

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY21	FY22	FY23	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	N/A	N/A	N/A	N/A	Nonrecurring	N/A

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to: HB85, Yazzie Lawsuit Response Funding; and SB233, Student Bill of Rights.
Duplicates/Relates to Appropriation in the General Appropriation Act: N/A

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis: House Bill 287 (HB287) would enact a temporary provision to require the Public Education Department (PED) to convene a task force to conduct an asset mapping and gap analysis of public school students’ access to culturally appropriate social services throughout the state. HB287 defines “social services” as “services that address students’ needs for social, emotional and physical and behavioral health services.”

HB287 would require the task force to report its preliminary findings and recommendations to the Secretary of PED prior to reporting to the Legislative Education Study Committee (LESC) by November 1, 2021. Upon completion of its work, the task force would be required to present its final report, including final findings and recommendations, to the Governor, the LESL, the Legislative Finance Committee (LFC), the Legislative Council Service (LCS) Library and the public by December 31, 2021.

FISCAL IMPLICATIONS

HB287 would appropriate \$150 thousand from the general fund to the PED for expenditure in FY22 to contract for an evaluator and program manager for the social services task force. Any unexpended or unencumbered balance remaining at the end of FY22 shall revert to the general fund.

The appropriation in HB287 would ensure the task force is convened and the tasks are completed within the required timeframe. If the appropriation is removed from the proposed bill, the PED would not be able to implement the provisions of the bill with existing resources within the time required by HB287.

Public members of the task force would be entitled to per diem and mileage as provided for state employees in the Per Diem and Mileage Act and would be prohibited from receiving other compensation, perquisite, or allowance.

SIGNIFICANT ISSUES

HB287 would require the Secretary of PED to convene and support a “social services in public schools task force,” which would be required to function from the date of appointment until December 31, 2021. HB287 would require the task force to have at least the following members:

- two members from the PED;
- one member from the Department of Health 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 health care 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 who is not an employee of 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 American Indian children.

The Secretary of PED may appoint additional task force members and may appoint nonvoting advisory members.

The task force would be required to develop a working definition of the scope and extent of social services required to meet the needs of students throughout the state and conduct an asset mapping and gap analysis to determine the need for and availability and accessibility of social services in school districts and public schools. HB287 would require the asset mapping to include a detailed study on what social services are available through public schools and may include what social services are available to the general population within the exterior boundaries of each school district. HB287 would also require the study to determine whether available social services are culturally appropriate for the population being served.

The bill would require the following information to be collected as part of the study:

- (1) the social services data currently collected by federal, state, and local governments, including educational institutions, or other public or private sources; what data tracking systems exist; and what data gaps exist;
- (2) the demographic makeup of students living in each school district or attending Bureau of Indian Education schools, if applicable;
- (3) the number of students who have accessed social services by type in each school district

- over at least the latest three years for which data are available; provided that all data used by the task force shall be disaggregated so that individual students cannot be identified;
- (4) the demographic makeup of students who have accessed social services by type within each school district, including students with individualized education programs in compliance with the federal Individuals with Disabilities Education Act;
 - (5) the manner in which students have accessed social services by type, including the use of school personnel, memoranda of understanding or contracts with outside organizations or professionals, access through a community school and access through tribal community-based programs;
 - (6) whether and how school districts are leveraging social services resources from surrounding communities, including tribal communities, to serve students;
 - (7) whether and how school districts are leveraging social service resources available from post-secondary educational institutions;
 - (8) the availability of culturally appropriate social services, including services that employ trauma-informed practices;
 - (9) the availability of social services related to school disciplinary procedures, including indigenous justice and peacemaking, to prevent school suspensions and expulsions;
 - (10) the current cost of providing social services to students in each school district; and
 - (11) other factors and information deemed beneficial by the task force.

HB287 would require the task force to use the asset map to undertake a social services gap analysis. The analysis would be required to include a detailed study of where social services by type are and are not located within each school district by county, municipality, unincorporated town or village, identifiable community or unidentifiable areas listed as "remainder of school district," and whether those services are adequate to the needs of each school district's students.

As part of the gap analysis study, the task force would be required to review available data on workforce needs in the provision of culturally appropriate social services to public school students, taking into account workforce diversity and the need for more American Indian professionals. At the request of the task force, all applicable licensing boards would be required to provide the data each board has on number of licensees by type and location.

