

S2259 (SCS/1R)

INTRODUCED BILL (INCLUDES SPONSOR'S STATEMENT): Yes

COMMITTEE STATEMENT:

ASSEMBLY: No

SENATE: Yes Education
Budget & Appropriations

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, **may possibly** be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: Yes 2/19/2021

LEGISLATIVE FISCAL ESTIMATE: Yes 9/16/2020
3/29/2021

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

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REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: No

RH/CL

§§1-4
C.18A:40-5.5 to
18A:40-5.8
§5
Approp.
§6
Note

P.L. 2021, CHAPTER 237, *approved September 28, 2021*
Assembly Committee Substitute (*Second Reprint*) for
Assembly, No. 970

1 AN ACT concerning student mental health ²[and] ²,² supplementing
2 chapter 40 of Title 18A of the New Jersey Statutes ², and making
3 an appropriation².
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:
7

8 1. The Legislature finds and declares that:

9 a. Depression is the most common mental health disorder
10 among American teens and adults, with over 2.8 million young
11 people between the ages of 12 and 17 experiencing at least one
12 major depressive episode each year, approximately 10 to 15 percent
13 of teenagers exhibiting at least one symptom of depression at any
14 time, and roughly five percent of teenagers suffering from major
15 depression at any time. Teenage depression is two to three times
16 more common in females than in males.

17 b. Various biological, psychological, and environmental risk
18 factors may contribute to teenage depression, which can lead to
19 substance and alcohol abuse, social isolation, poor academic and
20 workplace performance, unnecessary risk taking, early pregnancy,
21 and suicide, which is the third leading cause of death among
22 teenagers. Approximately 20 percent of teens with depression
23 seriously consider suicide and one in 12 attempt suicide. Untreated
24 teenage depression can also result in adverse consequences
25 throughout adulthood.

26 c. Most teens who experience depression suffer from more than
27 one episode. It is estimated that, although teenage depression is
28 highly treatable through combinations of therapy, individual and
29 group counseling, and certain medications, fewer than one-third of
30 teenagers experiencing depression seek help or treatment.

31 d. The proper detection and diagnosis of depression is a key
32 element in reducing the risk of teenage suicide and improving
33 physical and mental health outcomes for young people. It is
34 therefore fitting and appropriate to establish school-based

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SED committee amendments adopted August 20, 2020.

²Senate floor amendments adopted February 19, 2021.

1 depression screenings to help identify the symptoms of depression
2 and facilitate access to appropriate treatment.

3
4 ²[2. a. A board of education shall ensure that each student in
5 grades seven through 12 annually receives a health screening for
6 depression. The screening shall be proctored and conducted
7 electronically via a computer 'within a school building'¹ and shall
8 utilize a screening tool that has been validated to screen depression
9 in adolescents, as determined by the Commissioners of Education
10 and Children and Families. The Commissioner of Children and
11 Families shall select one electronic screening tool to be utilized by
12 all school districts. The screenings shall be conducted in a manner
13 that accommodates students with developmental disabilities,
14 intellectual disabilities, or low reading proficiency, and that ensures
15 the privacy of the student during the screening process and the
16 confidentiality of the results consistent with State and federal laws
17 applicable to the confidentiality of student records. The screenings
18 shall be conducted in a manner that permits real time evaluation of
19 the screening results and same day intervention by a licensed
20 mental health professional as indicated by such screening. The
21 Department of Education and the Department of Children and
22 Families shall jointly establish standards on the procedures to be
23 implemented to conduct the screenings for depression and may
24 provide for other screening tools, including, but not limited to,
25 screening tools for anxiety, substance use disorder, and suicidal
26 ideation and behavior, as determined by the Commissioners of
27 Education and Children and Families. The Commissioners of
28 Education and Children and Families shall make recommendations
29 for conducting screenings in a manner that accommodates students
30 with developmental disabilities, intellectual disabilities, or low
31 reading proficiency.

32 b. A superintendent, or the superintendent's designee, shall
33 notify the parent or guardian of a student whose screening for
34 depression detects an abnormality and advise the parent or guardian
35 to seek the care of a health care professional in order to obtain
36 further evaluation and diagnosis.

37 c. As determined by the Department of Education and the
38 Department of Children and Families, boards of education shall
39 forward data collected from screenings administered pursuant to
40 this section to the Department of Education and the Department of
41 Children and Families, provided that any data forwarded shall be
42 aggregated and shall not contain any identifying or confidential
43 information with regard to any individual. Data collected by the
44 departments pursuant to this subsection shall be used by the
45 departments to identify trends concerning teenage depression and to
46 develop school and community based initiatives to address teenage

1 depression. The Department of Education and the Department of
2 Children and Families shall annually publish on their Internet
3 websites findings and recommendations that are based on collected
4 data as to additional resources that may be necessary to screen
5 adolescents for depression and further evaluate adolescents who
6 have exhibited abnormalities in depression screenings.

7 d. Prior to screening a student for depression pursuant to this
8 section, a school district shall obtain written consent from the
9 student's parent or guardian upon enrollment and at the start of each
10 successive school year.]²

11

12 ²2. a. There is established in the Department of Education the
13 Mental Health Screening in Schools Grant Program. The purpose
14 of the grant program shall be to provide funding and resources to
15 allow school districts to implement depression screening programs
16 to identify students in the grades seven through 12 who are at risk
17 of depression.

18 b. (1) A school district that receives an award under the grant
19 program shall make available to each student in the grades seven
20 through 12 an annual health screening for depression. The school
21 district shall meet the following conditions when implementing its
22 depression screening program:

23 (a) the school district shall use a research-based screening tool
24 in its depression screening program conducted by a licensed mental
25 health professional or through a partnership with an organization or
26 healthcare provider specializing in pediatric and adolescent mental
27 health to conduct the screenings. Nothing in this subsection shall
28 prohibit a school district from using a self-administered screening
29 tool as part of the depression screening program;

30 (b) the screenings shall be conducted in a manner that permits
31 real time evaluation of the screening results and same day
32 intervention by a licensed mental health professional as indicated
33 by the screening;

34 (c) the school district shall ensure that the screenings will be
35 conducted in a manner that accommodates bilingual education
36 students, students with disabilities, and students with low reading
37 proficiency when conducting the screenings;

38 (d) the screenings shall be conducted in a manner that ensures
39 the privacy of the student during the screening process and the
40 confidentiality of the results, consistent with State and federal laws
41 applicable to the confidentiality of student records and mental
42 health records;

43 (e) pursuant to the provisions of P.L.2001, c.364 (C.18A:36-34),
44 the school district shall obtain written informed consent from a
45 student's parent or guardian prior to the screening;

- 1 (f) the school district shall develop a form to obtain permission
2 from a student’s parent or guardian to conduct the screening; and
- 3 (g) the school district shall forward data collected from the
4 screenings to the Department of Education and the Department of
5 Children and Families in a form and manner to be determined by
6 the Department of Education, provided that any data forwarded
7 shall be aggregated and shall not contain any identifying or
8 confidential information with regard to any individual.
- 9 (2) To assist districts in selecting a research-based screening
10 tool to use as part of depression screening programs, the
11 Department of Education, in consultation with the Department of
12 Children and Families, may develop a list of pre-approved research-
13 based screening tools that are validated to screen depression in
14 adolescents. The list shall be posted on the departments’ Internet
15 websites.
- 16 (3) (a) In the event that a school district chooses to partner with
17 an organization or healthcare provider specializing in pediatric and
18 adolescent mental health to conduct the depression screenings, the
19 partner organization or provider may also provide mental health
20 services as deemed necessary by the organization or provider and as
21 consented to by a student’s parent or guardian. A district partnering
22 with an organization or healthcare provider specializing in pediatric
23 and adolescent mental health may develop a form to obtain parental
24 consent and student health insurance information as necessary to
25 satisfy the provisions of any partnership agreement.
- 26 (b) The Department of Education, in consultation with the
27 Department of Children and Families and the Department of Health,
28 shall within 180 days of the date of enactment of this act develop
29 guidance and resources for school districts to establish partnerships
30 with organizations or healthcare providers specializing in pediatric
31 and adolescent mental health to conduct depression screenings.
- 32 c. A school district seeking to participate and receive funding
33 under the grant program shall submit an application to the
34 Commissioner of Education, in accordance with application
35 procedures and requirements prescribed by the commissioner. An
36 application submitted by a school district shall include, at a
37 minimum:
- 38 (1) a description of the depression screening program to be
39 implemented by the school district and an explanation of how the
40 district will make available to each student in the grades seven
41 through 12 an annual health screening for depression;
- 42 (2) a description of how the school district will meet the
43 conditions of paragraphs (1) and (3) of subsection b. of this section
44 as applicable;
- 45 (3) details concerning the research-based screening tool that will
46 be used by the district or whether the district will partner with an

