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## FISCAL IMPACT REPORT

ORIGINAL DATE 2/22/19  
 LAST UPDATED 3/05/19

SPONSOR HEC HB 615/HECS

SHORT TITLE Mental Health Training for Education Staff SB \_\_\_\_\_

ANALYST Chilton

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY19	FY20		
	\$25.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY19	FY20	FY21	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>		Moderate, but unquantifiable*	Moderate, but unquantifiable*	Moderate, but unquantifiable*	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases) \*See Fiscal Implications

Relates to HB591, HB238, SB370

#### SOURCES OF INFORMATION

LFC Files

#### Responses Received from the Following Regarding the Committee Substitute:

Public Education Department (PED)

#### Responses Received from the Following Regarding the Original Bill

Human Services Department (HSD)  
 Children, Youth and Families Department (CYFD)  
 Public Education Department (PED)  
 Department of Health (DOH)

#### SUMMARY

##### Synopsis of Bill

The House Education Committee Substitute for House Bill 615 appropriates \$25 thousand to the Gadsden Independent School District to pilot test a course in mental health training to be given to all of its faculty and staff over the next two fiscal years.

The bill lists the following required components of training (others could be added):

- a) Early identification of behavioral or substance abuse problems
- b) Ways to support children with histories of trauma or mental illness
- c) Use of referral sources
- d) Promotion of a positive school environment
- e) Promoting the overall wellbeing of all aspects of student health

The legislation would require that similar subjects be covered in offerings to family members of school students.

In order to help school districts to provide the trainings above, the bill would direct the school district, along with PED, the Department of Health, HSD, and CYFD to develop learning material that would include information on:

- a) Mental health
- b) Eating disorders
- c) Suicide prevention
- d) Safe crisis intervention and de-escalation
- e) Early signs and symptoms of mental health issues
- f) Evidence-based practices regarding mental health first aid.

The school district will report annually to “the appropriate interim legislative body,” and a final report at the end of the pilot project would be made to the governor and the legislature.

The bill includes two subsections absolving the school district from legal liability for either having provided or not having provided these trainings.

Senate Bill 615, Mental Health Training for Education Staff, appropriates \$25 thousand from the general fund to the Public Education Department for the purpose of funding the mental health training pilot project in the Gadsden Independent School District (GISD).

## **FISCAL IMPLICATIONS**

The appropriation of \$25 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2020 shall revert to the General Fund.

The cost for each manual for a suggested course, called Providing Mental Health First Aid, is \$20. There are 263 faculty and staff listed on the Gadsden Independent School District website.

PED notes its own requirements under the committee substitute: “The development of materials, in collaboration with GISD, would require specific expertise in the defined areas of mental health. The provision of supplies, materials and trainers to GISD will also require the time and effort of PED staff. HB615hecs also requires the PED (and GISD) to provide annual reports to the legislature, as well as a final report with recommendations to the governor and legislature.”

In addition, PED notes the costs that would fall to the Gadsden Independent School District:

At the district level, it would require new or existing staff to implement the pilot project

and the training for all school personnel including “ancillary staff, instructional support providers, and volunteers” as outlined in HB615hecs. This will require the district to pay additional salary for staff paid hourly wages, such as cooks, bus drivers and janitors, to attend professional development, and this expense represents a significant, though unquantifiable, financial responsibility. Staff salaries, aside from “trainers,” are not included in the allowable expenditures outlined in the HB615hecs appropriation, and therefore, the district would need to identify funds from its budget to compensate personnel attending the required mental health training.

## **SIGNIFICANT ISSUES**

The need for confidentiality in assessing students and making referrals is not mentioned in the bill, but was discussed in agency analyses. CYFD notes that “children ages fourteen and older must consent to treatment, per the Children’s Mental Health and Developmental Disabilities Act.”

PED adds the following significant issues:

According to the 2017-2018 school year Annual School Health Services Report (ASHSR), GISD reported 745 students with a documented psychiatric diagnosis (e.g., anxiety, bipolar disorder, suicidal ideation, etc.) and 50 students with eating disorders. Also, 149 students were screened for substance use and an additional 52 for depression (all depression screenings resulted in referral for follow up care). GISD’s total enrollment for the 2017-2018 school year was reported at 13,685 students. Finally, according to the ASHSR, GISD had 544 visits to the school health office for emotional and mental health issues and/or crises. Furthermore, the 2017 Youth Risk and Resilience Survey (YRRS) reports 36.1% of high school students in Dona Ana County, in which GISD resides, reported feeling sadness or hopelessness, and 14.3% seriously considered suicide.

Source: <http://youthrisk.org/pdf/YRRS-2017-HS-countyreport-donaana.pdf>

Mental health education is important for our communities. The Centers for Disease Control and Prevention’s (CDC) Whole School, Whole Community, Whole Child (WSCC) model identifies several areas of a child’s life that promote overall well-being. Social and emotional climate and family engagement are two components identified in the WSCC model that relate to the initiatives identified in HB615. The training required in HB615 would involve teaching staff and volunteers about early identification of social, emotional, and behavioral problems or substance use disorders. It would also require the teaching of techniques and supports to help identify children with histories of trauma and at high risk for mental illness, as well as the use of a referral process to link them and their families to appropriate treatment in the school and community. By providing school staff with training in various aspects of mental health, there is likely to be more awareness and sensitivity towards students’ emotional wellness and therefore a more positive social and emotional climate.

