

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 bill 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.