- 1 organization or healthcare provider specializing in pediatric and
2 adolescent mental health to conduct the screenings;
- 3 (4) a request and justification for the amount of funding sought
4 by the district under the grant program;
- 5 (5) a description of how the grant funding will be used to further
6 the purposes of the depression screening program, including hiring
7 additional personnel, purchasing materials, or contracting with
8 outside entities;
- 9 (6) a description of how the depression screenings will be
10 conducted in a manner that permits real-time evaluation of the
11 screening results and same day intervention by a licensed mental
12 health professional if required by the results of the screening;
- 13 (7) as applicable, the details of any partnership with an
14 organization or provider specializing in pediatric and adolescent
15 mental health services, which shall include, but not be limited to,
16 the name of the organization or provider, the number of students
17 being served by the organization or provider, the expected
18 timeframe to screen the students, the costs associated with engaging
19 in a partnership with the organization or provider, and the location
20 where the screenings will take place. A school district shall detail
21 whether student health insurance information will be required under
22 its agreement with a partner organization or provider, how it will
23 obtain that information, and what accommodations will be made for
24 uninsured or underinsured students whose parents or guardians have
25 consented to the depression screening;
- 26 (8) a description of how the district will ensure that the parent or
27 guardian of a student whose screening for depression detects an
28 abnormality is notified of such abnormality and how it will advise
29 the parent or guardian of the services available through a partner
30 organization or provider or supply the parent or guardian with
31 resources to assist in the acquisition of the services of a health care
32 professional in order to obtain further evaluation and diagnosis; and
- 33 (9) a description of how the district will obtain written informed
34 consent from a student's parent or guardian prior to the screening,
35 in accordance with the provisions of P.L.2001, c.364 (C.18A:36-
36 34).
- 37 d. Awards under the grant program shall be allocated to school
38 districts in a manner to be determined by the commissioner, except
39 that the commissioner shall, to the greatest extent possible, approve
40 applications from at least one school district in each the northern,
41 central, and southern regions of the State and seek a cross-section of
42 school districts from urban, suburban, and rural areas of the State.
- 43 e. Nothing in this act shall be construed to affect a school
44 district's ability to provide additional or supplemental services to a
45 student as required by, or as consistent with, any applicable
46 provision of State or federal law.²

1 ²[3. The State Board of Education, in consultation with the
2 Commissioner of Children and Families, shall promulgate
3 regulations pursuant to the “Administrative Procedure Act,”
4 P.L.1968, c.410 (C.52:14B-1 et seq.), necessary to effectuate the
5 provisions of this act.]²

6
7 ²3. a. There is established in the Department of Education a
8 non-lapsing fund which shall be known as the Mental Health
9 Screening in Schools Grant Program Fund. All monies
10 appropriated annually by the Legislature, federal and other grants
11 received by the State, and any other monies made available for the
12 purposes of the fund shall be deposited in the fund. Monies
13 deposited in the fund shall be used by the Department of Education
14 to provide funding for grants awarded pursuant to section 2 of this
15 act.

16 b. A school district may seek to secure funds or other resources
17 from the federal government or from private nonprofit or for-profit
18 sources as may be available, to supplement funds received pursuant
19 to the Mental Health Screening in Schools Grant Program Fund.
20 These funds shall not have any impact on the availability of funding
21 received under the Mental Health Screening in Schools Grant
22 Program.²

23
24 ²4. a. The Commissioner of Education shall develop a report, or
25 contract with a research institution or organization to develop a
26 report, evaluating depression screening programs in school districts
27 participating in the Mental Health Screening in Schools Grant
28 Program established pursuant to section 2 of this act as well as other
29 school districts that have developed depression screening programs.
30 In developing the report, the commissioner or contracted research
31 organization or institution shall analyze the data forwarded to the
32 Department of Education and the Department of Children and
33 Families pursuant to subparagraph (g) of paragraph (1) of
34 subsection b. of section 2 of this act. The study shall include
35 information on:

36 (1) the costs of the programs to the districts and to parents or
37 legal guardians of students, as well as any co-pays received by
38 practitioners as part of the depression screening programs;

39 (2) the number of students identified as at risk of depression by
40 the depression screenings in each district;

41 (3) the number of students who were provided mental health
42 services as a result of the screenings;

43 (4) the number of students who were identified as needing
44 follow-up services;

1 (5) the number of school staff members involved in the
2 depression screening process and the time spent administering the
3 screening;

4 (6) best practices utilized by the districts or mental health
5 providers in implementing the depression screening programs;

6 (7) the health, academic, and safety benefits associated with
7 establishing a depression screening program and an evaluation of
8 any potential negative impacts on school districts and families that
9 may be associated with implementing a depression screening
10 program; and

11 (8) findings and recommendations concerning additional
12 resources that may be necessary to screen adolescents for
13 depression and to provide follow-up services to adolescents who
14 have exhibited abnormalities in depression screenings.

15 b. Within 300 days following September 1 of the first full
16 school year following the date of enactment, the report developed
17 pursuant to subsection a. of this section shall be submitted to the
18 Department of Education, the Department of Health, the
19 Department of Children and Families, the Joint Committee on the
20 Public Schools, and to the Legislature pursuant to section 2 of
21 P.L.1991, c.164 (C.52:14-19.1).²

22
23 ²5. There is appropriated from the General Fund the sum of
24 \$750,000 to the Mental Health Screening in Schools Grant Program
25 Fund established pursuant to section 3 of this act to provide funding
26 for grants under the Mental Health Screening in Schools Grant
27 Program. There is appropriated from the General Fund to the
28 Department of Education the sum of \$250,000 to implement the
29 provisions of section 4 of this act.²

30
31 ²[4.] 6.² This act shall take effect ²immediately and shall first
32 apply² in the first full school year following the date of enactment.

33
34
35
36
37 Establishes Mental Health Screening in Schools Grant Program
38 in DOE; appropriates \$1 million.

CHAPTER 237

AN ACT concerning student mental health, supplementing chapter 40 of Title 18A of the New Jersey Statutes, and making an appropriation.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

C.18A:40-5.5 Findings, declaration relative to mental health.

1. The Legislature finds and declares that:

a. Depression is the most common mental health disorder among American teens and adults, with over 2.8 million young people between the ages of 12 and 17 experiencing at least one major depressive episode each year, approximately 10 to 15 percent of teenagers exhibiting at least one symptom of depression at any time, and roughly five percent of teenagers suffering from major depression at any time. Teenage depression is two to three times more common in females than in males.

b. Various biological, psychological, and environmental risk factors may contribute to teenage depression, which can lead to substance and alcohol abuse, social isolation, poor academic and workplace performance, unnecessary risk taking, early pregnancy, and suicide, which is the third leading cause of death among teenagers. Approximately 20 percent of teens with depression seriously consider suicide and one in 12 attempt suicide. Untreated teenage depression can also result in adverse consequences throughout adulthood.

c. Most teens who experience depression suffer from more than one episode. It is estimated that, although teenage depression is highly treatable through combinations of therapy, individual and group counseling, and certain medications, fewer than one-third of teenagers experiencing depression seek help or treatment.

d. The proper detection and diagnosis of depression is a key element in reducing the risk of teenage suicide and improving physical and mental health outcomes for young people. It is therefore fitting and appropriate to establish school-based depression screenings to help identify the symptoms of depression and facilitate access to appropriate treatment.

C.18A:40-5.6 Mental Health Screening in Schools Grant Program; purposes of program.

2. a. There is established in the Department of Education the Mental Health Screening in Schools Grant Program. The purpose of the grant program shall be to provide funding and resources to allow school districts to implement depression screening programs to identify students in the grades seven through 12 who are at risk of depression.

b. (1) A school district that receives an award under the grant program shall make available to each student in the grades seven through 12 an annual health screening for depression. The school district shall meet the following conditions when implementing its depression screening program:

(a) the school district shall use a research-based screening tool in its depression screening program conducted by a licensed mental health professional or through a partnership with an organization or healthcare provider specializing in pediatric and adolescent mental health to conduct the screenings. Nothing in this subsection shall prohibit a school district from using a self-administered screening tool as part of the depression screening program;

(b) the screenings shall be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by the screening;

(c) the school district shall ensure that the screenings will be conducted in a manner that accommodates bilingual education students, students with disabilities, and students with low reading proficiency when conducting the screenings;

(d) the screenings shall be conducted in a manner that ensures the privacy of the student during the screening process and the confidentiality of the results, consistent with State and federal laws applicable to the confidentiality of student records and mental health records;

(e) pursuant to the provisions of P.L.2001, c.364 (C.18A:36-34), the school district shall obtain written informed consent from a student's parent or guardian prior to the screening;

(f) the school district shall develop a form to obtain permission from a student's parent or guardian to conduct the screening; and

(g) the school district shall forward data collected from the screenings to the Department of Education and the Department of Children and Families in a form and manner to be determined by the Department of Education, provided that any data forwarded shall be aggregated and shall not contain any identifying or confidential information with regard to any individual.

(2) To assist districts in selecting a research-based screening tool to use as part of depression screening programs, the Department of Education, in consultation with the Department of Children and Families, may develop a list of pre-approved research-based screening tools that are validated to screen depression in adolescents. The list shall be posted on the departments' Internet websites.

(3) (a) In the event that a school district chooses to partner with an organization or healthcare provider specializing in pediatric and adolescent mental health to conduct the depression screenings, the partner organization or provider may also provide mental health services as deemed necessary by the organization or provider and as consented to by a student's parent or guardian. A district partnering with an organization or healthcare provider specializing in pediatric and adolescent mental health may develop a form to obtain parental consent and student health insurance information as necessary to satisfy the provisions of any partnership agreement.

