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**LEGISLATIVE EDUCATION STUDY COMMITTEE**  
**BILL ANALYSIS**  
**55th Legislature, 1st Session, 2021**

<b>Bill Number</b>	<u>HB 287/aHAFC/aSEC</u>	<b>Sponsor</b>	<u>Johnson</u>
<b>Tracking Number</b>	<u>.219193.1</u>	<b>Committee Referrals</b>	<u>HEC/HAFC;SEC/SFC</u>
<b>Short Title</b>	<u>Access to Culturally Appropriate Svcs.</u>		
<b>Analyst</b>	<u>Juliani</u>	<b>Original Date</b>	<u>2/18/2021</u>
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**BILL SUMMARY**

Synopsis of SEC Amendment

The Senate Education Committee amendment to HB287 (HB287/aHAFC/aSEC) adds language extending the timeframe for the Social Services in Public Schools Task Force to complete its work by one year so the task force will cease no later than December 31, 2022.

Synopsis of HAFC Amendment

The House Appropriations and Finance Committee amendment to HB287 (HB287/aHAFC) strikes the appropriation.

Synopsis of Original Bill

House Bill 287 (HB287) requires the Public Education Department (PED) to convene a Social Services in Public Schools Task Force to conduct an asset mapping and gap analysis of students' access to culturally appropriate social services. The task force would present its final report to the governor, the Legislative Education Study Committee (LESC), the Legislative Finance Committee, the Legislative Council Service library, and the public by December 31, 2021, when the task force will cease. The bill defines social services as "services that address students' needs for social, emotional and physical and behavioral health services."

**FISCAL IMPACT**

HB287/aHAFC/aSEC contains no appropriation. However, the Senate Finance Committee substitute for Senate Bill 377 as amended by HAFC includes a \$125 thousand appropriation to PED from the general fund for FY21 and FY22 for the Social Services in Public Schools Task Force to conduct an asset mapping and gap analysis of public school students' access to culturally appropriate social services statewide, contingent on enactment of House Bill 287 or similar legislation of the first session of the fifty-fifth Legislature. Any unexpended balance of the appropriations remaining at the end of FY22 would revert to the general fund. However, with HB287/aHAFC/aSEC's one-year extension to the timeframe of the work of the task force to

December 31, 2022, the task force's work could extend through the first six months of FY23, leaving it potentially unfunded for this period.

The bill allows public members of the task force to receive per diem and mileage reimbursement as provided for state employees in the Per Diem and Mileage Act and prohibits any other compensation, perquisite or allowance.

According to agency analyses, the bill has no fiscal impact on the New Mexico Department of Health (DOH) and the Early Childhood Education and Care Department. The Children, Youth and Families Department (CYFD) indicated the department's existing resources would absorb any fiscal impact for participation in the task force.

According to analysis from the Human Services Department (HSD), the bill's required participation of HSD on the task force would take approximately 5 percent of the Behavioral Health Services Division Director's time to attend task force meetings and contribute to asset mapping, gap analysis, and report preparation would equate to \$4,000 of salaried time.

## **SUBSTANTIVE ISSUES**

**Duties of the Social Services in Public Schools Task Force.** HB287/aHAFC/aSEC directs the secretary of education to convene a task force to examine students' access to culturally appropriate social services in schools. The Social Services in Public Schools Task Force will be charged with the following two duties:

- To develop a working definition of the scope and extent of social services required to meet the needs of students throughout the state; and
- To conduct an asset mapping and gap analysis to determine the need for and the availability and accessibility of social services in schools.

*Asset Map and Gap Analysis.* Before a community can effectively address the challenges it faces, it must understand the resources available to assist in the process. One way to forge this understanding is by mapping the assets of the community, or the skills and talents of local residents and the capabilities available or possible through local organizations and institutions to collectively address important community issues. Asset mapping arises from a belief that all local residents, regardless of age, gender, race, ethnicity, religion, or other characteristics, can play an effective role in addressing important local concerns. Asset mapping encourages individuals and organizations to explore the inter-relationships among problems and to respond in a coordinated manner through implementing strategies they have had a role in developing.

