES FIRST ACT WITHIN THE CHILDREN'S CODE; REQUIRING
THE CHILDREN, YOUTH AND FAMILIES DEPARTMENT TO DEVELOP AND
IMPLEMENT A STRATEGIC PLAN FOR APPROVAL BY THE FEDERAL
ADMINISTRATION FOR CHILDREN AND FAMILIES; REQUIRING
PROVISIONS OF THE STRATEGIC PLAN TO IDENTIFY AND PROVIDE
FOSTER CARE PREVENTION SERVICES THAT MEET THE REQUIREMENTS OF
THE FEDERAL FAMILY FIRST PREVENTION SERVICES ACT; PROVIDING
ACCESS TO AND REQUIREMENTS FOR CONFIDENTIALITY OF CERTAIN
RECORDS AND INFORMATION; SPECIFYING TO WHOM AND UNDER WHAT
CIRCUMSTANCES INFORMATION THAT IS HELD BY THE CHILDREN, YOUTH
AND FAMILIES DEPARTMENT THAT PERTAINS TO CHILD ABUSE AND
NEGLECT MAY BE SHARED; REQUIRING THAT INFORMATION BE PROVIDED
ABOUT CHILD FATALITIES OR NEAR FATALITIES; PROTECTING

1	PERSONAL IDENTIFIER INFORMATION OF DEPARTMENT CLIENTS;
2	PROVIDING FOR RULEMAKING; REQUIRING REPORTS.
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4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:
5	SECTION 1. Section 9-2A-8 NMSA 1978 (being Laws 1992,
6	Chapter 57, Section 8, as amended) is amended to read:
7	"9-2A-8. DEPARTMENTADDITIONAL DUTIESIn addition to
8	other duties provided by law or assigned to the department by
9	the governor, the department shall:
10	A. develop priorities for department services and
11	resources based on state policy and national best-practice
12	standards and local considerations and priorities;
13	B. strengthen collaboration and coordination in
14	state and local services for children, youth and families by
15	integrating critical functions as appropriate, including
16	service delivery, and contracting for services across
17	divisions and related agencies;
18	C. develop and maintain a statewide database,
19	including client tracking of services for children, youth and
20	families;
21	D. develop standards of service within the
22	department that focus on prevention, monitoring and outcomes;
23	E. analyze policies of other departments that
24	affect children, youth and families to encourage common

contracting procedures, common service definitions and  $\boldsymbol{a}$ 

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- G. develop reimbursement criteria for licensed child care centers and licensed home providers establishing that accreditation by a department-approved national accrediting body is sufficient qualification for the child care center or home provider to receive the highest reimbursement rate paid by the department;
- H. assume and implement responsibility for children's mental health and substance abuse services in the state, coordinating with the health care authority and the department of health;
- I. assume and implement the lead responsibility among all departments for domestic violence services;
- J. implement prevention and early intervention as a departmental focus;
- K. conduct biennial assessments of service gaps and needs and establish outcome measurements to address those service gaps and needs, including recommendations from the governor's children's cabinet and the children, youth and

families advisory committee;

L. ensure that behavioral health services provided, including mental health and substance abuse services for children, adolescents and their families, shall be in compliance with requirements of Section 24A-3-1 NMSA 1978 and any rules adopted pursuant to that section;

M. develop and implement the families first strategic plan for the delivery of services and access to programs as required pursuant to the Families First Act; and

N. fingerprint and conduct nationwide criminal history record searches on all department employees, staff members and volunteers whose jobs involve direct contact with department clients, including prospective employees and employees who are promoted, transferred or hired into new positions, and the superiors of all department employees, staff members and volunteers who have direct unsupervised contact with department clients."

SECTION 2. A new section of the Children, Youth and Families Department Act is enacted to read:

## "ELECTRONIC RECORDS -- RETENTION. --

A. Employees of the department shall not erase data from the electronic devices issued by the department to employees for communication related to the performance of duties within the scope of their employment by the department.

- B. Electronic devices issued by the department to employees shall only include software and applications that are compliant with federal data retention and protection laws.
- c. By January 1, 2026, the department shall implement a system, approved by the department of information technology, that will back up on a daily basis all electronic records generated or received by employees of the department related to the performance of their duties within the scope of their employment by the department.
- D. During the term of an employee's employment by the department, and for a period of at least seven years after the termination of an employee's employment by the department, the department shall retain all electronic records stored on electronic devices used by department employees and all electronic records that have been backed up from electronic devices used by department employees. The department shall back up the retained electronic records daily, monthly and annually.

## E. As used in this section:

- (1) "back up" means to electronically copy in a recoverable format to a searchable database maintained by the department all electronic records generated by or contained within an electronic device;
  - (2) "electronic device" means a telephone,

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2	appointed to serve as a guardian ad litem;
3	N. "Indian" means, whether an adult or child, a
4	person who is:
5	(1) a member of an Indian tribe; or
6	(2) eligible for membership in an Indian
7	tribe;
8	O. "Indian child" means an Indian person, or a
9	person whom there is reason to know is an Indian person,
١0	under eighteen years of age, who is neither:
۱1	(1) married; or
l <b>2</b>	(2) emancipated;
۱3	P. "Indian child's tribe" means:
۱4	(1) the Indian tribe in which an Indian
l <b>5</b>	child is a member or eligible for membership; or
۱6	(2) in the case of an Indian child who is a
۱7	member or eligible for membership in more than one tribe, the
18	Indian tribe with which the Indian child has more significant
9	contacts;
20	Q. "Indian custodian" means an Indian who,
21	pursuant to tribal law or custom or pursuant to state law:
22	(1) is an adult with legal custody of an
23	Indian child; or
24	(2) has been transferred temporary physical
25	care, custody and control by the parent of the Indian child; SJC/SRC/SB 42

employee or representative of a party to the case shall be

"Indian tribe" means an Indian nation, tribe, pueblo or other band, organized group or community of Indians recognized as eligible for the services provided to Indians by the secretary because of their status as Indians, including an Alaska native village as defined in 43 U.S.C. Section 1602(c) or a regional corporation as defined in 43 U.S.C. Section 1606. For the purposes of notification to and communication with a tribe as required in the Indian Family Protection Act, "Indian tribe" also includes those tribal officials and staff who are responsible for child

