

LFC Requester:	Sunny Liu
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**AGENCY BILL ANALYSIS
2024 REGULAR SESSION**

WITHIN 24 HOURS OF BILL POSTING, EMAIL ANALYSIS TO:

LFC@NMLEGIS.GOV

and

DFA@STATE.NM.US

{Include the bill no. in the email subject line, e.g., HB2, and only attach one bill analysis and related documentation per email message}

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 1/25/24
Bill No: HM22

Sponsor: Rep. P. Mark Duncan
Short Title: MENTAL HEALTH CARE PROVIDERS IN SECONDARY SCHOOLS

Agency Name and Code HCA-630
Number: _____
Person Writing Alicia Salazar
Phone: 505-795-3920 **Email** Alicia.salazar2@hds.nm.gov

SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY24	FY25		
\$0	\$0	NA	NA

(Parenthesis () Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY24	FY25	FY26		
\$0	\$0	\$0	NA	NA

(Parenthesis () Indicate Expenditure Decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY24	FY25	FY26	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	\$0	\$0	\$0	NA	NA	NA

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis:

House Memorial 22(HM 22) resolves that the Public Education Department be requested to create a working group to study and identify barriers to mental health care and gaps in existing mental health care for public secondary school students, including funding, costs and licensure, and that the working group make recommendations to the Legislative Education Study Committee with the goal of providing mental health care services at all public secondary school sites.

FISCAL IMPLICATIONS

None

SIGNIFICANT ISSUES

School-based mental health services can improve access to care, allow for early identification and treatment of mental health issues, and may be linked to reduced absenteeism and better mental health outcomes. School-based services can also reduce access barriers for underserved populations, including children from low-income households and children of color.

Most public schools offer mental health services to students, although utilization remains unclear. In the 2021-2022 school year, 96% of public schools reported offering at least one type of mental health service to their students. The most frequently offered services are:

Individual-based interventions like one-on-one counseling or therapy (84% of public schools), Case management or coordinating mental health services (70%), and Referrals for care outside of the school (66%).

Only one-third (34%) of schools provide outreach services, which includes mental health screenings for all students. These universal behavioral health screenings are considered a best practice and allow for schools to better identify all students with needs and tailor services to their specific student population. However, many schools do not offer these screenings often due to a lack of resources or difficulty accessing providers to conduct screenings, burden of collecting and maintaining data, and/or a lack of buy in from school administrators.

<https://www.kff.org/mental-health/issue-brief/the-landscape-of-school-based-mental-health-services/>

School-based mental health services are delivered by trained mental health professionals who are employed by schools, such as school psychologists, school counselors, school social workers, and school nurses. By removing barriers such as transportation, scheduling conflicts and stigma, school-based mental health services can help students access needed services during the school-day. Children and youth with more serious mental health needs may require school-linked mental

health services that connect youth and families to more intensive resources in the community. Youth are almost as likely to receive mental health services in an education setting as they are to receive treatment from a specialty mental health provider — in 2019, 15% of adolescents aged 12-17 reported receiving mental health services at school, compared to 17% who saw a specialty provider.

<https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-in-Schools>

PERFORMANCE IMPLICATIONS

None

ADMINISTRATIVE IMPLICATIONS

HCA will support PED in workgroup activities as needed. No IT impact.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None

TECHNICAL ISSUES

None

OTHER SUBSTANTIVE ISSUES

The Medicaid School-Based Services (MSBS) Program allows NM school districts and charter schools to seek reimbursement for covered services provided to Medicaid-enrolled students that are provided through an Individualized Education Plan (IEP), Individual Family Service Plan (IFSP), a Section 504 Accommodation Plan pursuant to 34 C.F.R. 104.36, an Individual Health Care Plan, or are otherwise medically necessary as appropriate for each covered service. These Medicaid-covered services include Psychology Services, Counseling Services and Social Work Services.

Schools would be able to seek Medicaid reimbursement through MSBS for behavioral health services provided to Medicaid-enrolled students by additional providers that may be hired by school districts and charter schools as a result of the efforts to provide services at all public secondary school campuses. Reimbursement amounts would be based on actual expenditures for providers and the amount of time that providers spend on direct medical services, so it is not possible to estimate what Medicaid reimbursements would potentially be for these services.

ALTERNATIVES

None

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

None

AMENDMENTS

None