

TESTIMONY REGARDING A-3926

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Good morning Chairman Conaway and Members of the Assembly Health & Senior Services Committee.

There is no denying that student mental health is and should be a concern for school districts. Statistics below are from 2016 and certainly sound the alarm that school leaders must pay attention.

- An estimated 3.1 million adolescents aged 12 to 17 in the United States had at least one major depressive episode. This number represented 12.8% of the U.S. population aged 12 to 17.
- The prevalence of major depressive episode was higher among adolescent females (19.4%) compared to males (6.4%).
- The prevalence of major depressive episode was highest among adolescents reporting two or more races (13.8%).

While A-3926 is very well-intended and a good starting place, there are administrative issues that must be addressed.

To begin, any type of questionnaire must have written consent from parents.

18A:36-34. School surveys, certain, parental consent required before administration

In addition, why limit screening to a "written" instrument?

There are also concerns about who will read these screenings and make the determination, as well as liability.

What if parents do "nothing" when a staff member reports concerning results? Is it reportable as neglect to Department of Child Protection and Permanency (DCPP)? Will staff report all responses to parents that are less than "perfectly healthy" responses just to be sure they do not miss anything?

Since this tool will be a "student record", we would argue that parents should get all responses regardless of what it says.

However, what about those students who convey feelings to school staff but not parents? If they know their responses are going to parents, isn't that a Catch-22?

And, once a need is identified, what will be the process to ensure that the student and family get the necessary support, should they not have healthcare or denial of healthcare?

Finally, there are simply not enough professionals to handle this responsibility. Nurses will not be able to handle this additional assignment. Many districts are already having paraprofessionals/assistants to help with the paper work in a school nurses office, due to the volume of students requiring medication etc.

Having school physicians complete the screening will be an added cost to the districts and having school social workers or school psychologists assist with screening will be problematic as well.

There is no language in this bill about training on the yet to be determined screening instrument.

Before advancing this legislation, it is imperative that we understand the implementation logistics as well as what instrument is being proposed.

Mr. Chairman, we ask that this bill be held until we can meet to address these issues.

Thank you.