S. "judge", when used without further qualification, means the judge of the court;

welfare and social services matters;

T. "legal custody" means a legal status created by order of the court or other court of competent jurisdiction or by operation of statute that vests in a person, department or agency the right to determine where and with whom a child shall live; the right and duty to protect, train and discipline the child and to provide the child with food, shelter, personal care, education and ordinary and emergency medical care; the right to consent to major medical, psychiatric, psychological and surgical treatment and to the administration of legally prescribed psychotropic medications pursuant to the Children's Mental Health and Developmental Disabilities Act; and the right to consent to the child's

1	enlistment in the armed forces of the United States;
2	U. "member" or "membership" means a determination
3	made by an Indian tribe that a person is a member of or
4	eligible for membership in that Indian tribe;
5	V. "parent" or "parents" means a biological or
6	adoptive parent if the biological or adoptive parent has a
7	constitutionally protected liberty interest in the care and
8	custody of the child or a person who has lawfully adopted an
9	Indian child pursuant to state law or tribal law or tribal
١0	custom;
۱1	W. "permanency plan" means a determination by the
L <b>2</b>	court that the child's interest will be served best by:
l <b>3</b>	(1) reunification;
۱4	(2) placement for adoption after the
15	parents' rights have been relinquished or terminated or after
16	a motion has been filed to terminate parental rights;
١7	(3) placement with a person who will be the
18	child's permanent guardian;
١9	(4) placement in the legal custody of the
20	department with the child placed in the home of a fit and
21	willing relative; or
22	(5) placement in the legal custody of the
23	department under a planned permanent living arrangement;
24	X. "person" means an individual or any other form
25	of entity recognized by law:

or law;

1	(1) "Indian country" as defined in 18 U.S.C.
2	Section 1151;
3	(2) any lands to which the title is held by
4	the United States in trust for the benefit of an Indian tribe
5	or individual; or
6	(3) any lands held by an Indian tribe or
7	individual subject to a restriction by the United States
8	against alienation;
9	DD. "reunification" means either a return of the
10	child to the parent or to the home from which the child was
11	removed or a return to the noncustodial parent;
12	EE. "secretary" means the United States secretary
13	of the interior;
14	FF. "tribal court" means a court with jurisdiction
15	over child custody proceedings that is either a court of
16	Indian offenses, a court established and operated under the
17	law or custom of an Indian tribe or any other administrative
18	body that is vested by an Indian tribe with authority over
19	child custody proceedings;
20	GG. "tribal court order" means a document issued
21	by a tribal court that is signed by an appropriate authority,
22	including a judge, governor or tribal council member, and
23	that orders an action that is within the tribal court's
24	jurisdiction; and

1	the court."
2	SECTION 4. Section 32A-3A-2 NMSA 1978 (being Laws 1993,
3	Chapter 77, Section 64, as amended) is amended to read:
4	"32A-3A-2. DEFINITIONSAs used in the Voluntary
5	Placement and Family Services Act:
6	A. "child or family in need of family services"
7	means a family:
8	(1) whose child's behavior endangers the
9	child's health, safety, education or well-being;
10	(2) whose child is excessively absent from
11	public school as defined in the Attendance for Success Act;
12	(3) whose child is absent from the child's
13	place of residence for twenty-four hours or more without the
14	consent of the parent, guardian or custodian;
15	(4) in which the parent, guardian or
16	custodian of a child refuses to permit the child to live with
17	the parent, guardian or custodian; or
18	(5) in which the child refuses to live with
19	the child's parent, guardian or custodian;
20	B. "family services" means services that address
21	specific needs of the child or family;
22	C. "guardian" means a person appointed as a
23	guardian by a court or Indian tribal authority or a person
24	authorized to care for a child by a parental power of
25	attorney as permitted by law;

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D. "guardianship assistance agreement" means a written agreement entered into by the prospective guardian and the department or Indian tribe prior to the establishment of the guardianship by a court;

- E. "guardianship assistance payments" means
  payments made by the department to a kinship guardian or
  successor guardian on behalf of a child pursuant to the terms
  of a guardianship assistance agreement;
- F. "guardianship assistance program" means the financial subsidy program provided for in the Voluntary Placement and Family Services Act;
- G. "kinship" means the relationship that exists between a child and a relative of the child, a godparent, a member of the child's tribe or clan or an adult with whom the child has a significant bond;
- H. "managed care organization" means a person or entity eligible to enter into risk-based capitation agreements with the health care authority to provide health care and related services;
- I. "subsidized guardianship" means a guardianship that meets subsidy eligibility criteria pursuant to the Voluntary Placement and Family Services Act; and
- J. "voluntary placement agreement" means a written agreement between the department and the parent or guardian of a child."

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SECTION 5. Section 32A-3A-13 NMSA 1978 (being Laws 2019, Chapter 190, Section 3) is amended to read:

"32A-3A-13. PLAN OF SAFE CARE--GUIDELINES--CREATION--DATA SHARING--TRAINING.--

A. By July 1, 2026, the health care authority, in consultation with medicaid managed care organizations, private insurers, the office of superintendent of insurance, the children, youth and families department and the department of health, shall develop rules to guide hospitals, birthing centers, medical providers, medicaid managed care organizations and private insurers in the care of newborns who exhibit physical, neurological or behavioral symptoms consistent with prenatal drug exposure, withdrawal symptoms from prenatal drug exposure or fetal alcohol spectrum disorder.