As an extension to asset mapping, which is forward-looking, gap analysis offers a way for organizations to examine the current state of a situation and use the information to improve outcomes. Gap analysis is a process comparing actual performance or results with what was expected or desired. It provides a way to identify missing or less-effective strategies, structures, capabilities, processes, practices, or technologies, and then recommends steps to improve. Taken together, asset mapping and gap analysis can be a potent tool to identify resources and inform possible solutions.

**Culturally Appropriate Social Services.** HB287/aHAFC/aSEC charges the Social Services in Public Schools Task Force to assess students' access to culturally appropriate social services. As the United States continues to become more racially and ethnically diverse, the issue of culturally appropriate social services has grown because many minority communities encounter a range of

sociocultural barriers to these services, especially in the area of healthcare. According to U.S. Census Bureau data, approximately 14 percent of the population is foreign born, and by 2044, the United States is projected to become a majority-minority nation, with no one racial or ethnic group expected to represent greater than 50 percent of the total population.

Racially and ethnically diverse communities often encounter significant barriers related to access to quality healthcare, such as language, access to health insurance, lack of culturally competent care, and implicit bias among healthcare providers. A 2019 study by the Institute of Medicine found strong evidence of racial bias in healthcare system policies and in interpersonal interactions, often undermining the patient-provider relationship and exacerbating poor health outcomes among minority populations. As a result, many healthcare organizations are implementing cultural competency curricula to reduce healthcare providers' contributions to inequality, and awareness of culturally appropriate, or culturally and linguistically appropriate, services has grown.

In 2013, the U.S. Department of Health and Human Services' Office of Minority Health developed the culturally and linguistically appropriate services standards to advance health equity, improve quality help, and eliminate disparities in healthcare. Culturally and linguistically appropriate services are respectful of and responsive to each person's culture and communication needs and takes into account cultural health beliefs, preferred languages, health literacy levels, and communication needs. According to the federal Centers for Disease Control and Prevention, hospitals and public health departments are beginning to provide culturally and linguistically appropriate services, including training staff in culturally and linguistically appropriate services; recruiting a workforce representative of community served; creating and supporting a designated position dedicated to culturally and linguistically appropriate services, communication, and language assistance; offering comprehensive language assistance services; using advanced technology for interpretation services; improving collection of race, ethnicity, and language data; conduct organizational assessments; and incorporating culturally and linguistically appropriate services into mission, vision, and strategic plans.

**Social Services for New Mexico Students.** HB287/aHAFC/aSEC would result in a report assessing students' access to culturally appropriate social services. Currently, New Mexico has no statewide initiatives or programs providing culturally appropriate social services to elementary and secondary school students, and access to such programs is scattered, haphazard, and largely dependent on local resources and initiatives, such as collaboration with local school-based health centers and other community partners. PED provides a range of programs to support student physical, mental, emotional, and behavioral health, but none appear to be statewide programs focused exclusively on providing culturally appropriate services.

*PED Services to Support Student Physical, Emotional, and Behavioral Health.* Current PED rules, including NMAC 6.29.1.11, Program Requirements, require school districts and charter schools to provide health and physical education, health services, and school counseling. Additional programming addressed in the rule may include nutrition, wellness, family-school-community partnerships, healthy environments, and psychological services, but the rule says nothing about culturally appropriate services. In fall 2020, PED began to develop programs that include aspects of culturally appropriate social services, especially in its supports for students' social-emotional learning.