Source: <https://www.cdc.gov/healthyyouth/wscs/model.htm>

The training outlined in HB615 would also require schools to address strategies that promote a “schoolwide positive environment” and the “social, emotional, mental and behavioral health of all students.” State requirements are currently in place that promote a schoolwide positive environment and overall student wellbeing. Public school districts

and state charters are required to submit an annual wellness policy to the PED which addresses components of the Coordinated School Health Model (New Mexico's version of the WSCC model). The requirements for the wellness policy are outlined in 6.12.6 New Mexico Administrative Code (NMAC), and state the policy shall include "a plan addressing the behavioral health needs of all students in the educational process by focusing on students' social and emotional wellbeing." Also required by 6.12.6 NMAC is a site specific school safety plan. Ensuring student safety is adequately addressed also helps promote a "schoolwide positive environment" and the "social, emotional, mental and behavioral health of all students." Some requirements identified in HB615 may be a duplication of current efforts.

Source: <http://164.64.110.134/parts/title06/06.012.0006.html>

Family engagement is another component of the WSCC model that relates to the content in HB615. HB615 requires public schools to "regularly" provide opportunities for the students' families to receive training regarding various aspects of mental health. "Regularly" is not defined with a specific frequency within HB615. Although education regarding mental health may be useful for the community at large, it may prove burdensome for public schools to provide regular training regarding mental health to both personnel and the community. Another concern is whether or not the schools have adequate mental health experts available to provide this type of training on a regular basis.

DOH adds, with respect to New Mexico as a whole and a proposed curriculum:

The school setting may provide a powerful opportunity for the identification of mental and behavioral health disorders among New Mexico youth. NM youth report feelings of sadness/hopelessness at a slightly higher rate than the national rate (32.5% vs. 29.9%). Since surveillance began in 2008, the prevalence of New Mexico youth ages 12 to 17 years having at least one major depressive episode in the past year has trended upward like that of United States youth overall. In 2015-2016, the New Mexico rate (12.6%) was identical to that of the U.S. (<https://nmhealth.org/data/view/general/2193/>).

The components of the desired training curriculum as described are closely aligned with the training goals of the Mental Health First Aid—Youth Module curriculum (<https://www.mentalhealthfirstaid.org/take-a-course/course-types/youth/>), which is managed, operated, and disseminated by the National Council for Behavioral Health (NCBH) and the Missouri Department of Mental Health. The NCBH is a 501(c)(3) organizational association and is not connected to the federal government. While many states have proposed or enacted legislation or made appropriations for Mental Health First Aid (MHFA), the program is not free (\$2,000 per instructor; individuals must be certified, not organizations). HB615 does not contain an appropriation to support the training curriculum.

HB615 states that the mandated training outlined in the bill should "include ... materials that address ... the use of evidence-based practices and programs, including mental health first aid or core elements of similar programs." This suggests that PED could develop its own curriculum that, while being similar to Mental Health First Aid, might not be evidence-based; might be too short in duration to cover all required topics adequately; and might not have fidelity to the Mental Health First Aid model. Due to the

sensitive nature of the topics covered by the training, consideration may need to be given to the most effective way to develop and/or implement the required training.

MHFA that targets students themselves as the intended audience is currently being studied in several jurisdictions around the world. The goals of the MHFA curriculum include educating youth about common adolescent mental health concerns, destigmatizing beliefs and barriers to seeking help, and using appropriate strategies for assisting peers in crisis (Hart, Cox, & Lees [2018]. Teaching mental health first aid in the school setting: a novel approach to improving outcomes for common adolescent mental disorders. *Current Opinion in Pediatrics*, 30 [4], 478-482. Retrieved from [https://journals.lww.com/co-pediatrics/Abstract/2018/08000/Teaching\\_mental\\_health\\_first\\_aid\\_in\\_the\\_school.7.aspx](https://journals.lww.com/co-pediatrics/Abstract/2018/08000/Teaching_mental_health_first_aid_in_the_school.7.aspx))

. If a strong evidence base is developed for this curriculum, it could be implemented in New Mexico. The MHFA curriculum may meet the requirements of NMAC 6.29.6—Primary and Secondary Education Standards for Excellence in Health Education.

**RELATIONSHIP** with the following bills:

- House Bill 238, which requires public school employees who have contact with at-risk students to receive training on the effects of childhood trauma on students' academic achievement and social development;
- House Bill 591, which requires mental health training for public school personnel, emphasizes the importance of adverse childhood experiences and bears an emergency clause; and Senate Bill 370, which would create the Anna, Age Eight Institute for the Data-Driven Prevention of Childhood Trauma and Maltreatment at Northern New Mexico College, which would again emphasizing the importance of adverse childhood experiences, their avoidance and their treatment; and
- House Bill 153, which would require many different health professionals to complete training in suicide risk assessment before relicensure.

**TECHNICAL ISSUE**

The bill does not specify the duration of the required course for school staff or for family members.

LAC/al/gb/sb