В. Rules shall include guidelines to hospitals, birthing centers, medical providers, medicaid managed care organizations and private insurers regarding:

participation in the plan of safe care development process, which may occur at a prenatal or perinatal medical visit and shall occur prior to a substance-exposed child's discharge from a hospital. plan of safe care development process shall allow for the creation of a written plan of safe care that shall be sent

organization insurance plan care coordinator or a care coordinator employed by or contracted with the health care authority;

(c) the child's parent, relative, guardian or caretaker who is present at discharge who shall receive a copy upon discharge. The plan of safe care shall be signed by an appropriate representative of the discharging hospital and the child's parent, relative, guardian or caretaker who is present at discharge; and

(d) if the child's parent, relative, guardian, custodian or caretaker resides on tribal land, the respective Indian tribe shall be sent a copy of the plan of safe care within twenty-four hours of the child's discharge;

(2) definitions and evidence-based screening tools, based on standards of professional practice, to be used by health care providers to identify a child born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder. The rules shall include a requirement that all hospitals, birthing centers and prenatal care providers use the screening, brief intervention and referral to treatment program at all prenatal or perinatal medical visits and live births;

1	(3) collection and reporting of data to meet
2	federal and state reporting requirements, including the
3	following:
4	(a) by hospitals and birthing centers
5	to the department when: 1) a plan of safe care has been
6	developed; and 2) a family has been referred for a plan of
7	safe care;
8	(b) information pertaining to a child
9	born and diagnosed by a health care professional as affected
10	by substance abuse, withdrawal symptoms resulting from
11	prenatal drug exposure or a fetal alcohol spectrum disorder;
12	and
13	(c) data collected by hospitals and
14	birthing centers for use by the children's medical services
15	of the family health bureau of the public health division of
16	the department of health in epidemiological reports and to
17	support and monitor a plan of safe care. Information
18	reported pursuant to this subparagraph shall be coordinated
19	with communication to insurance carrier care coordinators to
20	facilitate access to services for children and parents,
21	relatives, guardians, custodians or caretakers identified in
22	a plan of safe care;
23	(4) requirements for the health care
24	authority to:

(a) ensure that there is at least one

1	care coordinator available in each birthing hospital in the
2	state;
3	(b) ensure that all substance-exposed
4	children who have a plan of safe care receive care
5	coordination to implement the plan of safe care;
6	(c) provide training to hospital staff,
7	birthing center staff and prenatal care providers on the
8	screening, brief intervention and referral to treatment
9	program; and
10	(d) communicate, collaborate and
11	consult with an Indian child's tribe to ensure that plans of
12	safe care are developed in a culturally responsive manner for
13	each child;
14	(5) identification of appropriate agencies
15	to be included as supports and services in the plan of safe
16	care, based on an assessment of the needs of the child and
17	the child's relatives, parents, guardians, custodians or
18	caretakers, performed by a discharge planner prior to the
19	child's discharge from the hospital or birthing center,
20	which:
21	(a) shall include: l) home visitation
22	programs or early intervention family infant toddler
23	programs; and 2) substance use disorder prevention and
24	treatment providers; and
25	(b) may include: 1) public health

(b) may include: 1) public health

1	agencies; 2) maternal and child health agencies; 3) mental
2	health providers; 4) infant mental health providers;
3	5) public and private children and youth agencies; 6) early
4	intervention and developmental services; 7) courts; 8) local
5	education agencies; 9) managed care organizations; or
6	10) hospitals and medical providers;
7	(6) information that shall be in a written
8	plan of safe care, including:
9	(a) the child's name;
10	(b) an emergency contact for at least
11	one of the child's parents, relatives, guardians, custodians
12	or caretakers;
13	(c) the address for the parent,
14	relative, guardian, custodian or caretaker who will be taking
15	the child home from the birthing facility; and
16	(d) the names of the parents,
17	relatives, guardians, custodians or caretakers who will be
18	living with the child;
19	(7) engagement of the child's relatives,
20	parents, guardians, custodians or caretakers in order to
21	identify the need for access to treatment for any substance
22	use disorder or other physical or behavioral health condition
23	that may impact the safety, early childhood development and
24	well-being of the child; and
25	(8) implementation of plans of safe care

SJC/SRC/SB 42 Page 19 that shall include requirements for care coordinators to:

(a) actively work with pregnant persons or a substance-exposed child's parents, relatives, guardians, family members or caretakers to refer and connect the pregnant person or substance-exposed child's parents, relatives, guardians, family members or caretakers to necessary services. Care coordinators shall use an evidence-based intensive care coordination model that is listed in the federal Title IV-E prevention services clearinghouse or another nationally recognized evidence-based clearinghouse for child welfare; and

(b) attempt to make contact with persons who are not following the plan of safe care using multiple methods, including in person, by mail, by phone call or by text message. If a pregnant person or a substance-exposed child's parents, relatives, guardians, family members or caretakers are not following the plan of safe care, care coordinators shall make attempts to contact and provide support services to persons who are not following the plan of safe care.

C. Reports made pursuant to Paragraph (3) of Subsection B of this section shall be collected by the department as distinct and separate from any child abuse report as captured and held or investigated by the department, such that the reporting of a plan of safe care

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Reports made pursuant to the requirements in

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1	this section shall not be construed to relieve a person of
2	the requirement to report to the department knowledge of or a
3	reasonable suspicion that a child is an abused or neglected
4	child based on criteria as defined by Section 32A-4-2
5	NMSA 1978.
6	G. The health care authority shall create and
7	distribute training materials to support and educate
8	discharge planners or social workers on the following:
9	(1) how to assess whether to make a referral
10	to the department pursuant to the Abuse and Neglect Act;
11	(2) how to assess whether to make a
12	notification to the department pursuant to Subsection B of
13	Section 32A-4-3 NMSA 1978 for a child who has been diagnosed
14	as affected by substance abuse, withdrawal symptoms resulting
15	from prenatal drug exposure or a fetal alcohol spectrum
16	disorder;
17	(3) how to assess whether to create a plan
18	of safe care when a referral to the department is not
19	required; and
20	(4) the creation and deployment of a plan of
21	safe care.
22	H. A person shall not have a cause of action for
23	any loss or damage caused by any act or omission resulting

from the implementation of the provisions of Subsection G of

this section or resulting from any training, or lack thereof,

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required by Subsection G of this section.

