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## FISCAL IMPACT REPORT

**ORIGINAL DATE**  
**LAST UPDATED** 02/02/12 **HB** 308

**SPONSOR** Miera

**SHORT TITLE** School Behavioral Health Interventions **SB** \_\_\_\_\_

**ANALYST** Esquibel

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY12	FY13		
	\$2,300.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY12	FY13	FY14		
	Unknown	Unknown	Recurring	Medicaid Match Federal Funds

(Parenthesis ( ) Indicate Revenue Decreases)

HB308 relates to SB223, School Behavioral Health Interventions; and to SB125, Before- and After-School Programs.

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Public Education Department (PED)

Department of Health (DOH)

Human Services Department (HSD)

### SUMMARY

#### Synopsis of Bill

House Bill 308 appropriates \$2.3 million from the general fund to the Department of Health (DOH) and the Public Education Department (PED) for behavioral health interventions for students enrolled in public schools that have been ranked with a D or F during the 2011-2012 school year. The appropriation would be distributed as follows:

- 1) \$1.15 million to the Department of Health (DOH) for the Office of School and Adolescent Health (OSAH) in the Health Systems Bureau (HSB) to provide quality behavioral health support services that utilize standards and benchmarks for school-based, behavioral health center services; and
- 2) \$1.15 million to the Public Education Department (PED) for school-based, after-school programs that deal with suicide prevention, bullying and substance abuse.

## **FISCAL IMPLICATIONS**

The appropriation of \$2.3 million contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY13 shall revert to the general fund.

The Human Services Department (HSD) indicates any school-based health services, including behavioral health services, would be eligible for federal matching funds through Medicaid if all the following criteria are met:

- The patient is Medicaid-eligible; and
- The provider is credentialed as a Medicaid school-based health center by the HSD Medical Assistance Division.

## **SIGNIFICANT ISSUES**

The Public Education Department (PED) indicates FY10 was the last year the U.S. Department of Education (USDE) awarded PED Title IV funding for Safe Schools. These funds were administered to public schools on a prorated basis to support prevention programs that included suicide, bullying and substance abuse.

Beginning with FY11, PED has not administered funding to schools that addresses suicide prevention, bullying and substance abuse. In order to address the elimination of the federal Title IV Safe and Drug-Free Schools Program, the PED received a USDE planning grant. 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. A product of the planning grant is the *Building Capacity for Preventing Youth Substance Abuse and Violence Assessment Report, February 2012*.

## **ADMINISTRATIVE IMPLICATIONS**

The PED indicates limiting funding to FY13 may create a problem for efficient administration and sustainability. The time needed for administrative processes would limit the amount of implementation time to less than one school year for public schools to organize and implement a quality program. Schools lacking the current history or expertise in providing out-of-school time programs may not be able to respond effectively. The sponsor may want to consider allowing the appropriation to be used through FY14.

## **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

House Bill 308 relates to Senate Bill 125 which would appropriate \$4 million to the Public Education Department (PED) to support public schools in providing before- and afterschool programs, whereas HB308 specifically targets school-based, afterschool programs that deal with prevention for suicide, bullying and substance abuse.

House Bill 308 also relates to Senate Bill 223, School Behavioral Health Interventions. These are duplicated bills except SB223 appropriates \$4.3 million in general fund--\$2.15 to DOH and PED respectively.

## **TECHNICAL ISSUES**

The PED suggests the following possible amendments:

- line 13, page one, to read “School Years 2011-2012 and 2012-2013”;
- line 23, page one, to read “ 2011-2012 and 2012-2013 school years”;
- and line 12, page two, to read: “fiscal year 2014”.

## **OTHER SUBSTANTIVE ISSUES**

The Public Education Department indicates the U.S. Department of Education states that bullying fosters a climate of fear and disrespect that can seriously impair the physical and psychological health of its victims and create conditions that negatively affect learning, thereby undermining the ability of students to achieve their full potential. (*Ali, R., Assistant Secretary for Civil Rights 92010). Dear Colleague Letter: Harassment and Bullying. USDE, Office for Civil Rights.*)

During the 2009-2010 school year, the rate of violent incidents per 1,000 students was reported as 21 incidents at primary schools, 40 incidents at middle schools and 21 incidents at high schools. (*Crime, Violence, Discipline and Safety in US Public Schools Findings from the School Survey on Crime and Safety: 2009-2010, USDE*)

The Department of Health indicates suicide is the second leading cause of death for adolescents 15 to 24 years old in New Mexico. NM rate of youth suicide is higher than the national rate with 20.2 suicide deaths per 100,000, compared with a national rate of 10.1, while the Native American youth in NM rate is at 29.7 suicide deaths per 100,000. (Racial and Ethnic Disparities Report, NM, 2011, page 20). Eight percent of adolescents in New Mexico between the ages of 12 and 17 years old have experienced a major depressive episode in the past year (SAMHSA, 2010 Table 2.6B) 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 centers (SBHCs) for a behavioral health concern than they are to access a community health center or a health maintenance organization (Juszczak, L., Melinkovich, P., and Kaplan, D., 2003). School-based health centers currently serve 61 communities in 30 counties throughout New Mexico. Over 50,000 adolescents have access to a school-based health center and more than 18,000 visited a school-based health center last year (OSAH 2011 Status Report).

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