

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the NM Legislature. The LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

Current FIRs (in HTML & Adobe PDF formats) are available on the NM Legislative Website ([www.nmlegis.gov](http://www.nmlegis.gov)). Adobe PDF versions include all attachments, whereas HTML versions may not. Previously issued FIRs and attachments may be obtained from the LFC in Suite 101 of the State Capitol Building North.

## FISCAL IMPACT REPORT

ORIGINAL DATE 02/23/13  
 LAST UPDATED 03/11/13    HB 542/aSFI#1

SPONSOR Miera

SHORT TITLE Community Schools Act    SB \_\_\_\_\_

ANALYST Gudgel

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY13	FY14		
NFI	NFI		

(Parenthesis ( ) Indicate Expenditure Decreases)

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

	FY13	FY14	FY15	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>		See Fiscal Implications				

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Public Education Department (PED)

Department of Health (DOH)

Human Services Department (HSD)

### SUMMARY

#### Synopsis of SFI Amendment #1

The Senate Floor Amendment to House Bill 542 amends Section 3 of the bill to state that school districts are responsible for any administrative costs associated with the establishment and implementation of a community school within the school district.

Synopsis of Original Bill

House Bill 542 enacts the Community Schools Act (Act), a new section of the Public School Code. The purpose of the act is to organize community resources to ensure student success while also addressing the needs of the whole student; to partner federal, state, and local entities with private organizations to improve the coordination, delivery, effectiveness and efficiency of services provided to children and families, and to help align and leverage community resources and integrate funding streams.

A community school may be created in any public school in the state and shall include extended learning programs, school-based or school-linked health care and family engagement and support services as part of the initiative. The bill provides for an ongoing evaluation process to measure quality and outcomes, and establishes criteria that must be met in order to be considered a research- or evidenced-based community schools initiative.

**FISCAL IMPLICATIONS**

The bill does not contain an appropriation, but makes funding available to schools, groups of schools, or school districts that demonstrate partnership with any lead agency, and local private and public agencies that meet the Public Education Department (PED) eligibility criteria. The PED notes concern that school will expect a distribution of funds though no appropriation is available and the PED's operating budget does not include sufficient funding to support this program.

In 2011, the PED indicated the Title 1 School Improvement Grant (SIG) fund allowed for community school programs and all SIG recipients were implementing one or more of the services as described in SB 304 (Full-Service Community Schools Act). New Mexico received more than \$28 million in the SIG funds to improve education delivery at the lowest achieving schools over a three year period. SB 304 was pocket vetoed.

The Youth Development Incorporated Elevate New Mexico (YDI Elev8) indicates that community schools are able to maximize a community's existing and often untapped resources, improving cost efficiencies. Community schools leverage outside resources to supplement service and funding needs after assessing community resources to identify the needed strategies for strengthening partnerships, improving coordination of existing programs and services and expanding current levels of support.

**SIGNIFICANT ISSUES**

The YDI Elev8 indicates that a community school has a site coordinator who ensures that solutions and/or interventions like evidence and results-based school based health care are well coordinated and closely integrated to meet the needs of children and families.

In New Mexico, there are currently five schools implementing the full-service community school model, including Grant and Wilson Middle Schools in Albuquerque, The Native American Charter Academy, Laguna Middle School and Gadsden Middle School. These schools include before and after school programming, family and youth engagement, and School-based Health Centers (SBHCs) that provide comprehensive primary care, behavioral health and oral health

services (<http://www.ydinm.org/index.php/educational-support/item/177-elev8-nm-full-service-community-schools>).

Community schools also help connect parents with economic relief programs, financial and adult education and other resources. In 2011, the PED noted that full-service community schools contribute to improved grades and/or test scores; higher attendance; lower behavioral/discipline problems; reduced dropout rates; improved communication with families; increased parent participation in children's learning; increased emphasis on project-based learning connected to the community; and greater resources due to more community partnerships.

The PED notes a number of programs exist that are offered to or based in schools that in many ways mirror this effort. After school programs, student-based health centers, summer programs, nutrition programs, and day care programs are already offered by most districts and the mechanism to coordinate these programs is already in place. The PED notes the bill duplicates many of these efforts and in fact may cost more money as the coordination piece is codified.

#### Per the Department of Health (DOH)

A community school is both a place and a set of partnerships between the school and other community resources. It has an integrated focus on academics, health and social services, youth and community development, and community engagement that leads to improved student learning, stronger families and healthier communities. As these partnerships grow, nonacademic barriers to learning success are decreased and school performance is enhanced.

In *Making the Difference: Research and Practice in Community Schools*, the Coalition for Community Schools (Blank, Melaville & Shah, 2003) summarized the major findings from community school initiatives. It reports significant and widespread gains in academic achievement and nonacademic development; increased family stability and greater family involvement with schools; increased teacher satisfaction and more positive school environments; and better use of school buildings and increased security and pride in neighborhoods.

Wolfe (2007) found that 36 of 49 community schools surveyed reported academic gains since converting to a community school model. In addition, community schools report improvements correlated with supporting academic achievement: 19 schools had improved attendance rates, 11 had fewer suspensions, and 12 reported higher rates of parental involvement.

### **PERFORMANCE IMPLICATIONS**

The bill has the potential to positively impact student performance. If schools are successful in marshalling community support services and resources to support children in learning readiness, in working with schools to provide additional learning supports, and helping parents provide healthy environments for learning, it is likely that student proficiency and graduation rates may increase and college remediation needs may decrease.

### **ADMINISTRATIVE IMPLICATIONS**

The PED will be required to establish eligibility requirements for grants, review applications for grants, and engage in ongoing evaluation of community schools.

## **RELATIONSHIP**

Related to SB 19 and SB 47 – proposing to expand funding for school-based healthcare. Similar to SB 179 – establishing a similar Community Schools Act.

## **OTHER SUBSTANTIVE ISSUES**

According to the DOH:

Integrating and expanding school-based health care is an integral part of the full service community construct. SBHCs are known to improve access to health care for children and adolescents, as well as reduce emergency room rates, and Medicaid expenditures. SBHCs also bolster academic achievement by reducing absenteeism and tardiness, dropout rates, and disciplinary referrals. SBHCs are accessible, convenient, encourage family and community involvement and reduce parental leave from work for doctor visits.

SBHCs currently serve 61 communities in 30 counties throughout New Mexico. The Human Services Department (HSD) provides the federal match for the Medicaid certified SBHCs. Four SBHCs are currently operating in four middle schools as part of a Community Schools initiative: Grant and Wilson middle schools in the Albuquerque Public School system, Laguna middle school and Gadsden middle school. Currently over 50,000 adolescents have access to a SBHC and more than 14,000 visited a SBHC funded through the DOH. Of all the visits provided, 33 percent were primary care and 37 percent were behavioral health. In addition, students received sports physicals, immunizations, lab tests, family planning services and oral health care. Forty-one percent of the students seen were Hispanic, 39 percent white and 18 percent were Native American (NMDOH, Office of School and Adolescent Health - 2012 Status Report).

RSG/svb:blm