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I. The training, or lack thereof, required by the provisions of Subsection G of this section shall not be construed to impose any specific duty of care."

SECTION 6. Section 32A-3A-14 NMSA 1978 (being Laws 2019, Chapter 190, Section 4) is amended to read:

"32A-3A-14. NOTIFICATION TO THE DEPARTMENT OF NONCOMPLIANCE WITH A PLAN OF SAFE CARE.--

If the parents, relatives, guardians, custodians or caretakers of a child released from a hospital or freestanding birthing center pursuant to a plan of safe care fail to comply with that plan, the health care authority, a medicaid managed care organization insurance plan care coordinator or a care coordinator contracted with the health care authority shall notify the department within twenty-four hours of the failure to comply and the department shall conduct a family assessment. Based on the results of the family assessment, the department may offer or provide referrals for counseling, training, or other services aimed at addressing the underlying causative factors that may jeopardize the safety or well-being of the child. child's parents, relatives, guardians, custodians or caretakers may choose to accept or decline any service or program offered subsequent to the family assessment; provided that if the child's parents, relatives, guardians, custodians

or caretakers decline those services or programs, and the department determines that those services or programs are necessary to address concerns of imminent harm to the child, the department shall proceed with an investigation.

- B. As used in this section, "family assessment" means a comprehensive assessment prepared by the department at the time the department receives notification of failure to comply with the plan of safe care to determine the needs of a child and the child's parents, relatives, guardians, custodians or caretakers, including an assessment of the likelihood of:
  - (1) imminent danger to a child's well-being;
- (2) the child becoming an abused child or neglected child; and
- (3) the strengths and needs of the child's family members, including parents, relatives, guardians, custodians or caretakers, with respect to providing for the health and safety of the child."
- SECTION 7. Section 32A-4-2 NMSA 1978 (being Laws 1993, Chapter 77, Section 96, as amended) is amended to read:
- "32A-4-2. DEFINITIONS.--As used in the Abuse and Neglect Act:
- A. "abandonment" includes instances when the parent, without justifiable cause:
  - (1) left the child without provision for the

1	child's identification for a period of fourteen days; or
2	(2) left the child with others, including
3	the other parent or an agency, without provision for support
4	and without communication for a period of:
5	(a) three months if the child was under
6	six years of age at the commencement of the three-month
7	period; or
8	(b) six months if the child was over
9	six years of age at the commencement of the six-month period;
10	B. "abused child" means a child:
11	(l) who has suffered or who is at risk of
12	suffering serious harm because of the action or inaction of
13	the child's parent, guardian or custodian;
14	(2) who has suffered physical abuse,
15	emotional abuse or psychological abuse inflicted or caused by
16	the child's parent, guardian or custodian;
17	(3) who has suffered sexual abuse or sexual
18	exploitation inflicted by the child's parent, guardian or
19	custodian;
20	(4) whose parent, guardian or custodian has
21	knowingly, intentionally or negligently placed the child in a
22	situation that may endanger the child's life or health; or
23	(5) whose parent, guardian or custodian has
24	knowingly or intentionally tortured, cruelly confined or
25	cruelly punished the child;

that creates a high probability of death, that causes serious

disfigurement or that results in permanent or protracted loss

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Children's Code shall be construed to imply that a child who

is being provided with treatment by spiritual means alone

through prayer, in accordance with the tenets and practices

of a recognized church or religious denomination, by a duly

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person by birth, adoption or marriage within the fifth degree

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of consanguinity;

SECTION 8. Section 32A-4-3 NMSA 1978 (being Laws 1993,

Chapter 77, Section 97, as amended) is amended to read:

"32A-4-3. DUTY TO REPORT CHILD ABUSE AND CHILD NEGLECT--RESPONSIBILITY TO INVESTIGATE CHILD ABUSE OR NEGLECT--PENALTY--NOTIFICATION OF PLAN OF SAFE CARE.--

A. Every person, including a licensed physician; a resident or an intern examining, attending or treating a child; a law enforcement officer; a judge presiding during a proceeding; a registered nurse; a visiting nurse; a school employee; a social worker acting in an official capacity; or a member of the clergy who has information that is not privileged as a matter of law, who knows or has a reasonable suspicion that a child is an abused or a neglected child shall report the matter immediately to:

- (1) a local law enforcement agency;
- (2) the department; or
- (3) a tribal law enforcement or social services agency for any Indian child residing in Indian country.
- B. A law enforcement agency receiving the report shall immediately transmit the facts of the report and the name, address and phone number of the reporter by telephone to the department and shall transmit the same information in writing within forty-eight hours. The department shall immediately transmit the facts of the report and the name, address and phone number of the reporter by telephone to a

local law enforcement agency and shall transmit the same information in writing within forty-eight hours. The written report shall contain the names and addresses of the child and the child's parents, guardian or custodian, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and other information that the maker of the report believes might be helpful in establishing the cause of the injuries and the identity of the person responsible for the injuries. The written report shall be submitted upon a standardized form agreed to by the law enforcement agency and the department.

