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**LEGISLATIVE EDUCATION STUDY COMMITTEE**  
**BILL ANALYSIS**  
**54th Legislature, 2nd Session, 2020**

<b>Bill Number</b>	<u>HB329</u>	<b>Sponsor</b>	<u>Stansbury</u>
<b>Tracking Number</b>	<u>.216590.2</u>	<b>Committee Referrals</b>	<u>HEC/H AFC</u>
<b>Short Title</b>	<u>School Social, Emotional &amp; Mental Health Pgm</u>		
<b>Analyst</b>	<u>Alexander</u>	<b>Original Date</b>	<u>02/14/2020</u>
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**BILL SUMMARY**

Synopsis of Bill

House Bill 329 (HB329) would appropriate \$2 million to the Public Education Department (PED) to create and implement a three-year social, emotional, mental health, and educational intervention pilot project for public schools statewide, with a focus on at-risk students.

**FISCAL IMPACT**

HB329 would appropriate \$2 million from the public education reform fund to PED for the creation of a pilot project from FY21 through FY23. Any unexpended or unencumbered balance remaining at the end of FY23 shall revert to the public education reform fund.

New Mexico currently funds intervention, mental health, and wraparound services through PED, the Department of Health (DOH), and the state equalization guarantee (SEG) distribution. The House Appropriations and Finance Committee Substitute for House Bills 2 and 3 (HB2/HAFCS) includes \$50.2 million to increase the at-risk index from 0.25 to 0.30, which could potentially fund intervention services such as the pilot program proposed by HB329.

**SUBSTANTIVE ISSUES**

Social, emotional, and mental health needs are a significant concern for New Mexico students, particularly the at-risk student population identified by the *Martinez* and *Yazzie* consolidated lawsuit. The New Mexico Youth Risk and Resiliency Survey from 2017 reported increased rates of student sadness, hopelessness, and skipping school, with the highest rates occurring among at-risk youth. A report on the state of mental health in New Mexico published by DOH in 2018 found the percentage of youth ages 12-17 who experience at least one major depressive episode per year has increased steadily since 2013. According to America's Health Rankings, approximately 28 percent of children in New Mexico reported experiencing two or more adverse childhood experiences (ACEs) in 2018, higher than the national rate of 22 percent. Research suggests that a history of ACEs can negatively impact student academic outcomes; for example, a 2012 study

from Washington found the more ACEs a student self-reports, the higher their likelihood for experiencing academic problems.

**Social Emotional Programming in New Mexico.** Programs that address social, emotional, and mental health may support the high percentage of New Mexico students with a history of ACEs and mental health challenges. Analysis from DOH, the National Association of Social Workers, and the American Counseling Association indicates that access to school-based mental health services is linked to students' improved physical and psychological safety, academic performance, and social-emotional learning (SEL). In addition, research from the Learning Policy Institute (LPI) suggests that programs designed to foster social, emotional, and academic development positively affect students' social competence, enhance school safety, increase graduation rates, and improve reading, writing, and math test scores.

Programs that specifically prioritize SEL also report positive student and school-wide outcomes. The Collaborative for Academic, Social, and Emotional Learning defines SEL as the process by which children and adults learn to understand and manage emotions, set goals, show empathy, develop positive relationships, and make responsible decisions. A 2017 national brief from the Aspen Institute found SEL programming positively impacts social, cognitive, and academic development, as well as long-term college and career outcomes.

Implementation of SEL programming in New Mexico classrooms remains piecemeal; typically it is left up to individual school districts and charter schools to develop SEL curriculum. Statute references SEL in relation to early childhood programs; for example, Section 32A-23 NMSA 1978 states that licensed early childhood care programs, home visiting programs, and early pre-kindergarten programs must seek to enhance children's social-emotional development. PED has taken steps toward implementing the Pyramid Framework at the pre-K level, an evidence-based model developed by the Center on the Social Emotional Foundations of Early Learning that prioritizes early childhood workforce development, responsive relationships between staff and students, high quality environments, targeted support, and intervention services. However, statewide initiatives remain limited, particularly for K-12 students. The pilot program proposed by HB329 could be a first step toward collecting data and developing the curriculum needed for a system-wide implementation of SEL programming.

New Mexico funds existing initiatives that promote improved SEL, mental health, and academic outcomes. Community schools utilize community partnerships to integrate health care and social services into the school setting. LPI has found that effective community schools help close opportunity gaps for at-risk students. Similarly, school-based health centers (SBHCs) are clinics on or near school campuses that provide primary care, behavioral and mental health, and referral services to students. State departments and the U.S. Department of Health and Human Services have found SBHCs are linked to improved behavioral and physical health outcomes, including reduced suicide and hospitalization rates; improved academic outcomes, including increased graduation rates and grade point averages; and improved outcomes for at-risk youth. HB2/HAFCS includes \$4 million for community school support and \$1.4 million for school-based health centers.

**Compliance with the *Martinez* and *Yazzie* Lawsuit.** The pilot program proposed by HB329 may help New Mexico comply with the consolidated *Martinez* and *Yazzie* lawsuit, which identified that at-risk students – English learners, students with disabilities, Native American students, and low-income students – are negatively impacted by gaps in social services. Findings from the proposed pilot program may help guide the expansion of services to at-risk students throughout the state.

**Long-Term Financial Benefits.** If successful, the pilot program proposed by HB329 could result in improved social, emotional, mental health, and academic outcomes for students. The long-term financial benefits of improved student well-being should be considered. Analysis from DOH suggests access to school-based mental health services can reduce costly negative outcomes such as disciplinary incidents, delinquency, dropout, substance abuse, and involvement with the criminal justice system.

## **ADMINISTRATIVE IMPLICATIONS**

PED would be required to design and implement a three-year pilot program, focusing on social, emotional, and mental health needs, educational interventions, and at-risk students.

According to 2019 analysis by the U.S. Health and Human Services Department, New Mexico faces significant social service provider shortages, particularly in rural counties. In order to effectively implement the pilot program proposed by HB329, PED may be required to oversee the hiring of additional professionals who can provide services to meet the social, emotional, and mental health needs of at-risk students.

It is unclear how PED will define “statewide” during implementation of the pilot program, and whether the appropriation proposed by HB329 will be distributed to all or select school districts.

## **RELATED BILLS**

Relates to HB53, Health Services as Part of Sufficient Education, which includes nursing, school counseling, and behavioral health services in the definition of a basic sufficient education.

Relates to HB56, Behavioral Health Licensure Study, which appropriates \$200,000 for a study of the licensing of behavioral health-related professions.

Relates to HB65, School Based Health Clinics Funding, which appropriates \$2 million for the funding of existing and new SBHCs, including mobile clinic services.

Relates to HB59, At-Risk Program Units & Index Calc. Change, which appropriates \$50.5 million to increase the at-risk index.

Relates to HB127, Task Force on Asset Mapping and Gap Analysis, which would conduct an asset mapping and gap analysis of public school students’ access to social services.

Relates to SB54, Behavioral Community Integration Act, which provides community-based support services for adults and youth facing mental illness and emotional disturbance challenges.

## **SOURCES OF INFORMATION**

- LESC Files
- Department of Health (DOH)

**CA/mc/tb/mc/sgs**