F I S C A L I M P A C T R E P O R T

SPONSOR Rue **ORIGINAL DATE** 03/10/15 **LAST UPDATED** 03/19/15 **HB**

SHORT TITLE Primary School Mental Health Task Force SJM 24/SFl#1

ANALYST Boerner

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY15	FY16	FY17	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		Minimal See Fiscal Impacts				

(Parenthesis ( ) Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Children, Youth and Families Department (CYFD)
NM Public Education Department (PED)
Department of Health (DOH)

Responses not Received From
Human Services Department (HSD) as of 12:45pm 3/11/15

SUMMARY

Synopsis of Senate Floor Amendment #1

The Senate Floor amendment adds a member representing DOH to the mental health task force charged with examining best practices for school-based mental health, provides a technical correction for the due date of the required interim report, and indicates DOH will also receive a copy of the final interim report.

Synopsis of Original Bill

Senate Joint Memorial 24 tasks the Human Services Department and PED with establishing a Primary School Mental Health Task Force to examine best practices throughout the nation, identify methods addressing major challenges and make recommendations for the effective provision of school-based mental health support and mental disorder treatment services to students.

The bill stipulates the task force include:

- At least five members from different regions of the state who represent school districts; and
- At least one member who represents charter schools, and who are knowledgeable about providing mental health support and mental disorder treatment services in schools;
- At least one member each from HSD, PED, CYFD, the University of NM Psychiatric Center or UNM Children's Psychiatric Center; and
- At least one member of the City of Albuquerque Task Force on Behavioral Health;
- At least one member representing licensed mental health care providers who serve school-age persons; and
- At least one member representing mental health care treatment facilities.

A final report is due from the task force by November 31, 2015.

FISCAL IMPLICATIONS

PED points out that SJM 24 provides no fiscal appropriation for the formation and administration of the primary school mental health task force; with no allocation of funding, any burden of reimbursement to committee members for their time, travel, per-diem rates and other logistical costs, including overhead, associated with holding statewide meetings would have to be borne by each agency and local education authority.

SIGNIFICANT ISSUES

DOH notes the work of SJM 24 task force would benefit from representation by the Department of Health, Office of School and Adolescent Health's (OSAH) School Based Health Center (SBHCs) program. All of the 53 SBHCs (supported by DOH) are staffed with qualified behavioral health professionals.

OSAH has school mental health advocates placed throughout the state. Their work involves developing partnerships and collaborations between school districts and community mental health organizations and agencies to strengthen crisis response and service delivery for children at risk for depression, anxiety and suicide. Additionally, OSAH recently completed a small study to review the status of coordination among school systems and mental health organizations in an effort to begin defining an infrastructure along with policies and procedures needed to support a school mental health program statewide.

In addition, national studies have shown that an adolescent is up to 21 times more likely to access a SBHC for a behavioral health concern than they are to access a community health center or a health maintenance organization. (Juszczak, L., Melinkovich, P., & Kaplan D. (2003). Use of health and mental health services by adolescents across multiple delivery sites. Journal Adolescent Health, 32, 108-118.)

CYFD points out its Child Behavioral Health Services Division (CBHD) Communities of Care initiative is working with local communities to develop a wide range of community services and natural supports designed to keep children within their families and out of home placements using evidence-based practices. As a part of this initiative, school personnel are invited to be a part of local community of care teams and are partnering in communities to support children, youth and their families who have significant behavioral/mental health challenges. This

initiative includes the NM Wraparound CARES practice model that includes school personnel as a part of the 'teaming' process.

The CYFD CBHD Healthy Transitions federal grant is also partnering with schools. The work of the grant rests upon the use of Mental Health First Aid (MHFA) trainings in both school and non-school based settings. The MHFA training will be integrated into the continuum of behavioral health care through the training of school administrators, teachers, teaching assistants, School-Based Health Center staff, coaches, and others who will be interface directly with youth in the high-school populations.

CYFD CBHD is also partnering with PED's summer training institute in June 2015 to train to up to eighty GRADS teachers, case managers, and father mentors in MHFA to build capacity in addressing school mental health, particularly for teen parents.

PED provided the following background information and analysis:
Youth suicide is a serious public health issue for all adolescents in the U.S. and New Mexico. It is the 3rd leading cause of death among youth between the ages of 10 and 24. Approximately 4,600 young lives are lost each year from self-afflicted firearms, suffocation (including hanging) and poisoning. "A nationwide survey of youth in grades 9–12 in public and private schools in the United States found that 16 percent of students reported seriously considering suicide, 13 percent reported creating a plan, and 8 percent reporting trying to take their own life." Medical care for approximately 157,000 youths is provided each year for those who have harmed themselves due to suicide attempts. While girls are more likely to report attempting suicide, boys have the highest death rates due to suicide at 81 percent.

In the 2013 the Youth Risk and Resiliency Survey (YRRS), high school students responded for the first time to the question: "During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?" an indicator of non-suicidal self-harm. A response rate of 20.2 percent of students was reported where students had purposely harmed themselves during the previous twelve-month period without the intention of causing death.

Current efforts nationwide and in the state of New Mexico focus on providing training and programming aimed at preventing and decreasing youth suicide ideation and attempts. The PED requires schools to include suicide training for all of their staff members as part of each school's safety plan. An example of available training for staff is the *Kognito* program, used by the NM Department of Health, a evidence-based training program for educators that also includes peer-mentorship training at the university level. This program assists participants to build knowledge, skills and confidence to connect youth who are at-risk of suicide to appropriate counseling, mental health and/or crisis support services.
http://www.kognito.com/

There are a number of government, non-government and community-based organizations throughout New Mexico, which include a focus of building youth leadership skills to reverse negative trends in risky behavior such as suicide. The NM Suicide Prevention Coalition provides resources to assist youth and their mentors/teacher alike, including links to suicide prevention hotlines and community-based organizations that can provide crisis intervention and assistance. One example, the Southwest Youth Services, helps to build youth leadership skills for adolescents to help bring about social change among their peers and within their own

communities, including reversing the negative statistics of suicide, amongst other youth risk behaviors with a focus on Native American youth.
http://www.nmsuicideprevention.org/youth/

ADMINISTRATIVE IMPLICATIONS

PED points out that SJM 24 requires HSD and PED to appoint members to a task force from various agencies, including government and non-government organizations, as well as school representatives from throughout the state. To accomplish this task by November 31, 2015 would require the PED to appoint an existing staff member to co-lead the task force. Currently, there is no singular appointee within the PED who has specific responsibility as a behavioral health education coordinator; thus, the person would have to add this task to already existing responsibilities without any additional resources.

Furthermore, the task force would need to be formed and carry out its responsibilities within a brief period of time of approximately eight months, during which school closures for holidays would reduce the amount of time that such personnel would be available to serve on this task force. It is unclear if the work of this task force could be executed in the time frame required in the joint memorial.

TECHNICAL ISSUES

Drafters might consider adding to the proposed task force a member of the New Mexico Department of Health.

PED notes the use of the term “primary” when describing the task force may indicate to most educators that the focus is on the primary level of education, which is typically used to describe elementary grades 1, 2 and 3.

CEB/bb/aml/je