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FISCAL IMPACT REPORT

ORIGINAL DATE 02/28/11
 LAST UPDATED 03/11/11 **HB** _____

SPONSOR Lovejoy

SHORT TITLE Native American Suicide Prevention **SB** 417/aSFC/aHHGAC

ANALYST Earnest

APPROPRIATION (dollars in thousands)

| Appropriation | | Recurring or Non-Rec | Fund Affected |
|---------------|-------|-------------------------|------------------|
| FY11 | FY12 | | |
| | \$0.0 | | |

(Parenthesis () Indicate Expenditure Decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

| | FY11 | FY12 | FY13 | 3 Year Total Cost | Recurring or Non-Rec | Fund Affected |
|--------------|------|------|------|----------------------|-------------------------|------------------|
| Total | | NFI | NFI | | | |

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Human Services Department (HSD)
 Department of Health (DOH)
 Indian Affairs Department (IAD)
 Public Education Department (PED)

SUMMARY

Synopsis of House Health and Government Affairs Committee

The House Health and Government Affairs Committee (HHGAC) amendment limits the fiscal impact by making implementation of the bill “subject to available funding.”

Synopsis of SFC Amendment

The Senate Finance Committee amendment strikes the appropriation of \$450 thousand to implement the clearinghouse and suicide prevention initiatives.

Synopsis of Original Bill

Senate Bill 417 appropriates \$450 thousand from the general fund to Human Services Department to establish, through the Interagency Behavioral Health Purchasing Collaborative, a statewide clearinghouse for Native American suicide prevention and three culturally-based suicide prevention initiatives for Native Americans.

HSD shall work in consultation with the Indian Affairs Department, and \$150 thousand is appropriated for the clearinghouse and \$300 thousand is appropriated for three youth suicide-prevention initiatives, each receiving \$100 thousand.

FISCAL IMPLICATIONS

As amended by HHGAC, SB 417 requires the Human Services Department to carry out the provisions of the bill if funding is available. The HHGAC amendment eliminates the fiscal impact of the legislation.

SIGNIFICANT ISSUES

HSD reported that current and recent New Mexico behavioral health prevention activities within tribal communities include:

- Suicide prevention efforts of Navajo Nation Department of Behavioral Health Services in Thoreau, NM through the Total Community Approach (TCA) program during FY11.
- DOH and HSD partnered with researchers at the University of New Mexico, along with Indian Health Service, the Navajo Nation and Mescalero Apache, on a wide range of suicide prevention, intervention and post-event activities. These included developing and providing
 - cross-state agency funding plan to support community suicide prevention efforts and behavioral health treatment (approximately \$125,000 total);
 - a communication plan for updating state partners and facilitating quick response to community and UC requests/needs;
 - direct clinical staff for the initial post-vention response; and
 - Coordination of suicide response/prevention training.
- Optum Health NM supported the suicide prevention efforts of tribal and Native American communities across the state, awarding \$2 million to 13 tribal and Native American agencies over three years through an RFA process.
- Substance Abuse and Mental Health Services Administration has created, ‘Circles of Care: Creating Models of Care for American Indian and Alaska Native Youth’ Program. At the foundation of the Circles of Care program is the idea of creating a system of care—a coordinated network of holistic, community-based services and supports to help meet the needs of children and youth with serious mental health challenges. This Program funds San Felipe Pueblo to promote building resilience and reducing the impact of substance abuse and mental illness on their young people.

According to the Department of Health:

Suicide is a public health problem in New Mexico. Suicide was the ninth leading cause of death in NM, accounting for a total of 372 deaths in 2009 (*NM IBIS*). Over the past couple of decades, the suicide rate in NM has consistently been one and a half to two

times the U.S. rate. In 2009, the age-adjusted suicide rate in NM was 17.4 per 100,000 population compared to the 2007 U.S. age-adjusted rate of 11.3 per 100,000 population (*NM IBIS; CDC, National Center for Health Statistics*).

New Mexico ranks 4th nationally among the 50 states and Washington D.C. in its suicide rate among 15-24 year olds. In New Mexico, suicide is the second leading cause of death for adolescents and young adults.

Although New Mexico's rates are higher than the national rate, American Indian rates are even higher. American Indian high school students reported higher rates of seriously considering suicide in the previous 12 months (20.0%) compared to Hispanic youth (13.6%) (*NM Youth Risk and Resiliency Survey, 2009*). They also had a higher rate of self-reported suicide attempt in the past 12 months (14.7%) than Hispanic (7.6%) and White (7.3%) high school students.

Only 36% of youth at risk for suicide receive treatment for their problems. Injury prevention public health experts recommend the implementation and evaluation of culturally appropriate suicide prevention programs for groups that bear a greater than expected risk (*Doll, 2007*). Suicide prevention initiatives focused on reducing suicidal behaviors among American Indians should be targeted toward youth and young adults in tribal communities, especially males. Lack of access to culturally appropriate and sensitive mental health services outside of Albuquerque continues to be a problem affecting Native American youth and their families.

According to the Indian Affairs Department:

The causes of youth suicide in Indian communities are multi-factorial. Unrecognized and untreated mental illness is a major cause of youth suicides. Additional factors such as isolation, poverty, loss of cultural and individual identity, historical trauma, substance abuse, and self-esteem issues are associated with the increased risk for Native American youth to take their own lives. As a result of the youth suicide crises in the communities of Mescalero and Thoreau, partnerships between tribes, the State of New Mexico, and the Indian Health Service have been developed in several communities in order to respond to youth suicide clusters.

- Scarce behavioral health services have been coordinated in a manner that provides for efficient utilization of all available expertise to respond to communities in crisis.
- A statewide Native American youth suicide working group convened to coordinate information and support for communities in crisis.
- OptumHealth New Mexico allocated funding to the Collaborative in order to supplement the limited resources of suicide prevention, intervention, and post-vention in Indian country.

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