

**LEGISLATIVE EDUCATION STUDY COMMITTEE
BILL ANALYSIS**

Bill Number: HB 308

50th Legislature, 2nd Session, 2012

Tracking Number: .188976.1

Short Title: School Behavioral Health Interventions

Sponsor(s): Representative Rick Miera

Analyst: James Ball

Date: February 9, 2012

Bill Summary:

HB 308 makes an appropriation from the General Fund to provide programs to assist students who are enrolled in public schools that have been ranked with grades of D or F during school year 2011-2012 according to the provisions of the *A-B-C-D-F School Ratings Act*.

Fiscal Impact:

A total of \$2.3 million is appropriated from the General Fund to two state agencies for expenditure in FY 13 as follows:

- \$1.15 million to the Department of Health (DOH) to provide behavioral health support services that utilize standards and benchmarks for school-based health center services; and
- \$1.15 million to the Public Education Department (PED) for school-based, after-school programs that deal with suicide prevention, bullying, and substance abuse.

Unexpended and unencumbered funds revert to the General Fund.

Fiscal Issues:

CS/HB 2 et al., the *General Appropriation Act of 2012*, includes \$3.5 million to PED for interventions for D and F schools. According to the PED website, for school year 2010-2011 there are:

- 207 schools with overall grades of D; and
- 88 schools with overall grades of F.

Substantive Issues:

According to the PED analysis of a similar bill (SB 223):

- FY 10 was the last year the US Department of Education (USDE) awarded PED Title IV funding for the Safe and Drug-Free Schools program;
- these funds were administered to public schools on a formula basis to support prevention programs that included suicide, bullying, and substance abuse;

- in order to address the elimination of the federal program and funds, PED received a USDE planning grant; and
- the purpose of the grant is to develop a sustainable, prevention-focused infrastructure that will build partnerships between state agencies, schools, and community-based organizations to continue to strengthen schools in creating safe and drug-free learning environments that promote academic achievement.

DOH states in its analysis of a similar bill (SB 223) that:

- school-based health centers are known to improve access to health care for children and adolescents as well as to reduce hospital emergency room visits and Medicaid costs; and
- school-based health centers also bolster academic achievement by reducing absenteeism and tardiness, the dropout rate, and discipline referrals.

The appropriation to PED and DOH in HB 308 could fund school-based health services and a more comprehensive statewide prevention infrastructure.

Background:

According to DOH and PED:

- adolescents face numerous challenges to their emotional well-being such as bullying, peer pressure, and community and relationship violence;
- these challenges result in many adolescents needing behavioral health services;
- eight percent of adolescents in New Mexico between the ages of 12 and 17 have experienced a major depressive episode in the past year, and these are only the cases for which care was sought and received;
- studies show that an adolescent is up to 21 times more likely to access school-based health services for a behavioral health concern than they are to access a community health center or a health maintenance organization;
- over 90 percent of students who access services at school cite the school as a place where an adult will listen to them if they have something to say; and
- behavioral health and prevention services are an important component of an overall prevention infrastructure for school-based and after-school programs that deal with suicide prevention, bullying, and substance abuse.

Related Bills:

SB 95 *Native American Suicide Prevention*

SB 223 *School Behavioral Health Interventions*