C. The recipient of a report under Subsection A of this section shall take immediate steps to ensure prompt investigation of the report. The investigation shall ensure that immediate steps are taken to protect the health or welfare of the alleged abused or neglected child, as well as that of any other child under the same care who may be in danger of abuse or neglect. A local law enforcement officer trained in the investigation of child abuse and neglect is responsible for investigating reports of alleged child abuse or neglect at schools, daycare facilities or child care facilities.

D. If the child alleged to be abused or neglected is in the care or control of or in a facility administratively connected to the department, the report

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shall be investigated by a local law enforcement officer trained in the investigation of child abuse and neglect. investigation shall ensure that immediate steps are taken to protect the health or welfare of the alleged abused or neglected child, as well as that of any other child under the same care who may be in danger of abuse or neglect.

- E. A law enforcement agency or the department shall have access to any of the records pertaining to a child abuse or neglect case maintained by any of the persons enumerated in Subsection A of this section, except as otherwise provided in the Abuse and Neglect Act.
- F. A person who violates the provisions of Subsection A of this section is guilty of a misdemeanor and shall be sentenced pursuant to the provisions of Section 31-19-1 NMSA 1978.
- G. A finding that a pregnant woman is using or abusing drugs made pursuant to an interview, self-report, clinical observation or routine toxicology screen shall not alone form a sufficient basis to report child abuse or neglect to the department pursuant to Subsection A of this section. A volunteer, contractor or staff of a hospital or freestanding birthing center shall not make a report based solely on that finding and shall make a notification pursuant to Subsection H of this section. Nothing in this subsection shall be construed to prevent a person from reporting to the

department a reasonable suspicion that a child is an abused or neglected child based on other criteria as defined by Section 32A-4-2 NMSA 1978, or a combination of criteria that includes a finding pursuant to this subsection.

- H. A contractor or staff of a hospital, freestanding birthing center or clinic that provides prenatal or perinatal care shall:
- (1) complete a written plan of safe care for a substance-exposed newborn or a pregnant person who agrees to creating a plan of safe care, as provided for by department rule and the Children's Code; and
- (2) provide notification to the health care authority. Notification by a health care provider pursuant to this paragraph shall not be construed as a report of child abuse or neglect.
- I. As used in this section, "notification" means informing the health care authority that a substance-exposed newborn was born and providing a copy of the plan of safe care that was created for the child; provided that notification shall comply with federal guidelines and shall not constitute a report of child abuse or neglect. The health care authority shall be responsible for ensuring compliance with federal reporting requirements related to plans of safe care.
  - J. As used in this section, "school employee"

The department may remove a case from the

multilevel response system and conduct an investigation if

rules promulgated by the department.

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- C. For each family, including the child who is the subject of a report to the department and that child's relatives, caretakers or guardians, that receives services under the multilevel response system, the department shall conduct a family assessment. Based on the results of the family assessment, the department may offer or provide referrals for counseling, training or other services aimed at addressing the underlying causative factors jeopardizing the safety or well-being of the child who is the subject of a report to the department. A family member, relative, caretaker or guardian may choose to accept or decline any services or programs offered under the multilevel response system; provided, however, that if a family member, relative, caretaker or guardian declines services, the department may choose to proceed with an investigation.
- D. The department shall employ licensed social workers to provide services to families, relatives, caretakers or guardians participating in the multilevel response system to the extent that licensed social workers are available for employment.
  - E. The department shall:

the department to determine the needs of a child and the

child's family, relatives, caretakers or guardians at the

time the department receives a report of child abuse and

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1	neglect, including an assessment of the likelihood of:
2	(1) imminent danger to a child's well-being;
3	(2) the child becoming an abused child or a
4	neglected child; and
5	(3) the strengths and needs of the child's
6	family members, relatives, caretakers or guardians with
7	respect to providing for the health and safety of the child."
8	SECTION 10. Section 32A-4-21 NMSA 1978 (being
9	Laws 1993, Chapter 77, Section 115, as amended) is amended to
10	read:
11	"32A-4-21. NEGLECT OR ABUSE PREDISPOSITION STUDIES,
12	REPORTS AND EXAMINATIONS SUPPORT SERVICES
13	A. Prior to holding a dispositional hearing, the
14	court shall direct that a predisposition study and report be
15	submitted in writing to the court by the department.
16	B. The predisposition study required pursuant to
17	Subsection A of this section shall contain the following
18	information:
19	(1) a statement of the specific reasons for
20	intervention by the department or for placing the child in
21	the department's custody and a statement of the parent's
22	ability to care for the child in the parent's home without
23	causing harm to the child;
24	(2) a statement of how an intervention plan

is designed to achieve placement of the child in the least

restrictive setting available, consistent with the best interests and special needs of the child, including a statement of the likely harm the child may suffer as a result of being removed from the parent's home, including emotional harm that may result due to separation from the child's parents, and a statement of how the intervention plan is designed to place the child in close proximity to the parent's home without causing harm to the child due to separation from parents, siblings or any other person who may significantly affect the child's best interest;

- (3) the wishes of the child as to the child's custodian;
- (4) a statement of the efforts the department has made to identify and locate all grandparents and other relatives and to conduct home studies on any appropriate relative expressing an interest in providing care for the child, and a statement as to whether the child has a family member who, subsequent to study by the department, is determined to be qualified to care for the child;
- (5) a description of services offered to the child, the child's family and the child's foster care family, which, if appropriate and available, may include families first services provided pursuant to the Families First Act, as well as referrals to income support or other services or programs, and a summary of reasonable efforts made to prevent

post-secondary goals; and

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- (12) a description of the child's foster care placement and whether it is appropriate in terms of the educational setting and proximity to the school the child was enrolled in at the time of the placement, including plans for travel for the child to remain in the school in which the child was enrolled at the time of placement, if reasonable and in the child's best interest.
- C. A copy of the predisposition report shall be provided by the department to counsel for all parties five days before the dispositional hearing.
- D. If the child is an adjudicated abused child, any temporary custody orders shall remain in effect until the court has received and considered the predispositional study at the dispositional hearing."
- SECTION 11. Section 32A-4-33 NMSA 1978 (being Laws 1993, Chapter 77, Section 127, as amended) is amended to read:

## "32A-4-33. CONFIDENTIALITY--INFORMATION--PENALTY.--

- A. In investigations and proceedings alleging abuse or neglect, the department shall not disclose personal identifier information of the child or the child's parent, guardian or custodian, except as follows:
- (1) in the case of the fatality or near fatality of a child;
  - (2) in cases in which a child is missing or

child;

- (3) when a child or child's parent or guardian has been publicly identified by a person outside the department, but only that personal identifier information that has been publicly identified; or
- $\qquad \qquad \text{(4)} \quad \text{to the persons enumerated in} \\ \text{Subsection G of this section.}$
- B. Department information obtained during the course of an investigation into allegations of abuse or neglect shall be maintained by the department as required by federal law as a condition of the allocation of federal funds in New Mexico. The public release of department information shall be construed as openly as possible under federal and state law.
- C. Information released by the department that has not otherwise been publicly released shall be redacted as

actions the department has taken in the case.

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D. Except as provided in Subsections E, F and G of this section, information concerning a party to a neglect or abuse proceeding, including social records, diagnostic evaluations, psychiatric or psychological reports, videotapes, transcripts and audio recordings of a child's statement of abuse or medical reports incident to or obtained as a result of a neglect or abuse proceeding or that were produced or obtained during an investigation in anticipation of or incident to a neglect or abuse proceeding, shall be confidential and closed to the public.

The department may release redacted information

F. In the case of a fatality, the department shall release all information described in Subsection D of this section to a person who is conducting bona fide research or

described in Subsection D of this section to a person who is

conducting bona fide research or investigations, the results

of which shall provide the department information on child

abuse and neglect that would be useful to the department in

(7)

law enforcement officials, except when

1	use immunity is granted pursuant to Section 32A-4-11
2	NMSA 1978;
3	(8) district attorneys, except when use
4	immunity is granted pursuant to Section 32A-4-11 NMSA 1978;
5	(9) any state government or tribal
6	government social services agency in any state or when, in
7	the opinion of the department, it is in the best interest of
8	the child, a governmental social services agency of another
9	country;
١0	(10) a foster parent, if the information is
11	that of a child currently placed with that foster parent or
l <b>2</b>	of a child being considered for placement with that foster
L <b>3</b>	parent and the information concerns the social, medical,
L <b>4</b>	psychological or educational needs of the child;
15	(11) school personnel involved with the
۱6	child but only if the information concerns the child's
۱7	social, medical or educational needs;
8	(12) a grandparent, parent of a sibling,
۱9	relative or fictive kin, if the information pertains to a
20	child being considered for placement with that grandparent,
21	parent of a sibling, relative or fictive kin and the
22	information concerns the social, medical, psychological or
23	educational needs of the child;
24	(13) health care or mental health

professionals involved in the evaluation or treatment of the

1	child or of the child's parents, guardian, custodian or other
2	family members;
3	(14) protection and advocacy representatives
4	pursuant to the federal Developmental Disabilities Assistance
5	and Bill of Rights Act and the federal Protection and
6	Advocacy for Mentally Ill Individuals Amendments Act of 1991;
7	(15) children's safehouse organizations
8	conducting interviews of children on behalf of a law
9	enforcement agency or the department;
10	(16) representatives of the federal
11	government or their contractors authorized by federal statute
12	or regulation to review, inspect, audit or otherwise have
13	access to information pertaining to neglect or abuse
14	proceedings;
15	(17) a person attending a meeting arranged
16	by the department to discuss the safety, well-being and
17	permanency of a child, when the parent or child, or parent or
18	custodian on behalf of a child younger than fourteen years of
19	age, has consented to the disclosure;
20	(18) the office of the state medical
21	investigator; and
22	(19) any other person, by order of the
23	court, having a legitimate interest in the case or the work
24	of the court.
25	H. A party to a court proceeding relating to a

- I. A parent, guardian or custodian whose child has been the subject of an investigation of abuse or neglect where no petition has been filed shall have the right to inspect any medical report, psychological evaluation, law enforcement reports or other investigative or diagnostic evaluation; provided that any personal identifier information related to the reporting party or any other party providing information shall be deleted or redacted. The parent, guardian or custodian shall also have the right to the results of the investigation and the right to petition the court for full access to all department records and information except that information the department finds would be likely to endanger the life or safety of a person providing information to the department.
- J. The department is not required by this section to disclose department information if the district attorney successfully petitions the children's court that disclosure would cause specific, material harm to a criminal investigation or prosecution.
  - K. The department shall provide pertinent

department information upon request to a prospective adoptive parent, foster parent or guardian if the information concerns a child for whom the prospective adoptive parent, foster parent or guardian seeks to adopt or provide care.

- L. A person may authorize the release of department information about the person's self but shall not waive the confidentiality of department information concerning any other person.
- M. The department shall provide a summary of the outcome of a department investigation to the person who reported the suspected child abuse or neglect in a timely manner no later than twenty days after the deadline for closure of the investigation.
- N. Whoever intentionally and unlawfully releases any information closed to the public pursuant to the Abuse and Neglect Act or releases or makes other unlawful use of information in violation of that act is guilty of a petty misdemeanor and shall be sentenced pursuant to the provisions of Section 31-19-1 NMSA 1978.
- O. The department may promulgate rules for implementing disclosure of records pursuant to this section and in compliance with state and federal law and the Children's Court Rules.
- P. Nothing in this section or Section 32A-4-33.1 NMSA 1978 limits the right of a person to seek documents or