(b) The Department of Education, in consultation with the Department of Children and Families and the Department of Health, shall within 180 days of the date of enactment of this act develop guidance and resources for school districts to establish partnerships with organizations or healthcare providers specializing in pediatric and adolescent mental health to conduct depression screenings.

c. A school district seeking to participate and receive funding under the grant program shall submit an application to the Commissioner of Education, in accordance with application procedures and requirements prescribed by the commissioner. An application submitted by a school district shall include, at a minimum:

(1) a description of the depression screening program to be implemented by the school district and an explanation of how the district will make available to each student in the grades seven through 12 an annual health screening for depression;

(2) a description of how the school district will meet the conditions of paragraphs (1) and (3) of subsection b. of this section as applicable;

(3) details concerning the research-based screening tool that will be used by the district or whether the district will partner with an organization or healthcare provider specializing in pediatric and adolescent mental health to conduct the screenings;

(4) a request and justification for the amount of funding sought by the district under the grant program;

(5) a description of how the grant funding will be used to further the purposes of the depression screening program, including hiring additional personnel, purchasing materials, or contracting with outside entities;

(6) a description of how the depression screenings will be conducted in a manner that permits real-time evaluation of the screening results and same day intervention by a licensed mental health professional if required by the results of the screening;

(7) as applicable, the details of any partnership with an organization or provider specializing in pediatric and adolescent mental health services, which shall include, but not be limited to, the name of the organization or provider, the number of students being served by the organization or provider, the expected timeframe to screen the students, the costs associated with engaging in a partnership with the organization or provider, and the location where the screenings will take place. A school district shall detail whether student health insurance information will be required under its agreement with a partner organization or provider, how it will obtain that information, and what accommodations will be made for uninsured or underinsured students whose parents or guardians have consented to the depression screening;

(8) a description of how the district will ensure that the parent or guardian of a student whose screening for depression detects an abnormality is notified of such abnormality and how it will advise the parent or guardian of the services available through a partner organization or provider or supply the parent or guardian with resources to assist in the acquisition of the services of a health care professional in order to obtain further evaluation and diagnosis; and

(9) a description of how the district will obtain written informed consent from a student's parent or guardian prior to the screening, in accordance with the provisions of P.L.2001, c.364 (C.18A:36-34).

d. Awards under the grant program shall be allocated to school districts in a manner to be determined by the commissioner, except that the commissioner shall, to the greatest extent possible, approve applications from at least one school district in each the northern, central, and southern regions of the State and seek a cross-section of school districts from urban, suburban, and rural areas of the State.

e. Nothing in this act shall be construed to affect a school district's ability to provide additional or supplemental services to a student as required by, or as consistent with, any applicable provision of State or federal law.

C.18A:40-5.7 Mental Health Screening in Schools Grant Program Fund established.

3. a. There is established in the Department of Education a non-lapsing fund which shall be known as the Mental Health Screening in Schools Grant Program Fund. All monies appropriated annually by the Legislature, federal and other grants received by the State, and any other monies made available for the purposes of the fund shall be deposited in the fund. Monies deposited in the fund shall be used by the Department of Education to provide funding for grants awarded pursuant to section 2 of this act.

b. A school district may seek to secure funds or other resources from the federal government or from private nonprofit or for-profit sources as may be available, to supplement funds received pursuant to the Mental Health Screening in Schools Grant Program Fund. These funds shall not have any impact on the availability of funding received under the Mental Health Screening in Schools Grant Program.

C.18A:40-5.8 Depression screening programs; report and evaluation.

4. a. The Commissioner of Education shall develop a report, or contract with a research institution or organization to develop a report, evaluating depression screening programs in

school districts participating in the Mental Health Screening in Schools Grant Program established pursuant to section 2 of this act as well as other school districts that have developed depression screening programs. In developing the report, the commissioner or contracted research organization or institution shall analyze the data forwarded to the Department of Education and the Department of Children and Families pursuant to subparagraph (g) of paragraph (1) of subsection b. of section 2 of this act. The study shall include information on:

- (1) the costs of the programs to the districts and to parents or legal guardians of students, as well as any co-pays received by practitioners as part of the depression screening programs;
- (2) the number of students identified as at risk of depression by the depression screenings in each district;
- (3) the number of students who were provided mental health services as a result of the screenings;
- (4) the number of students who were identified as needing follow-up services;
- (5) the number of school staff members involved in the depression screening process and the time spent administering the screening;
- (6) best practices utilized by the districts or mental health providers in implementing the depression screening programs;
- (7) the health, academic, and safety benefits associated with establishing a depression screening program and an evaluation of any potential negative impacts on school districts and families that may be associated with implementing a depression screening program; and
- (8) findings and recommendations concerning additional resources that may be necessary to screen adolescents for depression and to provide follow-up services to adolescents who have exhibited abnormalities in depression screenings.

b. Within 300 days following September 1 of the first full school year following the date of enactment, the report developed pursuant to subsection a. of this section shall be submitted to the Department of Education, the Department of Health, the Department of Children and Families, the Joint Committee on the Public Schools, and to the Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1).

5. There is appropriated from the General Fund the sum of \$750,000 to the Mental Health Screening in Schools Grant Program Fund established pursuant to section 3 of this act to provide funding for grants under the Mental Health Screening in Schools Grant Program. There is appropriated from the General Fund to the Department of Education the sum of \$250,000 to implement the provisions of section 4 of this act.

6. This act shall take effect immediately and shall first apply in the first full school year following the date of enactment.

Approved September 28, 2021.

ASSEMBLY, No. 970

STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Assemblywoman PAMELA R. LAMPITT

District 6 (Burlington and Camden)

Assemblywoman CAROL A. MURPHY

District 7 (Burlington)

Co-Sponsored by:

Assemblyman Benson, Assemblywoman Vainieri Huttle, Assemblyman Verrelli, Assemblywoman McKnight, Assemblymen Armato, Daniels, Assemblywomen Sumter and Jimenez

SYNOPSIS

Requires public schools to administer written screenings for depression for students in certain grades.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 6/22/2020)

1 AN ACT concerning student mental health and supplementing
2 chapter 40 of Title 18A of the New Jersey Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. The Legislature finds and declares that:

8 a. Depression is the most common mental health disorder
9 among American teens and adults, with over 2.8 million young
10 people between the ages of 12 and 17 experiencing at least one
11 major depressive episode each year, approximately 10 to 15 percent
12 of teenagers exhibiting at least one symptom of depression at any
13 time, and roughly five percent of teenagers suffering from major
14 depression at any time. Teenage depression is two to three times
15 more common in females than in males.

16 b. Various biological, psychological, and environmental risk
17 factors may contribute to teenage depression, which can lead to
18 substance and alcohol abuse, social isolation, poor academic and
19 workplace performance, unnecessary risk taking, early pregnancy,
20 and suicide, which is the third leading cause of death among
21 teenagers. Approximately 20 percent of teens with depression
22 seriously consider suicide and one in 12 attempt suicide. Untreated
23 teenage depression can also result in adverse consequences
24 throughout adulthood.

25 c. Most teens who experience depression suffer from more than
26 one episode. It is estimated that, although teenage depression is
27 highly treatable through combinations of therapy, individual and
28 group counseling, and certain medications, fewer than one-third of
29 teenagers experiencing depression seek help or treatment.

30 d. The proper detection and diagnosis of depression is a key
31 element in reducing the risk of teenage suicide and improving
32 physical and mental health outcomes for young people. It is
33 therefore fitting and appropriate to establish school-based
34 depression screenings to help identify the symptoms of depression
35 and facilitate access to appropriate treatment.

36

37 2. a. A board of education shall ensure that each student in
38 grades seven through 12 annually receives a health screening for
39 depression. The screening shall be administered by a qualified
40 professional and shall consist of the Patient Health Questionnaire-2
41 or an equivalent depression screening tool, as determined by the
42 Commissioners of Education and Health. The Commissioner of
43 Health shall select the screening tool to be utilized by each school
44 district. The screenings shall be conducted in a manner that ensures
45 the privacy of the student during the screening process and the
46 confidentiality of the results consistent with State and federal laws
47 applicable to the confidentiality of student records. The Department
48 of Education and the Department of Health shall jointly establish

1 standards on the procedures to be implemented to conduct the
2 screenings for depression and provide for other screening tools,
3 including, but not limited to, a screening tool for anxiety, such as
4 the General Anxiety Disorder-7 or an equivalent anxiety screening
5 tool, as determined by the Commissioners of Education and Health.

6 b. A superintendent shall notify the parent or guardian of a
7 student whose screening for depression detects a suspected
8 deviation from the recommended standard. The superintendent
9 shall inform the parent or guardian that the screening is not a
10 diagnosis and shall encourage the parent or guardian to share the
11 results of the screening with the student's primary care physician.

12 c. Boards of education shall forward data collected from
13 screenings administered pursuant to this section to the Department
14 of Education and the Department of Health, provided that any data
15 forwarded shall be aggregated and shall not contain any identifying
16 or confidential information with regard to any individual. Data
17 collected by the departments pursuant to this subsection shall be
18 used by the departments to identify Statewide trends concerning
19 teenage depression and to develop school and community based
20 initiatives to address teenage depression.

21 e. As used in this section, "qualified professional" means a
22 school psychologist, school nurse, school counselor, student
23 assistance coordinator, school social worker, or physician.

24
25 3. The State Board of Education, in consultation with the
26 Commissioner of Health, shall promulgate regulations pursuant to
27 the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-
28 1 et seq.), necessary to effectuate the provisions of this act.

29
30 4. This act shall take effect in the first full school year
31 following the date of enactment.

32
33
34 STATEMENT

35
36 This bill requires a board of education to ensure that students in
37 grades seven through 12 annually receive a health screening for
38 depression. The screening will be administered by a qualified
39 professional, including a school psychologist, school nurse, guidance
40 counselor, student assistance counselor, physician, school social
41 worker or any other medical or mental health professional, and will
42 consist of the Patient Health Questionnaire-2 or an equivalent
43 depression screening tool, as determined by the Commissioners of
44 Education and Health.

45 Under the bill, the Department of Education (DOE) and the
46 Department of Health (DOH) will jointly establish standards on the
47 procedures to be implemented to conduct the screenings. The

1 screenings are to be conducted in a manner that ensures the privacy of
2 the student and the confidentiality of the results.