During FY21, PED began developing a social-emotional learning framework supportive of restorative justice practices and partnered with the Department of Health's Office of School and Adolescent Health to provide additional supports for social-emotional learning through teacher trainings on suicide prevention and youth mental health. In October 2020, PED, in collaboration

with the Department of Health (DOH), received a five-year federal grant of nearly \$12 million to hire more than 400 behavioral health service providers in school districts and charter schools, based on family income, substance abuse rates, student suicide rates and student-provider ratios. The grant includes stipends and increased pay for providers working in the identified schools, with priority given to rural areas and those serving predominantly Native American populations.

School Nurses. According to the PED and DOH’s Annual School Health Services Summary Report for FY19, New Mexico has a statewide ratio of students to school nurses of 620-to-1, meeting the National Association of School Nurses’ recommendation of 750-to-1. However, many school districts in New Mexico fall significantly short of this recommended threshold. During a November 2020 presentation to LESC, the president of the New Mexico School Nurses Association indicated many rural school districts have student-to-nurse ratios ranging from 800-to-1 to 1,900-to-1.

Eighteen school districts, all in rural areas of the state, currently lack a full-time school nurse. In an attempt to remedy this gap, many rural school districts partner with one of the state’s 79 federal- and state-funded school-based health centers to provide health services to students. Many also contract nursing services through regional education cooperatives, or share full-time school nurse positions with other small school districts. For FY20, the Legislature appropriated \$1 million for RECs and \$1.4 million for school-based health centers to supplement their services to public schools.

School-Based Health Centers (SBHCs). In 2015 a statewide, multi-partner work group offered an official definition of SBHCs as places that “provide quality, integrated, youth-friendly, and culturally responsive health care services to keep children and adolescents healthy, in school, and ready to learn.” An SBHC, a clinic on or near a school campus functioning separately from, but in cooperation with a local school nurse, is staffed by a group of qualified multidisciplinary professionals (typically employed by a community-based health organization) that can vary based on student need and facility resources, but ideally includes integrated physical and behavioral health care services.

In New Mexico, 79 SBHCs at 48 high schools, 11 middle schools, four elementary schools, and 16 combined campuses operate throughout every region of the state, providing quality health services to students at those schools. Many of the SBHCs also see students from other schools in the district, as well as staff and community members. Fifty-two of the state’s SBHCs contract with the Office of School Adolescence Health to provide onsite primary, preventive, and behavioral health services to students while reducing lost school time, removing barriers to care, promoting family involvement, and advancing the health and educational success of school-age children and adolescents. SBHCs represent an important safety net in New Mexico, providing easily accessible healthcare when, in many cases, the closest clinic or hospital may be miles away.

Community Schools. Community schools represent another means to connect students with appropriate social services. The Community Schools Act provides a framework for schools to organize community resources and address the needs of the whole child and requires implementation of community school best practices, such as providing integrated student supports, including physical, emotional, and behavioral health. A December 2020 Learning Policy Institute brief indicated community schools address the need for expanded social and health services for at-risk students and are promising sites for the collaborative development of culturally and linguistically responsive programs. Currently, 37 community schools are operating in 19 school districts and charter schools throughout the state, serving 11,363 students in FY20.

**Members of the Social Services in Public Schools Task Force.** Members of the task force are, at a minimum, to come from the following:

- Two members from PED;
- One member from DOH with expertise in public school health services;
- One member from the Human Services Department with expertise in behavioral health services;
- One member from the Children, Youth and Families Department with expertise in social work;
- One member from the Early Childhood Education and Care Department with expertise in the socioemotional health of children;
- One member with expertise in community schools;
- One member with expertise in healthcare services in public schools through school-based health centers;
- One member with expertise in social work-related services for students with individualized educational plans;
- One member who is a licensed school employee with expertise in behavioral health services in public schools;
- One member with expertise in behavioral health services in public schools but not employed by a school district;
- One member with expertise in providing social services in rural school districts;
- One member with expertise in providing social services in small school districts;
- One member with expertise in providing social services in urban school districts;
- One member with expertise in providing social services on tribal lands;
- One member representing the New Mexico School Superintendents' Association;
- One member representing families in New Mexico;
- One member representing public school nurses;
- One member each from the two largest education unions in New Mexico; and
- One member from a tribal or federally or congressionally chartered college or from a program that specializes in the behavioral health needs of Native American children.