The final report of the task force would be required to include a narrative on the findings of the asset mapping and gap analysis and provide those studies as appendices to the report or as a website link; an analysis of the barriers preventing school districts from providing access to culturally appropriate social services; an analysis of how the task force's analysis may be used by other state agencies that provide social services and used by state and local policymakers to improve the provision of social services throughout the state; short-term policy and funding recommendations on how to increase public school at-risk students' access to culturally appropriate social services; an analysis of statutory changes needed, including changes to the Public School Finance Act and changes to school and student discipline policies provided for in [Chapter 22, Article 5 NMSA 1978](#) – related to local school boards – and long-term policy and funding recommendations on how the state can provide all public school students culturally appropriate and necessary social services within five years.

The New Mexico Youth Risk and Resiliency Survey (YRRS) is a tool to assess the health risk behaviors and resiliency (protective) factors of New Mexico high school and middle school students. The YRRS is part of the national [CDC Youth Risk Behavior Surveillance System \(YRBSS\)](#). According to the [2019 YRRS](#), "New Mexico students had higher rates of most drug use and tobacco use; were more likely to be early initiators of cigarette smoking, alcohol use, and

marijuana use; and were more likely to feel sad or hopeless.” In addition, 73.2 percent of students had not been physically active for at least 60 minutes on all of the last seven days.

Indicator	NM% (95% CI)	US% (95% CI)	At higher risk (US or NM)
In a physical fight in the past 12 months	25.8% (24.1 – 27.6)	21.9% (20.3 – 23.6)	NM
Did not go to school because they felt unsafe at school or on their way to or from school (at least once in the past 30 days)	13.9% (11.5 – 16.7)	8.7% (7.5 – 10.1)	NM
Ever physically forced to have sexual intercourse	9.4% (8.4 – 10.5)	7.3% (6.5 – 8.2)	NM
Felt sad or hopeless (2 weeks or more in a row in last 12 months)	40.4% (38.1 – 42.8)	36.7% (35.1 – 38.3)	NM
Currently used e-cigarettes frequently (20 days or more during the last 30 days)	7.9% (6.5 – 9.7)	10.7% (9.5 – 11.9)	US
First tried cigarette smoking before age 13	10.6% (9.1 – 12.5)	7.9% (6.7 – 9.1)	NM
Had their first drink of alcohol before age 13	20.5% (18.5 – 22.7)	15.0% (13.7 – 16.4)	NM
First tried marijuana before age 13	14.1% (12.0 – 16.6)	5.6% (4.9 – 6.5)	NM
Ever used cocaine	8.4% (7.2 – 9.8)	3.9% (3.2 – 4.7)	NM
Ever took prescription pain medicine without a prescription	17.6% (16.3 – 19.1)	14.3% (12.8 – 15.9)	NM
Did not use any method to prevent pregnancy during last sexual intercourse (among sexually active)	15.6% (13.4 – 18.0)	11.9% (10.3 – 13.9)	NM
Played video or computer games or used a computer 3 or more hours per day	43.1% (41.6 – 44.5)	46.1% (44.4 – 47.9)	US
Did not get 8 or more hours of sleep per night	72.1% (69.8 – 74.2)	77.9% (76.3 – 79.4)	US
Not physically active for at least 60 minutes on all of the last 7 days	73.2% (70.3 – 75.9)	76.8% (75.4 – 78.1)	US

Additionally, the [2019 New Mexico Childhood Obesity Update](#) reports the following: Childhood obesity is a serious health issue in New Mexico and across the nation. It can affect children of all ages, ethnicities, and socioeconomic backgrounds. Obese children are more likely to become obese adults and develop chronic conditions such as diabetes and heart disease. Over one in four New Mexico adults 45 years and older have been diagnosed with two or more chronic diseases. Many external factors influence childhood obesity, such as socioeconomic status, food insecurity, and community infrastructure. In 2017, a quarter of New Mexico school-aged children were living in poverty, compared with 17.3 percent nationally. Research has shown children living in low-income families and neighborhoods are more likely to be obese. Additionally, one in four New Mexico residents (461,000) receive Supplemental Nutrition Assistance Program benefits, 70 percent of which are families with children.

Hunger and obesity often occur jointly within the same populations and even the same families; both can be consequences of living in under-resourced communities with limited access to fresh, nutritious, and affordable foods. In New Mexico, over 24 percent of children under age 18 are food insecure, compared to 17 percent nationally, and nearly 70 percent of New Mexico students receive free or reduced-price lunch at school. Studies indicate children living under these conditions are more likely to have poorer academic and health outcomes.