3 A superintendent is to be required to notify the parent or guardian
4 of a student whose screening for depression detects a suspected
5 deviation from the recommended standard and to encourage the parent
6 or guardian to share the results of the screening with the student's
7 primary care physician.

8 Boards of education will be required to forward data concerning
9 depression screenings to the DOE and the DOH, provided that the
10 forwarded data is aggregated and does not include any identifying or
11 confidential information concerning any individual. The collected
12 data are to be used to identify Statewide trends concerning teenage
13 depression and to develop school and community based initiatives to
14 address teenage depression.

15 The bill requires the DOE and the DOH to jointly provide for other
16 screening tools, including, but not limited to, a screening tool for
17 anxiety, such as the General Anxiety Disorder-7 or an equivalent
18 anxiety screening tool, as determined by the Commissioners of
19 Education and Health.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 970

STATE OF NEW JERSEY

DATED: JUNE 23, 2020

The Assembly Health Committee reports favorably an Assembly Committee Substitute for Assembly Bill No. 970.

This bill requires a board of education to ensure that students in grades seven through 12 annually receive a health screening for depression. The screening is to be proctored and conducted electronically via a computer, and is to utilize a screening tool that has been validated to screen depression in adolescents, as determined by the Commissioners of Education and Children and Families. The screenings are to be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by such screening. The Commissioner of Children and Families is to select one electronic screening tool to be utilized by all school districts.

Under the bill, the Department of Education (DOE) and the Department of Children and Families (DCF) are to jointly establish standards on the procedures to be implemented to conduct the screenings. The screenings are to be conducted in a manner that ensures the privacy of the student and the confidentiality of the results.

A superintendent, or the superintendent's designee, is to inform a parent or guardian of an abnormal depression screening result and advise the parent or guardian to seek the care of a health care professional in order to obtain further evaluation and diagnosis.

Under the bill, the Commissioners of Education and Children and Families are to establish recommendations for conducting screenings in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency. Further, a board of education is to ensure that screenings are conducted in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency.

As determined by the DOE and the DCF, boards of education are to be required to forward data concerning depression screenings to the DOE and the DCF, provided that the forwarded data is aggregated and does not include any identifying or confidential information concerning any individual. The collected data are to be used to identify trends concerning teenage depression and to develop school and community based initiatives to address teenage depression. The DOE and the DCF

are to annually publish on their Internet websites findings and recommendations that are based on collected data as to additional resources that may be necessary to screen adolescents for depression and further evaluate adolescents who have exhibited abnormalities in their depression screening.

Under the bill, the DOE and the DCF may provide for other screening tools, including, but not limited to, screening tools for anxiety, substance use disorder, and suicidal ideation or behavior, as determined by the Commissioners of Education and Children and Families.

Prior to screening a student for depression pursuant to this section, a school district is to obtain written consent from the student's parent or guardian upon enrollment and at the start of each successive school year.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 970

STATE OF NEW JERSEY

DATED: JULY 27, 2020

The Assembly Appropriations Committee reports favorably Assembly Bill No. 970 ACS.

This bill requires a board of education to ensure that students in grades seven through 12 annually receive a health screening for depression. The screening is to be proctored and conducted electronically via a computer, and is to utilize a screening tool that has been validated to screen depression in adolescents, as determined by the Commissioners of Education and Children and Families. The screenings are to be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by such screening. The Commissioner of Children and Families is to select one electronic screening tool to be utilized by all school districts.

Under the bill, the Department of Education (DOE) and the Department of Children and Families (DCF) are to jointly establish standards on the procedures to be implemented to conduct the screenings. The screenings are to be conducted in a manner that ensures the privacy of the student and the confidentiality of the results.

A superintendent, or the superintendent's designee, is to inform a parent or guardian of an abnormal depression screening result and advise the parent or guardian to seek the care of a health care professional in order to obtain further evaluation and diagnosis.

Under the bill, the Commissioners of Education and Children and Families are to establish recommendations for conducting screenings in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency. Further, a board of education is to ensure that screenings are conducted in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency.

As determined by the DOE and the DCF, boards of education are to be required to forward data concerning depression screenings to the DOE and the DCF, provided that the forwarded data is aggregated and does not include any identifying or confidential information concerning any individual. The collected data are to be used to identify trends concerning teenage depression and to develop school and community based initiatives to address teenage depression. The

DOE and the DCF are to annually publish on their Internet websites findings and recommendations that are based on collected data as to additional resources that may be necessary to screen adolescents for depression and further evaluate adolescents who have exhibited abnormalities in their depression screening.

Under the bill, the DOE and the DCF may provide for other screening tools, including, but not limited to, screening tools for anxiety, substance use disorder, and suicidal ideation or behavior, as determined by the Commissioners of Education and Children and Families.

Prior to screening a student for depression pursuant to this section, a school district is to obtain written consent from the student's parent or guardian upon enrollment and at the start of each successive school year.

FISCAL IMPACT:

The Office of Legislative Services estimates that there will be an indeterminate increase in local costs due to the requirement that school districts administer depression screenings to all students in grades seven through twelve.

The cost of the depression screening tool could range from the nominal cost of materials to approximately \$1.5 million depending on the electronic screening tool selected by the DCF. The cost of administering the depression screening tool is likely to be marginal and dependent on staffing levels of individual schools. School districts may incur additional costs if they choose to administer other mental health screening assessments as determined by the DOE and the DCF.

Requiring that the screenings be conducted in a manner that permits real time evaluation of the screening and same day intervention by a licensed mental health professional may also impose additional costs on school districts to provide such intervention and may increase the amount of time needed to conduct such screenings.

SENATE EDUCATION COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR **ASSEMBLY, No. 970**

with committee amendments

STATE OF NEW JERSEY

DATED: AUGUST 20, 2020

The Senate Education Committee favorably reports Assembly Committee Substitute for Assembly Bill No. 970 with committee amendments.

As amended, this bill requires a board of education to ensure that students in grades seven through 12 annually receive a health screening for depression. The screening is to be proctored and conducted electronically via a computer within a school building, and is to utilize a screening tool that has been validated to screen depression in adolescents, as determined by the Commissioners of Education and Children and Families. The screenings are to be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by such screening. The Commissioner of Children and Families is to select one electronic screening tool to be utilized by all school districts.

Under the bill, the Department of Education (DOE) and the Department of Children and Families (DCF) are to jointly establish standards on the procedures to be implemented to conduct the screenings. The screenings are to be conducted in a manner that ensures the privacy of the student and the confidentiality of the results. The screenings are also required to be conducted in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency.

A superintendent, or the superintendent's designee, is to inform a parent or guardian of an abnormal depression screening result and advise the parent or guardian to seek the care of a health care professional in order to obtain further evaluation and diagnosis.

As determined by the DOE and the DCF, boards of education are required to forward data collected from depression screenings to the DOE and the DCF, provided that the forwarded data is aggregated and does not include any identifying or confidential information concerning any individual. The collected data are to be used to identify trends concerning teenage depression and to develop school and community based initiatives to address teenage depression. The

DOE and the DCF are to annually publish on their Internet websites findings and recommendations that are based on collected data as to additional resources that may be necessary to screen adolescents for depression and further evaluate adolescents who have exhibited abnormalities in their depression screening.

Under the bill, the DOE and the DCF may provide for other screening tools, including, but not limited to, screening tools for anxiety, substance use disorder, and suicidal ideation and behavior, as determined by the Commissioners of Education and Children and Families.

Prior to screening a student for depression, a school district is to obtain written consent from the student's parent or guardian upon enrollment and at the start of each successive school year.

The committee amended the bill to require that the screenings be done within a school building.

As amended and reported by the committee, this bill is identical to the Senate Committee Substitute for Senate Bill No. 2259, which also was reported by the committee on this same date.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 970

STATE OF NEW JERSEY

DATED: OCTOBER 22, 2020

The Senate Budget and Appropriations Committee reports favorably Assembly Bill No. 970 ACS (1R).

This bill requires a board of education to ensure that students in grades seven through 12 annually receive a health screening for depression. The screening is to be proctored and conducted electronically via a computer within a school building, and is to utilize a screening tool that has been validated to screen depression in adolescents, as determined by the Commissioners of Education and Children and Families. The screenings are to be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by such screening. The Commissioner of Children and Families is to select one electronic screening tool to be utilized by all school districts.

Under the bill, the Department of Education (DOE) and the Department of Children and Families (DCF) are to jointly establish standards on the procedures to be implemented to conduct the screenings. The screenings are to be conducted in a manner that ensures the privacy of the student and the confidentiality of the results. The screenings are also required to be conducted in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency.

A superintendent, or the superintendent's designee, is to inform a parent or guardian of an abnormal depression screening result and advise the parent or guardian to seek the care of a health care professional in order to obtain further evaluation and diagnosis.

As determined by the DOE and the DCF, boards of education are required to forward data collected from depression screenings to the DOE and the DCF, provided that the forwarded data is aggregated and does not include any identifying or confidential information concerning any individual. The collected data are to be used to identify trends concerning teenage depression and to develop school and community based initiatives to address teenage depression. The DOE and the DCF are to annually publish on their Internet websites findings and recommendations that are based on collected data as to

additional resources that may be necessary to screen adolescents for depression and further evaluate adolescents who have exhibited abnormalities in their depression screening.

Under the bill, the DOE and the DCF may provide for other screening tools, including, but not limited to, screening tools for anxiety, substance use disorder, and suicidal ideation and behavior, as determined by the Commissioners of Education and Children and Families.

Prior to screening a student for depression, a school district is to obtain written consent from the student's parent or guardian upon enrollment and at the start of each successive school year.

This bills requires that the screenings be done within a school building.