HB287/aHAFC/aSEC requires the task force to be in place no later than July 1, 2021. The task force will have until November 1, 2022, to report its preliminary findings and until December 31, 2022, to issue its final report.

## **ADMINISTRATIVE IMPLICATIONS**

The bill's mandate that PED convenes a Social Services in Public Schools Task Force that includes members from a wide range of state agencies, such as the Department of Health, Human Services Department, Children, Youth and Families Department, Early Childhood Education and Care Department, and other relevant groups would require the department to coordinate with all of these agencies and outside entities on the work of the task force and release of its final report by the end of 2022.

## **TECHNICAL ISSUES**

The Senate Education Committee amendment to Section 2 of the bill changes the fiscal year appropriation from 2022 to 2023. However, HAFC's amendment had already stricken Section 2 from the bill.

In addition, the Senate Education Committee’s amendment giving the task force until December 31, 2022, to complete its work has the potential to create the unintended consequence of providing no funding for the task force over its final six months, the first half of FY23, because the Senate Finance Committee substitute for Senate Bill 377 as amended by HAFC appropriated \$125 thousand to PED to fund the work of the task force through FY22.

## **OTHER SIGNIFICANT ISSUES**

*School Nurses and Student Outcomes.* A 2016 study from the National Association of School Nurses found access to school-based nursing care improved student and school district outcomes, including general health of students and school staff, increased attendance and productivity and reduced rates of chronic absenteeism and school dropouts. Research has shown school-based nursing reduces chronic absenteeism by providing outreach to students and families to meet their individual needs, helping students and families access needed physical or mental healthcare providers, ensuring students feel safe at school, and providing student and family support during the school day.

*Adverse Childhood Experiences (ACEs).* A 2016 report from Child Trends, a nonprofit research organization focused on improving the lives of children, youth, and families found 18 percent of children from birth to 17 years old in New Mexico experienced three or more ACEs, compared with the national rate of 11 percent. According to America’s Health Rankings, approximately 28 percent of children in New Mexico experienced two or more ACEs in 2018, compared with the national rate of 22 percent. A 2012 study on ACEs among students in Spokane, Washington, found the percentage of students with academic problems strongly correlated to the number of ACEs experienced. For students with no known ACEs, 34 percent experienced academic problems; 54 percent of students who experienced one ACE experienced problems and 71 percent of students with two ACEs. For students with three or more, the percentage of students with academic issues rose to 80 percent.

According to DOH, every county in New Mexico except Los Alamos County is designated a Mental Health Professional Shortage Area by the Health Resources and Services Administration. A 2019 report from the U.S. Department of Health and Human Services Office of the Inspector General found only 2,655 of the 9,528 licensed mental health providers in New Mexico provide services to Medicaid Managed Care enrollees. Medicaid is the source of health care coverage and other services for nearly half of all New Mexico’s children and youth under 21, leaving many youth at risk for not having access to critical health care services. Although access to behavioral health services remains a challenge for many New Mexicans, Mental Health America’s most recent annual report shows a particular disparity for youths, with NM ranking 37<sup>th</sup> out of 50 for prevalence of mental illness among youths and their rate of access to care. For New Mexico youths who experienced a major depressive episode in 2017-18, the report indicates that 67.3 percent did not receive any mental health services (*State of Mental Health In America 2019*, Mental Health America).

## **SOURCES OF INFORMATION**

- LESC Files
- Early Childhood Education and Care Department (ECECD)
- New Mexico Department of Health (DOH)
- Children, Youth and Families Department (CYFD)
- Human Services Department (HSD)
- Public Education Department (PED)

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