



LFC Requester: Hernandez

**PUBLIC EDUCATION DEPARTMENT
BILL ANALYSIS
2025 REGULAR SESSION**

SECTION I: GENERAL INFORMATION

Check all that apply:

Original Amendment
Correction Substitute

Date Prepared: 02/13 /25

Bill No: SB2/SFCS

Sponsor: Shendo/Munoz/Gallegos/Block /Hochman-Vigil

Agency Name and Code: PED - 924

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SECTION II: FISCAL IMPACT

(Parenthesis () Indicate Expenditure Decreases)

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		
\$6,000.0	None	Nonrecurring	GFA

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		
None	None	None	N/A	NFA

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	None	None	None	N/A	Nonrecurring	NFA

Duplicates/Relates to Appropriation in the General Appropriation Act: House Bill 2 includes approximately \$53 million for the behavioral health services program to the Children, Youth and Families Department.

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis of SFC Substitute: The Senate Finance Committee substitute for *Senate Bill 2 (*SB2/SFCS) would allocate general funds to several entities in the state for public behavioral health and safety initiatives in New Mexico. In particular, Section 18 of the bill would allocate funding to the Public Education Department (PED) to expand educational resources, outreach, awareness, multi-component digital platforms and behavioral health services in schools.

The bill contains a nexus of effective dates. Senate Bill 2 contains an emergency clause, meaning that the bill will become effective upon signing by the Governor. However, each separate section's effectiveness is tied to a contingency, on either Senate Bill 1 (SB1) or Senate Bill 3 (SB3) becoming law. Sections 1 through 10, 14 through 16, and 20 through 23 are tied to SB3. Sections 1 through 15 and 17 through 20 are tied to SB1. Both SB1 and SB3 have been passed by the legislature and signed by the Governor, so contingencies for all sections of the bill have been met, meaning all sections of *SB2/SFCS will become effective immediately upon signing by the Governor. However, the bill contains only appropriations, and no programmatic sections, with expenditures set for a variety of fiscal years and spans of fiscal years. The two appropriations that will be immediately implemented upon signing by the Governor are Sections 1 and 20 of the bill. Section 1 provides for \$1.7 million to be appropriated from the general fund to the Administrative Office of the Courts for expenditure in fiscal years 2025 (FY25) through 2029. Section 20 appropriates \$200,000 from the general fund to the Health Care Authority for expenditure in FY25.

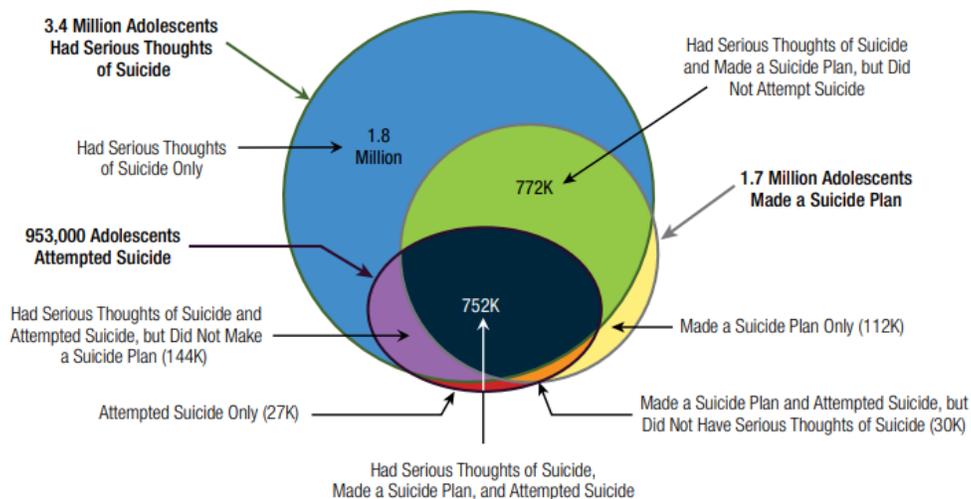
FISCAL IMPLICATIONS

Section 18 specifically allocates \$6 million from the general fund to PED for fiscal years 2026-2028 to enhance suicide prevention and youth behavioral health programs in schools. Funding would support educational resources, outreach, awareness campaigns, digital platforms, and behavioral health services. Any unspent funds by the end of fiscal year 2028 would revert to the behavioral health trust fund.