As reported by the committee, Assembly Bill No. 970 ACS (1R) is identical to Senate Bill No. 2259 (SCS), which also was reported by the committee on this date.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that there will be an indeterminate increase in local costs due to the requirement that school districts administer depression screenings to all students in grades seven through 12.

The cost of the depression screening tool could range from the nominal cost of materials to approximately \$1.5 million depending on the electronic screening tool selected by the Department of Children and Families (DCF). The cost of administering the depression screening tool is likely to be marginal and dependent on staffing levels of individual schools. School districts may incur additional costs if they choose to administer other mental health screening assessments as determined by the Department of Education (DOE) and the DCF.

Requiring that the screenings be conducted in a manner that permits real time evaluation of the screening and same day intervention by a licensed mental health professional may also impose additional costs on school districts to provide such intervention and may increase the amount of time needed to conduct screenings.

STATEMENT TO

[First Reprint]

ASSEMBLY COMMITTEE SUBSTITUTE FOR **ASSEMBLY, No. 970**

with Senate Floor Amendments
(Proposed by Senator SINGLETON)

ADOPTED: FEBRUARY 19, 2021

These Senate amendments:

- remove section 2 of the bill, which generally required boards of education to ensure that each student in the grades seven through 12 annually receives a health screening for depression;
- establish in the Department of Education the Mental Health Screening in Schools Grant Program in which school districts may apply for funding to make an annual health screening for depression available to each student in the grades seven through 12. The amendments lay out various conditions school districts are required to meet in implementing depression screening programs under the grant program and the information to be included in the applications for grant funding;
- establish a non-lapsing Mental Health Screening in Schools Grant Program Fund;
- require the Commissioner of Education to develop a report, or contract with a research institution or organization to develop a report, evaluating depression screening programs in school districts participating in the Mental Health Screening in Schools Grant Program as well as other school districts that have developed depression screening programs; and
- appropriate from the General Fund \$750,000 to the Mental Health Screening in Schools Grant Program Fund and \$250,000 to support the development of the report required under the bill.

LEGISLATIVE FISCAL ESTIMATE
ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 970
STATE OF NEW JERSEY
219th LEGISLATURE

DATED: JUNE 30, 2020

SUMMARY

Synopsis: Requires public schools to administer written screenings for depression for students in certain grades.

Type of Impact: Annual Local Cost Increase

Agencies Affected: School Districts

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
Local Cost Increase	Indeterminate

- The Office of Legislative Services (OLS) estimates that there will be an indeterminate increase in local costs due to the requirement that school districts administer depression screenings to all students in grades seven through twelve.
- The cost of the depression screening tool could range from the nominal cost of materials to approximately \$1.5 million depending on the electronic screening tool selected by the Department of Children and Families (DCF). The cost of administering the depression screening tool is likely to be marginal and dependent on staffing levels of individual schools. School districts may incur additional costs if they choose to administer other mental health screening assessments as determined by the Department of Education (DOE) and the DCF.
- Requiring that the screenings be conducted in a manner that permits real time evaluation of the screening and same day intervention by a licensed mental health professional may also impose additional costs on school districts to provide such intervention and may increase the amount of time needed to conduct screenings.

BILL DESCRIPTION

This bill requires a board of education to ensure that students in grades seven through twelve annually receive a health screening for depression. The screening is to be proctored and conducted

electronically via a computer, and is to utilize a screening tool that has been validated to screen depression in adolescents, as determined by the DOE and the DCF. The DCF is to select one electronic screening tool to be utilized by all school districts. The screenings are to be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by the screenings.

Under the bill, the DOE and the DCF will jointly establish standards on the procedures to be implemented to conduct the screenings. The screenings are to be conducted in a manner that ensures the privacy of the student and the confidentiality of the results.

A superintendent, or the superintendent's designee, will inform a parent or guardian of an abnormal depression screening result and advise the parent or guardian to seek the care of a health care professional in order to obtain further evaluation and diagnosis.

Under the bill, the DOE and the DCF are to establish recommendations for conducting screenings in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency. Further, a board of education is to ensure that screenings are conducted in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency.

As determined by the DOE and the DCF, boards of education are to be required to forward data concerning depression screenings to the DOE and the DCF, provided that the forwarded data is aggregated and does not include any identifying or confidential information concerning any individual. The collected data are to be used to identify trends concerning teenage depression and to develop school and community based initiatives to address teenage depression. The DOE and the DCF are to annually publish on their websites findings and recommendations that are based on collected data as to additional resources that may be necessary to screen adolescents for depression and further evaluate adolescents who have exhibited abnormalities in their depression screening.

Under the bill, the DOE and the DCF may provide for other screening tools, including, but not limited to, screening tools for anxiety, substance use disorder, and suicidal ideation or behavior, as determined by the DOE and the DCF.

Prior to screening the student for depression, a school district is to obtain written consent from a student's parent or guardian, upon enrollment or at the beginning of each school year.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that there will be an indeterminate increase in local costs due to the requirement that school districts administer depression screening to all students in grades seven through twelve. The screening is to be proctored and conducted electronically.

The American Academy of Pediatrics (AAP), in its Guidelines for Adolescent Depression in Primary Care, identified a number of screening tools that could be used for screening cases of adolescent depression. The cost of common depression screening assessments for adolescents ranges from free to approximately \$2.50 per student. The DCF is to select one electronic screening tool to be utilized by all school districts. The DOE estimated an enrollment of 599,077 students in grades seven through twelve for the 2018-2019 school year. Depending on the test selected, the cost could range from the nominal cost of materials to approximately \$1.5 million. The bill also allows the DOE and the DCF to provide for other mental health screening tools. Based on a list

of available tools published by the AAP, the vast majority of the available assessments for adolescent mental health screenings are free to use. The costs associated with these tools would be the marginal cost of any materials. However, the bill does not require the use of these other mental health screening assessments, so many schools may choose not to administer them.

Based on cost-effectiveness studies, screening tool analysis studies, and product information from proprietary sources, it takes approximately five to twenty minutes to administer and score each individual depression screening assessment and a similar amount of time for each additional mental health assessment the district may choose to administer. While school staff may be able to proctor the screenings as a part of their regular job duties, this would be dependent on each school.

The bill also requires that the screenings be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by such screening. This requirement may also impose additional costs on school districts to ensure such real time evaluation and intervention by a licensed mental health professional and may also increase the amount of time needed to screen students.

Section: Education

*Analyst: William Owens
Assistant Fiscal Analyst*

*Approved: Frank W. Haines III
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE
[First Reprint]
ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 970
STATE OF NEW JERSEY
219th LEGISLATURE

DATED: SEPTEMBER 16, 2020

SUMMARY

Synopsis: Requires public schools to administer written screenings for depression for students in certain grades.

Type of Impact: Annual Local Cost Increase.

Agencies Affected: School Districts.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
Local Cost Increase	Indeterminate

- The Office of Legislative Services (OLS) estimates that there will be an indeterminate increase in local costs due to the requirement that school districts administer depression screenings to all students in grades seven through 12.
- The cost of the depression screening tool could range from the nominal cost of materials to approximately \$1.5 million depending on the electronic screening tool selected by the Department of Children and Families (DCF). The cost of administering the depression screening tool is likely to be marginal and dependent on staffing levels of individual schools. School districts may incur additional costs if they choose to administer other mental health screening assessments as determined by the Department of Education (DOE) and the DCF.
- Requiring that the screenings be conducted in a manner that permits real time evaluation of the screening and same day intervention by a licensed mental health professional may also impose additional costs on school districts to provide such intervention and may increase the amount of time needed to conduct screenings.

BILL DESCRIPTION

This bill requires a board of education to ensure that students in grades seven through 12 annually receive a health screening for depression. The screening is to be proctored and conducted

electronically via a computer within a school building, and is to utilize a screening tool that has been validated to screen depression in adolescents, as determined by the DOE and the DCF. The DCF is to select one electronic screening tool to be utilized by all school districts. The screenings are to be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by the screenings.

Under the bill, the DOE and the DCF will jointly establish standards on the procedures to be implemented to conduct the screenings. The screenings are to be conducted in a manner that ensures the privacy of the student and the confidentiality of the results.

A superintendent, or the superintendent's designee, will inform a parent or guardian of an abnormal depression screening result and advise the parent or guardian to seek the care of a health care professional in order to obtain further evaluation and diagnosis.

Under the bill, the DOE and the DCF are to establish recommendations for conducting screenings in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency. Further, a board of education is to ensure that screenings are conducted in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency.

As determined by the DOE and the DCF, boards of education are to be required to forward data concerning depression screenings to the DOE and the DCF, provided that the forwarded data is aggregated and does not include any identifying or confidential information concerning any individual. The collected data are to be used to identify trends concerning teenage depression and to develop school and community based initiatives to address teenage depression. The DOE and the DCF are to annually publish on their websites findings and recommendations that are based on collected data as to additional resources that may be necessary to screen adolescents for depression and further evaluate adolescents who have exhibited abnormalities in their depression screening.

Under the bill, the DOE and the DCF may provide for other screening tools, including, but not limited to, screening tools for anxiety, substance use disorder, and suicidal ideation or behavior, as determined by the DOE and the DCF.

Prior to screening the student for depression, a school district is to obtain written consent from a student's parent or guardian, upon enrollment or at the beginning of each school year.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that there will be an indeterminate increase in local costs due to the requirement that school districts administer depression screening to all students in grades seven through 12. The screening is to be proctored and conducted electronically.