1	information through other provisions of law.
2	Q. Nothing in this section applies to the Indian
3	Family Protection Act, information concerning Indian children
4	or Indian parents, guardians or custodians, as those terms
5	are defined in that act, or investigations or proceedings
6	pursuant to that act."
7	SECTION 12. Section 32A-4-33.1 NMSA 1978 (being
8	Laws 2009, Chapter 239, Section 52) is amended to read:
9	"32A-4-33.1. FATALITIESNEAR FATALITIESRECORDS
10	RELEASE
11	A. As used in this section:
12	(1) "near fatality" means an act that, as
13	certified by a physician, including the child's treating
14	physician, placed a child in a serious or critical medical
15	condition; and
16	(2) "personal identifier information" means:
17	(a) a person's name;
18	(b) all but the last four digits of a
19	person's: 1) taxpayer identification number; 2) financial
20	account number; 3) credit or debit card number; or
21	4) driver's license number;
22	(c) all but the year of a person's date
23	of birth;
24	(d) a person's social security number;
25	and

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1	(e) a person's street address, but not
2	the city, state or zip code.
3	B. After learning that a child fatality or near
4	fatality has occurred and that there is reasonable suspicion
5	that the fatality or near fatality was caused by abandonment,
6	abuse or neglect, the department shall upon written request
7	release the following information, if in the department's
8	possession, within five business days:
9	(1) for a fatality:
10	(a) the name, age and gender of the
11	child;
12	(b) the date and location of the
13	fatality; and
14	(c) the cause of death, if known;
15	(2) for a near fatality:
16	(a) the age and gender of the child;
17	and
18	(b) the type and extent of injuries;
19	(3) for either a fatality or near fatality:
20	(a) whether the child is currently or
21	has been in the custody of the department within the last five
22	years or the child's family is currently or has been served or
23	under investigation by the department within the last five
24	years;
25	(b) whether the child lived with a

(b) whether the child lived with a

1	parent, guardian or custodian; was in foster care; was in a
2	residential facility or detention facility; was a runaway; or
3	had some other living arrangement;
4	(c) whether an investigation is being
5	conducted by the department or by a law enforcement agency, if
6	known;
7	(d) a detailed synopsis of prior
8	reports of abuse or neglect involving the child, siblings or
9	other children in the home, if applicable; and
0	(e) actions taken by the department to
11	ensure the safety of siblings, if applicable; and
l <b>2</b>	(4) any other information that is publicly
13	known.
4	C. Upon completion of a child abandonment, abuse
15	or neglect investigation into a fatality or near fatality, if
۱6	it is determined that abandonment, abuse or neglect caused the
L <b>7</b>	fatality or near fatality, the following documents shall be
18	released upon written request:
19	(1) a summary of the department's
20	investigation;
21	(2) a law enforcement investigation report,
22	if in the department's possession;
23	(3) the medical investigator's report, if in
24	the department's possession; and
25	(4) in the case of a fatality, the

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and neglect case file.

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- H. A person disclosing abandonment, abuse or neglect case file information as required by this section shall not be subject to suit in civil or criminal proceedings for complying with the requirements of this section.
- I. The department shall continue to provide timely allowable information to the public on the investigation into a case of fatality or near fatality of a child, including a summary report that shall include:
- (1) actions taken by the department in response to the case, including changes in policies, practices, procedures and processes that have been made to address issues raised in the investigation of the case and any recommendations for further changes in policies, practices, procedures, processes and other rules or laws to address the issues; and
- (2) the information described in Subsection J or K of this section.
- J. If the summary report involves a child who was residing in the child's home, the report shall contain a summary of all of the following:
- (1) whether services pursuant to the Abuse and Neglect Act were being provided to the child, a member of the child's household or a person who had been arrested for abandonment, abuse or neglect of the child prior to the time of the fatality or near fatality and the date of the last

contact between the person providing the services and the person receiving the services prior to or at the time of the fatality or near fatality;

- (2) whether the child, a member of the child's household or the person who had been arrested for abandonment, abuse or neglect of the child prior to the fatality or near fatality was the subject of a current or previous department report;
- or the person who had been arrested for abuse or neglect of the child prior to the fatality or near fatality in a situation for which a department report was made or services provided pursuant to the Abuse and Neglect Act in the five years preceding the incident that culminated in the fatality or near fatality; and
- (4) any investigation pursuant to a department report concerning the child, a member of the child's household or the person who had been suspected of or arrested for the abandonment, abuse or neglect of the child or services provided to the child or the child's household since the date of the incident involving a fatality or a near fatality.
- K. If the summary report involves a child who was in out-of-home placement, the summary report shall include:
  - (1) the name of the agency the licensee was

licensed by; and

(2) the licensing history of the out-of-home placement, including the type of license held by the operator of the placement, the period for which the placement has been licensed and a summary of all violations by the licensee and any other actions by the licensee or an employee of the licensee that constitute a substantial failure to protect and promote the health, safety and welfare of a child.

L. Nothing in this section shall apply to the Indian Family Protection Act, information or records concerning Indian children or Indian parents, guardians or custodians or investigations or proceedings pursuant to that act."