The New Mexico Department of Health also found that: (1) there is a significant increase in obesity rates between kindergarten and third grade; (2) boys are more likely to be obese than girls; (3) American Indian students have the highest obesity prevalence with 29.3 percent of third graders compared to 24.5 percent of Hispanic students and 15.8 percent of Caucasian students; and (4) obesity among Hispanic third graders has remained relatively unchanged over time.

Additional [research](#) from the Kaiser Family Foundation found behavioral health services and needs have been impacted by COVID-19. The needs of youth during a public health crisis can be overlooked. There are worries for a “final wave” of the effects of the virus in terms of the negative mental health and social consequences young people will experience. There are broad negative mental and physical consequences for all young people, particularly those who have lost a structured school and or work environment. Some of the negative physical consequences are poor diet, poorer sleep, and increased sedentary behavior. All of these factors are related to poorer mental health. Additionally, the mental health impact disproportionately impacts individuals of lower socio-economic status and communities of color.

The NM Department of Health’s Office of School and Adolescent Health contracted the Pacific Institute for Research and Evaluation (PIRE) to administer a behavioral health services and providers inventory to all New Mexico schools. The inventory was launched in July of 2020, and 56 of 89, or 63 percent, of school districts completed the inventories; and those school districts who completed the inventory represent 88 percent of enrolled New Mexico public school students. A full report is not yet complete, but the preliminary key findings are as follows:

- School counselors and school social workers comprise three-quarters of the school behavioral health workforce. Specifically: Counselors (48.6 percent), social workers (29.3 percent), Psychologists (7.1 percent), Behavior Redirectors (6.9 percent), Mental Health Therapists (4 percent), Other (3.7 percent), and Psychiatrists (0.4 percent).
- No public health region in the state meets nationally recommended standards for ratios of students to social workers or students to school psychologists. The Albuquerque metropolitan area is the only public health region in the state that meets nationally recommended standards for ratios of students to school counselors.
- Most school districts reported substantial barriers for students and families accessing behavioral health services in their area including lack of behavioral health providers within an hour drive (66.1 percent), lack of behavioral health providers who specialize in children and adolescents (64.3 percent), limited transportation to providers (62.5 percent), and stigma (50 percent).
- Overall, school districts reported they need \$11.8 million in additional funding and 390 additional full time employees to address the behavioral health service needs of all students.

Behavioral health access concerns and access to culturally appropriate services go beyond the schools and exist within communities. According to the [October 2019 New Mexico Health Care Work Force report](#), the behavioral health workforce is less diverse than the population of the state. The report defines behavioral health workforce as prescribers, independently licensed clinicians, non-independently licensed clinicians, and substance use clinicians. The report provides a map by county of the number of behavioral health providers per 1,000 as well as the number of providers by license category in each county. Eight counties do not have access to behavioral health prescribers and two counties do not have any access to independently licensed clinicians. There are no child psychiatrists in 28 out of 33 New Mexico counties.

PERFORMANCE IMPLICATIONS

N/A

ADMINISTRATIVE IMPLICATIONS

HB287 would require the PED to convene and support the social services in public schools task force. The PED would need to identify a membership that will include a multi-agency collaboration of experts in rural and urban health and resources and members of the community, parents, education unions, and tribal members. The PED would need to coordinate the collection of data from multiple state and private sources as they relate to the availability of social services, by population, school boundaries, demographics, current social service access, schools ability to leverage local social service access, cultural appropriateness, trauma informed practices, and disciplinary procedures. The gathered data would need to be analyzed and an asset map created to inform the recommendations and report required by HB287.

By November 1, 2021, the task force would be required to report preliminary findings and recommendations to the Secretary of PED and LESC. Final findings and recommendations would be required to be reported to the Governor, the Legislative Finance Committee, the Legislative Council Service library, and the public by December 31, 2021.

PED would need to establish the contract for an evaluator and project manager. The timeline to enter into contracts, coordinate data gathering, and provide for thoughtful and informed analysis and recommendations as required by HB287 could be challenging in such a short timeframe.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

HB287 relates to HB85, Yazzie Lawsuit Response Funding; and SB233, Student Bill of Rights.

TECHNICAL ISSUES

N/A

OTHER SUBSTANTIVE ISSUES

N/A

ALTERNATIVES

N/A

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

N/A

AMENDMENTS

N/A