The American Academy of Pediatrics (AAP), in its Guidelines for Adolescent Depression in Primary Care, identified a number of screening tools that could be used for screening cases of adolescent depression. The cost of common depression screening assessments for adolescents ranges from free to approximately \$2.50 per student. The DCF is to select one electronic screening tool to be utilized by all school districts. The DOE estimated an enrollment of 599,077 students in grades seven through 12 for the 2018-2019 school year. Depending on the test selected, the cost

could range from the nominal cost of materials to approximately \$1.5 million. The bill also allows the DOE and the DCF to provide for other mental health screening tools. Based on a list of available tools published by the AAP, the vast majority of the available assessments for adolescent mental health screenings are free to use. The costs associated with these tools would be the marginal cost of any materials. However, the bill does not require the use of these other mental health screening assessments, so many schools may choose not to administer them.

Based on cost-effectiveness studies, screening tool analysis studies, and product information from proprietary sources, it takes approximately five to 20 minutes to administer and score each individual depression screening assessment and a similar amount of time for each additional mental health assessment the district may choose to administer. While school staff may be able to proctor the screenings as a part of their regular job duties, this would be dependent on each school.

The bill also requires that the screenings be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by such screening. This requirement may also impose additional costs on school districts to ensure such real time evaluation and intervention by a licensed mental health professional and may also increase the amount of time needed to screen students.

Section: Education
Analyst: William Owens
Associate Fiscal Analyst
Approved: Frank W. Haines III
Legislative Budget and Finance Officer

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE
[Second Reprint]
ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 970
STATE OF NEW JERSEY
219th LEGISLATURE

DATED: MARCH 29, 2021

SUMMARY

Synopsis: Establishes Mental Health Screening in Schools Grant Program in DOE; appropriates \$1 million.

Type of Impact: State Expenditure increase from the General Fund.

Agencies Affected: Department of Education; Local School Districts.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Annually Thereafter</u>
State Expenditure Increase	At least \$1 million	Indeterminate
Total Local School District Revenue	At least \$750,000	Indeterminate

- The Office of Legislative Services (OLS) determines that this bill will result in an increase in State expenditures to the Department of Education (DOE). The expenditure increase is primarily associated with: 1) the provision of grants to school districts under the Mental Health Screening in Schools Grant Program; and 2) the bill's requirement that the DOE develop, or

contract with a research institution or organization to develop, a report evaluating depression screening programs in school districts.

- The bill provides supplemental appropriations of \$750,000 for the allocation of grant awards to school districts and \$250,000 for the DOE to develop, or contract with a research institution or organization to develop, the report required under the bill.
- The bill may also increase administrative costs to the DOE to the extent that the establishment of the Mental Health Screening in Schools Grant Program would require the deployment of new resources and the hiring of new staff to administer the program. The extent to which the administration of this grant program could be subsumed within existing staff and resources is unknown.

BILL DESCRIPTION

This bill establishes in the DOE the Mental Health Screening in Schools Grant Program. The purpose of the grant program is to provide funding and resources to allow school districts to implement depression screening programs to identify students in the grades seven through 12 who are at risk of depression. A school district that applies for and receives an award under the grant program would make available to each student in the grades seven through 12 an annual health screening for depression. A school district is required under the bill to meet various requirements in implementing its depression screening program. Under the bill, participating school districts are to use a research-based screening tool conducted by a licensed mental health professional or through a partnership with an organization or healthcare provider specializing in pediatric and adolescent mental health to conduct the screenings. School districts are, however, not prohibited from using a self-administered screening tool as part of the depression screening program.

Under the bill, the DOE is required to develop a report, or contract with a research institution or organization to develop a report, evaluating depression screening programs in school districts participating in the Mental Health Screening in Schools Grant Program as well as other school districts that have developed depression screening programs.

The bill establishes in the DOE a non-lapsing Mental Health Screening in Schools Grant Program Fund. Monies deposited into the fund are required to be used by the DOE to provide funding for grant awards. The bill provides for an appropriation of \$750,000 from the General Fund to the Mental Health Screening in Schools Grant Program Fund. The bill also appropriates \$250,000 to support the development of the report required under the bill.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS determines that this bill will result in an increase in State expenditures to the DOE. The expenditure increase is primarily associated with: 1) the provision of grants to school districts under the Mental Health Screening in Schools Grant Program and 2) the bill's requirement that the DOE develop, or contract with a research institution or organization to develop, a report evaluating depression screening programs in school districts. The bill provides supplemental appropriations of \$750,000 for the allocation of grant awards to school districts and \$250,000 for the DOE to develop, or contract with a research institution or organization to develop, the report required under the bill.

School districts receiving funds under the program would experience a revenue increase stemming from the receipt of grant funds. It is unclear the extent to which grant funds would cover a school district's total costs for implementing a depression screening program in accordance with the requirements and options for administration that are laid out in the bill. The bill requires school districts to use a research-based screening tool in its depression screening program conducted by a licensed mental health professional or through a partnership with an organization or healthcare provider specializing in pediatric and adolescent mental health to conduct the screenings. The bill, however, does not prohibit a school district from using a self-administered screening tool as part of the depression screening program. It is likely the case that depression screening programs using a self-administered screening tool would be the most cost-effective option among those described in the bill. The cost of common depression screening assessments for adolescents ranges from free to approximately \$2.50 per student. While the bill does not require the depression screenings to be administered by a mental health professional in a one-to-one manner, prior research has indicated that the per pupil costs of doing so could be between approximately \$20 and \$25. The OLS seeks to provide this information for illustrative purposes only.

The bill also requires that the depression screenings in participating school districts be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by such screening. This requirement may also increase the costs of implementing a depression screening program.

The bill may also increase administrative costs to the DOE to the extent that the establishment of the Mental Health Screening in Schools Grant Program would require the deployment of new resources and the hiring of new staff to administer the program. The extent to which the administration of this grant program could be subsumed within existing staff and resources is unknown. The OLS also notes that, under the bill, participating school districts are required to forward data collected from the depression screening programs to the DOE and the Department of Children and Families (DCF). There may be minor costs to the DOE and the DCF to establish a technological infrastructure through which this information can be collected.

Section: Education

*Analyst: Christopher Myles
Associate Fiscal Analyst*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

SENATE, No. 2259

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED MARCH 16, 2020

Sponsored by:

Senator TROY SINGLETON

District 7 (Burlington)

Senator M. TERESA RUIZ

District 29 (Essex)

SYNOPSIS

Requires public schools to administer written screenings for depression for students in certain grades.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 7/30/2020)

1 AN ACT concerning student mental health and supplementing
2 chapter 40 of Title 18A of the New Jersey Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. The Legislature finds and declares that:

8 a. Depression is the most common mental health disorder
9 among American teens and adults, with over 2.8 million young
10 people between the ages of 12 and 17 experiencing at least one
11 major depressive episode each year, approximately 10 to 15 percent
12 of teenagers exhibiting at least one symptom of depression at any
13 time, and roughly five percent of teenagers suffering from major
14 depression at any time. Teenage depression is two to three times
15 more common in females than in males.

16 b. Various biological, psychological, and environmental risk
17 factors may contribute to teenage depression, which can lead to
18 substance and alcohol abuse, social isolation, poor academic and
19 workplace performance, unnecessary risk taking, early pregnancy,
20 and suicide, which is the third leading cause of death among
21 teenagers. Approximately 20 percent of teens with depression
22 seriously consider suicide and one in 12 attempt suicide. Untreated
23 teenage depression can also result in adverse consequences
24 throughout adulthood.

25 c. Most teens who experience depression suffer from more than
26 one episode. It is estimated that, although teenage depression is
27 highly treatable through combinations of therapy, individual and
28 group counseling, and certain medications, fewer than one-third of
29 teenagers experiencing depression seek help or treatment.

30 d. The proper detection and diagnosis of depression is a key
31 element in reducing the risk of teenage suicide and improving
32 physical and mental health outcomes for young people. It is
33 therefore fitting and appropriate to establish school-based
34 depression screenings to help identify the symptoms of depression
35 and facilitate access to appropriate treatment.

36

37 2. a. A board of education shall ensure that each student in
38 grades seven through 12 annually receives a health screening for
39 depression. The screening shall be proctored and conducted
40 electronically via a computer and shall utilize a screening tool that
41 has been validated to screen depression in adolescents, as
42 determined by the Commissioners of Education and Children and
43 Families. The Commissioner of Children and Families shall select
44 one electronic screening tool to be utilized by all school districts.
45 The screenings shall be conducted in a manner that accommodates
46 students with developmental disabilities, intellectual disabilities, or
47 low reading proficiency, and that ensures the privacy of the student
48 during the screening process and the confidentiality of the results

1 consistent with State and federal laws applicable to the
2 confidentiality of student records. The Department of Education
3 and the Department of Children and Families shall jointly establish
4 standards on the procedures to be implemented to conduct the
5 screenings for depression and may provide for other screening
6 tools, including, but not limited to, screening tools for anxiety,
7 substance use disorder, and suicidal ideation and behavior, as
8 determined by the Commissioners of Education and Children and
9 Families. The Commissioners of Education and Children and
10 Families shall make recommendations for conducting screenings in
11 a manner that accommodates students with developmental
12 disabilities, intellectual disabilities, or low reading proficiency.

13 b. A superintendent shall notify the parent or guardian of a
14 student whose screening for depression detects an abnormality and
15 advise the parent or guardian to seek the care of a health care
16 professional in order to obtain further evaluation and diagnosis.