SECTION 13. A new section of the Abuse and Neglect Act is enacted to read:

"CREATION AND MAINTENANCE OF DASHBOARD ON DEPARTMENT WEBSITE--ANNUAL REPORT.--

A. The department shall create and maintain a public, easily accessible and searchable dashboard on the department's website. The confidentiality of personal identifier information shall be safeguarded consistent with federal and state law. The dashboard shall be updated at least quarterly and shall include the data to be reported to the governor and the legislature.

the reasons for removals;

1	(7) the number of children returned to a
2	household from which they were removed;
3	(8) the number of children placed in the
4	custody of the department who have run away while in custody;
5	(9) the number of cases in which families
6	subject to court-ordered treatment plans or voluntary
7	placement agreements have absconded with children placed in
8	the custody of the department;
9	(10) the number of adoptions and the number
10	of adoptions for which funding was terminated prior to the
11	child reaching the age of eighteen;
12	(11) the number of children and cases
13	transferred to the jurisdiction of Indian nations, tribes and
14	pueblos pursuant to the Indian Family Protection Act; and
15	(12) any other information the department
16	considers of interest to the public.
17	C. Data shall be disaggregated by age, race,
18	ethnicity, gender, disability status and geographic location.
19	D. The report shall be published on the
20	department's website."
21	SECTION 14. A new section of the Children's Code is
22	enacted to read:
23	"SHORT TITLESections 14 through 17 of this act may be
24	cited as the "Families First Act"."
25	SECTION 15. A new section of the Children's Code is

enacted to read:

"DEFINITIONS.--As used in the Families First Act:

- A. "families first services" means foster care prevention services categorized pursuant to the federal Title IV-E prevention services clearinghouse as well-supported, supported or promising that are included in the families first strategic plan implemented pursuant to the Families First Act and are provided by the department through the implementation of that strategic plan; and
- B. "families first strategic plan" means the plan required pursuant to the Families First Act that is developed and implemented by the department in accordance with the regulations and requirements set forth in the federal Family First Prevention Services Act."

SECTION 16. A new section of the Children's Code is enacted to read:

"FAMILIES FIRST STRATEGIC PLAN--DEPARTMENT DUTIES-FAMILIES FIRST SERVICES--TIME LINE--IMPLEMENTATION.--

- A. In consultation with the early childhood education and care department, the health care authority and the department of health, the department shall develop and implement the families first strategic plan. In developing the families first strategic plan, the department shall:
- (1) ensure that provisions of the families first strategic plan align with and meet the requirements set

-	forch in the federal ramity first frevention services Act, and
2	(2) maximize resources from the federal
3	government under Title IV-E that are available to the
4	department to provide families first services.
5	B. The families first strategic plan required
6	pursuant to Subsection A of this section shall:
7	(1) include a comprehensive description of
8	the department's responsibilities and duties for providing
9	families first services;
10	(2) include a comprehensive and detailed
11	list of each of the families first services the department
12	will provide to eligible persons and affirm that each service
13	to be provided:
14	(a) is eligible for reimbursement
15	pursuant to the federal Family First Prevention Services Act;
16	and
17	(b) is rated as promising, supported or
18	well-supported in accordance with the Title IV-E prevention
19	services clearinghouse;
20	(3) identify all network services providers,
21	including other state agencies, that the department will use
22	for providing families first services. If services are
23	provided by another state agency, the department, together
24	with the other state agency, shall establish safety monitoring
25	protocols for direct monitoring of the services provided by  SJC/SRC/SB 42 Page 58

2	list the specific families first service that the network
3	services provider will provide, including:
4	(a) mental health or substance abuse
5	prevention and treatment;
6	(b) in-home parent skill-based
7	programs;
8	(c) kinship navigator programs; or
9	(d) any other programs or services that
10	are eligible or become eligible for reimbursement pursuant to
11	the federal Family First Prevention Services Act;
12	(4) identify and define the population of
13	eligible persons who may receive families first services and
14	include, at a minimum:
15	(a) a child who is a candidate for
16	foster care but who can remain safely at home with the
17	provision of evidence-based services;
18	(b) a parent, guardian or caregiver of
19	a child at risk of entering foster care;
20	(c) a pregnant or parenting youth in
21	foster care; and
22	(d) other eligible persons identified
23	by the department;
24	(5) identify processes and procedures to be
25	established and followed by the department to determine SJC/SRC/SB 42 Page 59

that agency and, for each provider used by the department,

(b) no later than June 30, 2032, the

department shall provide statewide implementation of families

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(c) performance results regarding

identified outcome measures, to include aggregate data about

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1	child participant placement status at the beginning of
2	services and one year after services and whether the child
3	entered foster care within two years after being determined a
4	candidate for foster care and receiving families first
5	services; and
6	(d) fiscal information regarding
7	program and service expenditures and disaggregating state and
8	federal revenue sources.
9	C. For the purposes of this subsection, "approving
10	authority" means the federal administration for children and
11	families. The department shall:
12	(1) no later than August 1, 2025, finalize
13	the provisions of the families first strategic plan, post the
14	plan to the department's website and provide a copy of the
15	plan to the legislative finance committee, the interim
16	legislative health and human services committee, the interim
17	legislative committee that studies courts, corrections and
18	justice and the governor;
19	(2) no later than September 1, 2025:
20	(a) submit the families first strategic
21	plan to the approving authority for approval; and
22	(b) begin providing families first
23	services pursuant to the provisions of the Families First Act;
24	(3) if a submitted strategic plan is not
25	approved and the approving authority indicates that to secure SJC/SRC/SB 42 Page 62

an approval, the strategic plan must be revised, as soon as practicable:

- (a) revise the families first strategic plan in accordance with the revisions required by the approving authority; and
- (b) submit the revised strategic plan to the approving authority; and
- required pursuant to the Families First Act the status of each families first strategic plan submitted to the approving authority for approval, including any specific revisions required, the dates of submissions and the dates of approval or nonapproval by the approving authority for each submitted strategic plan and any other relevant information related to the status of a families first strategic plan submitted to the approving authority by the department.
- D. No later than July 1, 2026, and by each July 1 thereafter, the department shall post the annual report as established in the families first strategic plan pursuant to the Families First Act to the department's website, and the department shall submit the annual report to the legislative finance committee, the interim legislative health and human services committee, the interim legislative committee that studies courts, corrections and justice and the governor."

1	enacted to read:	
2	"RULESBy August 1, 2027, the department shall	
3	promulgate and adopt rules as necessary to carry out the	
4	provisions of the Families First Act."SJC/SRC/SB 4	2
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