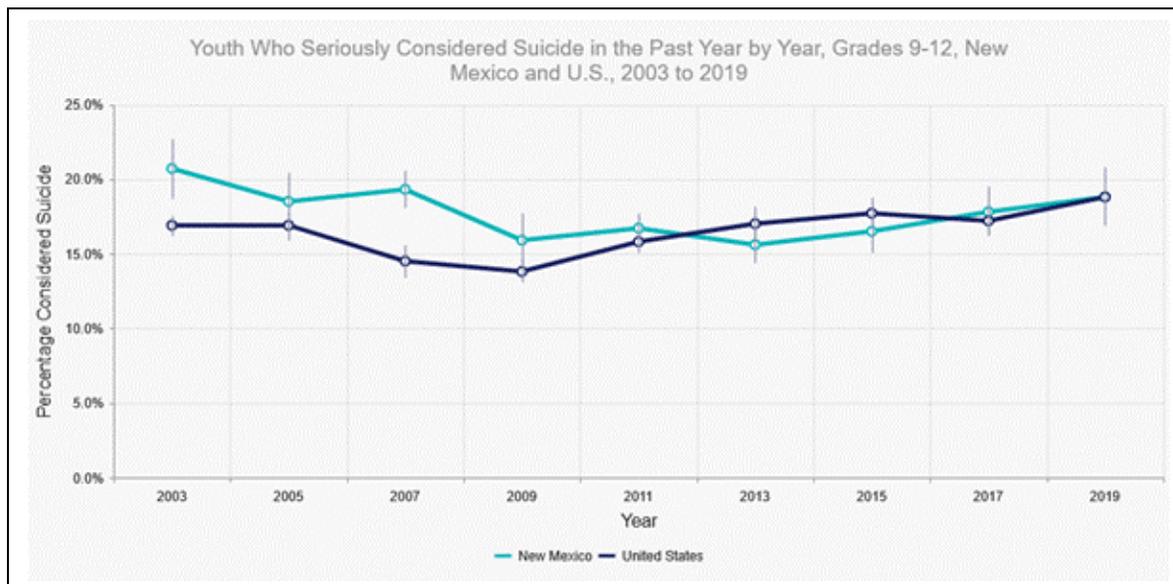
SIGNIFICANT ISSUES

Results from the [2022 National Survey on Drug Use and Health](#), released in November 2023, found that in 2022, 3.4 million adolescents aged 12 to 17 (13.4 percent) had serious thoughts of suicide in the past year, 1.7 million (6.5 percent) made suicide plans, and 953,000 (3.7 percent) attempted suicide (figure below). An estimated 752,000 adolescents aged 12 to 17 (2.9 percent) had serious thoughts of suicide, made suicide plans, or attempted suicide in the past year (see Figure 51, on the next page).

Figure 51. Adolescents Aged 12 to 17 Who Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year; 2022



The New Mexico Indicator Based Information System indicates rates of suicidal ideation among youth in the state have remained steady at around 20 percent from 2003 (20.7 percent) through 2019 (18.8 percent) (see the figure below).



Each district and charter school in New Mexico is required, through a wellness policy, to have a plan addressing the behavioral health needs of all students in the educational process by focusing on students' social and emotional wellbeing according to [New Mexico Administrative Code \(NMAC\) 6.12.6](#).

Supporting suicide prevention and youth behavioral health in schools is crucial due to the rising incidence of mental health challenges among young people. Among children between the ages of 15 and 19, suicide is the second leading cause of death, and is the leading cause of death for 14- to 15-year-olds, [according to the Centers for Disease Control and Prevention](#). Implementing

comprehensive programs that include educational resources, outreach, awareness campaigns, multi-component digital platforms, and behavioral health services has been shown to significantly reduce suicidal ideation and attempts among students. [Research](#) from the journal of *Child and Adolescent Psychiatry and Mental Health* indicates that school-based suicide prevention programs can lead to a 13–15 percent reduction in suicidal thoughts and a 28–34 percent decrease in suicide attempts among adolescents.

PERFORMANCE IMPLICATIONS

Research indicates that students with access to behavioral health services are more likely to remain engaged in their education, leading to improved academic outcomes. A report by the [National Association of School Psychologists](#) highlights that mental health interventions can positively impact students' academic performance by addressing issues such as anxiety and depression, which can hinder learning.

ADMINISTRATIVE IMPLICATIONS

SB2/SFCS assigns multiple agencies, including PED, the Health Care Authority, Department of Public Safety, Department of Health, Administrative Office of the Courts, and tribal organizations, to manage and oversee allocated funds.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Relates to SB3, which creates the Behavioral Health Reform and Investment Act, and SB1, which creates the behavioral health trust fund.

TECHNICAL ISSUES

None.

OTHER SUBSTANTIVE ISSUES

None.

ALTERNATIVES

None.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

None.

AMENDMENTS

None.