17 c. As determined by the Department of Education and the
18 Department of Children and Families, boards of education shall
19 forward data collected from screenings administered pursuant to
20 this section to the Department of Education and the Department of
21 Children and Families, provided that any data forwarded shall be
22 aggregated and shall not contain any identifying or confidential
23 information with regard to any individual. Data collected by the
24 departments pursuant to this subsection shall be used by the
25 departments to identify trends concerning teenage depression and to
26 develop school and community based initiatives to address teenage
27 depression. The Department of Education and the Department of
28 Children and Families shall annually publish on their Internet
29 websites findings and recommendations that are based on collected
30 data as to additional resources that may be necessary to screen
31 adolescents for depression and further evaluate adolescents who
32 have exhibited abnormalities in depression screenings.

33 d. A school district shall obtain written consent from a
34 student's parent or guardian, upon enrollment or at the beginning of
35 each school year, prior to screening the student for depression
36 pursuant to this section.

37
38 3. The State Board of Education, in consultation with the
39 Commissioner of Children and Families, shall promulgate
40 regulations pursuant to the "Administrative Procedure Act,"
41 P.L.1968, c.410 (C.52:14B-1 et seq.), necessary to effectuate the
42 provisions of this act.

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44 4. This act shall take effect in the first full school year
45 following the date of enactment.

STATEMENT

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This bill requires a board of education to ensure that students in grades seven through 12 annually receive a health screening for depression. The screening is to be proctored and conducted electronically via a computer, and is to utilize a screening tool that has been validated to screen depression in adolescents, as determined by the Commissioners of Education and Children and Families. The Commissioner of Children and Families is to select one electronic screening tool to be utilized by all school districts.

Under the bill, the Department of Education (DOE) and the Department of Children and Families (DCF) are to jointly establish standards on the procedures to be implemented to conduct the screenings. The screenings are to be conducted in a manner that ensures the privacy of the student and the confidentiality of the results.

A superintendent is to inform a parent or guardian of an abnormal depression screening result and advise the parent or guardian to seek the care of a health care professional in order to obtain further evaluation and diagnosis.

Under the bill, the Commissioners of Education and Children and Families are to establish recommendations for conducting screenings in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency. Further, a board of education is to ensure that screenings are conducted in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency.

As determined by the DOE and the DCF, boards of education are required to forward data concerning depression screenings to the DOE and the DCF, provided that the forwarded data are aggregated and does not include any identifying or confidential information concerning any individual. The collected data are to be used to identify trends concerning teenage depression and to develop school and community based initiatives to address teenage depression. The DOE and the DCF are to annually publish on their Internet websites findings and recommendations that are based on collected data as to additional resources that may be necessary to screen adolescents for depression and further evaluate adolescents who have exhibited abnormalities in their depression screening.

Under the bill, the DOE and the DCF may provide for other screening tools, including, but not limited to, screening tools for anxiety, substance use disorder, and suicidal ideation or behavior, as determined by the Commissioners of Education and Children and Families.

A school district is to obtain written consent from a student's parent or guardian, upon enrollment or at the beginning of the school year, prior to screening the student for depression.

SENATE EDUCATION COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR **SENATE, No. 2259**

STATE OF NEW JERSEY

DATED: AUGUST 20, 2020

The Senate Education Committee favorably reports a Senate Committee Substitute for Senate Bill No. 2259.

This substitute requires a board of education to ensure that students in grades seven through 12 annually receive a health screening for depression. The screening is to be proctored and conducted electronically via a computer within a school building, and is to utilize a screening tool that has been validated to screen depression in adolescents, as determined by the Commissioners of Education and Children and Families. The screenings are to be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by such screening. The Commissioner of Children and Families is to select one electronic screening tool to be utilized by all school districts.

Under the substitute, the Department of Education (DOE) and the Department of Children and Families (DCF) are to jointly establish standards on the procedures to be implemented to conduct the screenings. The screenings are to be conducted in a manner that ensures the privacy of the student and the confidentiality of the results. The screenings are also required to be conducted in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency.

A superintendent, or the superintendent's designee, is to inform a parent or guardian of an abnormal depression screening result and advise the parent or guardian to seek the care of a health care professional in order to obtain further evaluation and diagnosis.

As determined by the DOE and the DCF, boards of education are required to forward data collected from depression screenings to the DOE and the DCF, provided that the forwarded data is aggregated and does not include any identifying or confidential information concerning any individual. The collected data are to be used to identify trends concerning teenage depression and to develop school and community based initiatives to address teenage depression. The DOE and the DCF are to annually publish on their Internet websites findings and recommendations that are based on collected data as to additional resources that may be necessary to screen adolescents for

depression and further evaluate adolescents who have exhibited abnormalities in their depression screening.

Under the substitute, the DOE and the DCF may provide for other screening tools, including, but not limited to, screening tools for anxiety, substance use disorder, and suicidal ideation and behavior, as determined by the Commissioners of Education and Children and Families.

Prior to screening a student for depression, a school district is to obtain written consent from the student's parent or guardian upon enrollment and at the start of each successive school year.

As reported by the committee, this Senate Committee Substitute is identical to the Assembly Committee Substitute to Assembly Bill No. 970 which was amended and also reported by the committee on this same date.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR **SENATE, No. 2259**

STATE OF NEW JERSEY

DATED: OCTOBER 22, 2020

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 2259 SCS.

This substitute requires a board of education to ensure that students in grades seven through 12 annually receive a health screening for depression. The screening is to be proctored and conducted electronically via a computer within a school building, and is to utilize a screening tool that has been validated to screen depression in adolescents, as determined by the Commissioners of Education and Children and Families. The screenings are to be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by such screening. The Commissioner of Children and Families is to select one electronic screening tool to be utilized by all school districts.

Under the substitute, the Department of Education (DOE) and the Department of Children and Families (DCF) are to jointly establish standards on the procedures to be implemented to conduct the screenings. The screenings are to be conducted in a manner that ensures the privacy of the student and the confidentiality of the results. The screenings are also required to be conducted in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency.

A superintendent, or the superintendent's designee, is to inform a parent or guardian of an abnormal depression screening result and advise the parent or guardian to seek the care of a health care professional in order to obtain further evaluation and diagnosis.

As determined by the DOE and the DCF, boards of education are required to forward data collected from depression screenings to the DOE and the DCF, provided that the forwarded data is aggregated and does not include any identifying or confidential information concerning any individual. The collected data are to be used to identify trends concerning teenage depression and to develop school and community based initiatives to address teenage depression. The DOE and the DCF are to annually publish on their Internet websites findings and recommendations that are based on collected data as to additional resources that may be necessary to screen adolescents for

depression and further evaluate adolescents who have exhibited abnormalities in their depression screening.

Under the substitute, the DOE and the DCF may provide for other screening tools, including, but not limited to, screening tools for anxiety, substance use disorder, and suicidal ideation and behavior, as determined by the Commissioners of Education and Children and Families.

Prior to screening a student for depression, a school district is to obtain written consent from the student's parent or guardian upon enrollment and at the start of each successive school year.

As reported by the committee, Senate Bill No. 2259(SCS) is identical to Assembly Bill No. 970(ACS-1R), which also was reported by the committee on this date.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that there will be an indeterminate increase in local costs due to the requirement that school districts administer depression screenings to all students in grades seven through 12.

The cost of the depression screening tool could range from the nominal cost of materials to approximately \$1.5 million depending on the electronic screening tool selected by the Department of Children and Families (DCF). The cost of administering the depression screening tool is likely to be marginal and dependent on staffing levels of individual schools. School districts may incur additional costs if they choose to administer other mental health screening assessments as determined by the Department of Education (DOE) and the DCF.

Requiring that the screenings be conducted in a manner that permits real time evaluation of the screening and same day intervention by a licensed mental health professional may also impose additional costs on school districts to provide such intervention and may increase the amount of time needed to conduct screenings.

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR

SENATE, No. 2259

with Senate Floor Amendments
(Proposed by Senator SINGLETON)

ADOPTED: FEBRUARY 19, 2021

These Senate amendments:

- remove section 2 of the bill, which generally required boards of education to ensure that each student in the grades seven through 12 annually receives a health screening for depression;
- establish in the Department of Education the Mental Health Screening in Schools Grant Program in which school districts may apply for funding to make an annual health screening for depression available to each student in the grades seven through 12. The amendments lay out various conditions school districts are required to meet in implementing depression screening programs under the grant program and the information to be included in the applications for grant funding;
- establish a non-lapsing Mental Health Screening in Schools Grant Program Fund;
- require the Commissioner of Education to develop a report, or contract with a research institution or organization to develop a report, evaluating depression screening programs in school districts participating in the Mental Health Screening in Schools Grant Program as well as other school districts that have developed depression screening programs; and
- appropriate from the General Fund \$750,000 to the Mental Health Screening in Schools Grant Program Fund and \$250,000 to support the development of the report required under the bill.

LEGISLATIVE FISCAL ESTIMATE
SENATE COMMITTEE SUBSTITUTE FOR
SENATE, No. 2259
STATE OF NEW JERSEY
219th LEGISLATURE

DATED: SEPTEMBER 16, 2020

SUMMARY

Synopsis: Requires public schools to administer written screenings for depression for students in certain grades.

Type of Impact: Annual Local Cost Increase.

Agencies Affected: School Districts.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
Local Cost Increase	Indeterminate

- The Office of Legislative Services (OLS) estimates that there will be an indeterminate increase in local costs due to the requirement that school districts administer depression screenings to all students in grades seven through 12.
- The cost of the depression screening tool could range from the nominal cost of materials to approximately \$1.5 million depending on the electronic screening tool selected by the Department of Children and Families (DCF). The cost of administering the depression screening tool is likely to be marginal and dependent on staffing levels of individual schools. School districts may incur additional costs if they choose to administer other mental health screening assessments as determined by the Department of Education (DOE) and the DCF.
- Requiring that the screenings be conducted in a manner that permits real time evaluation of the screening and same day intervention by a licensed mental health professional may also impose additional costs on school districts to provide such intervention and may increase the amount of time needed to conduct screenings.

BILL DESCRIPTION

This bill requires a board of education to ensure that students in grades seven through 12 annually receive a health screening for depression. The screening is to be proctored and conducted electronically via a computer within a school building, and is to utilize a screening tool that has

been validated to screen depression in adolescents, as determined by the DOE and the DCF. The DCF is to select one electronic screening tool to be utilized by all school districts. The screenings are to be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by the screenings.

Under the bill, the DOE and the DCF will jointly establish standards on the procedures to be implemented to conduct the screenings. The screenings are to be conducted in a manner that ensures the privacy of the student and the confidentiality of the results.

A superintendent, or the superintendent's designee, will inform a parent or guardian of an abnormal depression screening result and advise the parent or guardian to seek the care of a health care professional in order to obtain further evaluation and diagnosis.

Under the bill, the DOE and the DCF are to establish recommendations for conducting screenings in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency. Further, a board of education is to ensure that screenings are conducted in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency.

As determined by the DOE and the DCF, boards of education are to be required to forward data concerning depression screenings to the DOE and the DCF, provided that the forwarded data is aggregated and does not include any identifying or confidential information concerning any individual. The collected data are to be used to identify trends concerning teenage depression and to develop school and community based initiatives to address teenage depression. The DOE and the DCF are to annually publish on their websites findings and recommendations that are based on collected data as to additional resources that may be necessary to screen adolescents for depression and further evaluate adolescents who have exhibited abnormalities in their depression screening.

Under the bill, the DOE and the DCF may provide for other screening tools, including, but not limited to, screening tools for anxiety, substance use disorder, and suicidal ideation or behavior, as determined by the DOE and the DCF.

Prior to screening the student for depression, a school district is to obtain written consent from a student's parent or guardian, upon enrollment or at the beginning of each school year.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that there will be an indeterminate increase in local costs due to the requirement that school districts administer depression screening to all students in grades seven through 12. The screening is to be proctored and conducted electronically.

The American Academy of Pediatrics (AAP), in its Guidelines for Adolescent Depression in Primary Care, identified a number of screening tools that could be used for screening cases of adolescent depression. The cost of common depression screening assessments for adolescents ranges from free to approximately \$2.50 per student. The DCF is to select one electronic screening tool to be utilized by all school districts. The DOE estimated an enrollment of 599,077 students in grades seven through 12 for the 2018-2019 school year. Depending on the test selected, the cost could range from the nominal cost of materials to approximately \$1.5 million. The bill also allows

the DOE and the DCF to provide for other mental health screening tools. Based on a list of available tools published by the AAP, the vast majority of the available assessments for adolescent mental health screenings are free to use. The costs associated with these tools would be the marginal cost of any materials. However, the bill does not require the use of these other mental health screening assessments, so many schools may choose not to administer them.

Based on cost-effectiveness studies, screening tool analysis studies, and product information from proprietary sources, it takes approximately five to 20 minutes to administer and score each individual depression screening assessment and a similar amount of time for each additional mental health assessment the district may choose to administer. While school staff may be able to proctor the screenings as a part of their regular job duties, this would be dependent on each school.

The bill also requires that the screenings be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by such screening. This requirement may also impose additional costs on school districts to ensure such real time evaluation and intervention by a licensed mental health professional and may also increase the amount of time needed to screen students.

Section: Education
Analyst: William Owens
Associate Fiscal Analyst
Approved: Frank W. Haines III
Legislative Budget and Finance Officer

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE
[First Reprint]
SENATE COMMITTEE SUBSTITUTE FOR
SENATE, No. 2259
STATE OF NEW JERSEY
219th LEGISLATURE

DATED: MARCH 29, 2021

SUMMARY

Synopsis: Establishes Mental Health Screening in Schools Grant Program in DOE; appropriates \$1 million.

Type of Impact: State Expenditure increase from the General Fund.

Agencies Affected: Department of Education; Local School Districts.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Annually Thereafter</u>
State Expenditure Increase	At least \$1 million	Indeterminate
Total Local School District Revenue	At least \$750,000	Indeterminate

- The Office of Legislative Services (OLS) determines that this bill will result in an increase in State expenditures to the Department of Education (DOE). The expenditure increase is primarily associated with: 1) the provision of grants to school districts under the Mental Health Screening in Schools Grant Program; and 2) the bill's requirement that the DOE develop, or

contract with a research institution or organization to develop, a report evaluating depression screening programs in school districts.

- The bill provides supplemental appropriations of \$750,000 for the allocation of grant awards to school districts and \$250,000 for the DOE to develop, or contract with a research institution or organization to develop, the report required under the bill.
- The bill may also increase administrative costs to the DOE to the extent that the establishment of the Mental Health Screening in Schools Grant Program would require the deployment of new resources and the hiring of new staff to administer the program. The extent to which the administration of this grant program could be subsumed within existing staff and resources is unknown.

BILL DESCRIPTION

This bill establishes in the DOE the Mental Health Screening in Schools Grant Program. The purpose of the grant program is to provide funding and resources to allow school districts to implement depression screening programs to identify students in the grades seven through 12 who are at risk of depression. A school district that applies for and receives an award under the grant program would make available to each student in the grades seven through 12 an annual health screening for depression. A school district is required under the bill to meet various requirements in implementing its depression screening program. Under the bill, participating school districts are to use a research-based screening tool conducted by a licensed mental health professional or through a partnership with an organization or healthcare provider specializing in pediatric and adolescent mental health to conduct the screenings. School districts are, however, not prohibited from using a self-administered screening tool as part of the depression screening program.

Under the bill, the DOE is required to develop a report, or contract with a research institution or organization to develop a report, evaluating depression screening programs in school districts participating in the Mental Health Screening in Schools Grant Program as well as other school districts that have developed depression screening programs.

The bill establishes in the DOE a non-lapsing Mental Health Screening in Schools Grant Program Fund. Monies deposited into the fund are required to be used by the DOE to provide funding for grant awards. The bill provides for an appropriation of \$750,000 from the General Fund to the Mental Health Screening in Schools Grant Program Fund. The bill also appropriates \$250,000 to support the development of the report required under the bill.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS determines that this bill will result in an increase in State expenditures to the DOE. The expenditure increase is primarily associated with: 1) the provision of grants to school districts under the Mental Health Screening in Schools Grant Program and 2) the bill's requirement that the DOE develop, or contract with a research institution or organization to develop, a report evaluating depression screening programs in school districts. The bill provides supplemental appropriations of \$750,000 for the allocation of grant awards to school districts and \$250,000 for the DOE to develop, or contract with a research institution or organization to develop, the report required under the bill.

School districts receiving funds under the program would experience a revenue increase stemming from the receipt of grant funds. It is unclear the extent to which grant funds would cover a school district's total costs for implementing a depression screening program in accordance with the requirements and options for administration that are laid out in the bill. The bill requires school districts to use a research-based screening tool in its depression screening program conducted by a licensed mental health professional or through a partnership with an organization or healthcare provider specializing in pediatric and adolescent mental health to conduct the screenings. The bill, however, does not prohibit a school district from using a self-administered screening tool as part of the depression screening program. It is likely the case that depression screening programs using a self-administered screening tool would be the most cost-effective option among those described in the bill. The cost of common depression screening assessments for adolescents ranges from free to approximately \$2.50 per student. While the bill does not require the depression screenings to be administered by a mental health professional in a one-to-one manner, prior research has indicated that the per pupil costs of doing so could be between approximately \$20 and \$25. The OLS seeks to provide this information for illustrative purposes only.

The bill also requires that the depression screenings in participating school districts be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by such screening. This requirement may also increase the costs of implementing a depression screening program.

The bill may also increase administrative costs to the DOE to the extent that the establishment of the Mental Health Screening in Schools Grant Program would require the deployment of new resources and the hiring of new staff to administer the program. The extent to which the administration of this grant program could be subsumed within existing staff and resources is unknown. The OLS also notes that, under the bill, participating school districts are required to forward data collected from the depression screening programs to the DOE and the Department of Children and Families (DCF). There may be minor costs to the DOE and the DCF to establish a technological infrastructure through which this information can be collected.

Section: Education

*Analyst: Christopher Myles
Associate Fiscal Analyst*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

Governor Murphy Takes Action on Legislation

09/28/2021

Governor Murphy Takes Action on Legislation

TRENTON – Today, Governor Murphy signed the following bills into law:

S-381/A-720 (Weinberg, Greenstein/Johnson, Mosquera, Vainieri Huttle) – Establishes supervised community reintegration program for certain victims of domestic violence.

ACS for A-970/SCS for S-2259 (Conaway, Lampitt, Murphy/Singleton, Ruiz) – Establishes Mental Health Screening in Schools Grant Program in DOE; appropriates \$1 million.

A-1178/S-898 (Zwicker, DePhillips, DeCroce/Cryan, Pou) – Permits corporations to use blockchain technology for certain recordkeeping requirements.

A-1625/S-2854 (Lampitt, Jasey, Carter/Pou, Weinberg) – Directs DOE to develop outreach program to encourage young women and minorities to pursue post-secondary degrees and careers in STEM.

A-2765/S-1838 (Houghtaling, Dancer, Murphy/Greenstein, Oroho) – Changes designation on official State logo denoting manufacture of products in New Jersey.

A-3123/S-2059 (DeAngelo, Murphy, Moen/Beach, Pennacchio) – Allows veteran or personal representative to withdraw honorable discharge papers from county clerk.