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## FISCAL IMPACT REPORT

ORIGINAL DATE 01/24/14

SPONSOR Madalena LAST UPDATED 01/27/14 HB 61

SHORT TITLE Native American Youth Suicide Prevention SB \_\_\_\_\_

ANALYST Geisler

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY13	FY14		
	\$300.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

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

### SUMMARY

#### Synopsis of Bill

House Bill 61 would appropriate \$300,000 from the general fund to the Human Services Department (HSD) for expenditure in FY14 to fund three culturally-based Native American youth suicide prevention initiatives, each receiving \$100,000, to focus on the continuum of suicide prevention, intervention, and post-event assistance to Native Americans living in rural, frontier, and urban communities.

### FISCAL IMPLICATIONS

The \$300,000 general fund appropriation contained in HB 217 to the Human Services Department is to be used by the Behavioral Health Purchasing Collaborative to fund three suicide prevention programs. The bill specifies that each site would receive \$100,000. This is a recurring appropriation. All unexpended or unallocated funds remaining at the end of FY 2015 would revert to the general fund. HSD notes that the appropriation may assist BHSD in addressing maintenance of effort funding requirements for the federal mental health block grant.

## SIGNIFICANT ISSUES

HSD notes that HB 61 would address a significant issue for New Mexico. Youth suicide among Native Americans is a significant public health issue in New Mexico. Cultural variations in suicide rates also exist, with American Indian/Alaska Native youth having the highest rates of suicide-related fatalities in New Mexico. A previous suicide attempt is among the strongest risk factors for completed suicide (2013 NM Substance Abuse Epi Profile, NMDOH). In addition, a 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. The lack of mental health providers and counseling services in rural, frontier and tribal areas, as well as the societal level factors that are associated with suicide, such as poverty, unemployment, cultural isolation, and hopelessness, need to be systematically addressed in order to have an impact on this problem in New Mexico, especially in Native American communities.

The New Mexico Department of Indian Affairs notes that data from the Clearinghouse on Native American Suicide Prevention shows that suicide is the third leading cause of death for youth in New Mexico and suicide rates for Native American youth are nearly twice as high as for other races and ethnicities. In 2010, it is estimated that nearly two dozen Native American youth attempted suicide and another 18 fatalities were documented in western New Mexico. Data shows that 24 of the 54 youth suicides documented in New Mexico between 2008 and 2010 were Native American youth (a rate of 10.7/100,000, compared to an overall rate of 2.1/100,000 for white youth).

Unrecognized and untreated mental illness is a main culprit for all youth suicides. Approximately 34.8 percent of Native youth in New Mexico in grades 9 through 12 reported feeling sadness and hopelessness. Isolation, poverty, loss of cultural and individual identity, historical trauma, substance abuse, and self-esteem issues all play into the increased risk for our Native American youth to take their own lives. While effective culturally-based prevention and wellness programs are being developed, New Mexico tribal communities lack critical mental health resources and technical assistance to support community, family, and individual assistance when suicide attempts and completed suicides occur.

DOH notes that suicide is a major public health problem in New Mexico. 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 2010, New Mexico had the fourth highest overall suicide rate among the 50 states and the District of Columbia (CDC, Web-based Injury Statistics Query and Reporting System (WISQARS), 2010). In 2011, suicide was the eighth leading cause of death in NM, accounting for a total of 419 deaths (New Mexico Death Certificate Database, Office of Vital Records and Health Statistics, New Mexico Department of Health (NMDOH)). (<http://ibis.health.state.nm.us/>).

American Indian (AI) youths 10-24 years had a significantly higher suicide rate (27.2 per 100,000) than White (15.7 per 100,000) and Hispanic (12.5 per 100,000) youths (<http://ibis.health.state.nm.us/>). In 2011, American Indian high school students had a higher rate of reported suicide attempts (10.5 percent) during the past 12 months compared to white high school students (6.4 percent). (<http://nmhealth.org/ERD/healthdata/pdf/ERD-HealthData-YRRS-HighSchoolResults-2011.pdf>).

Only 36 percent of youth at risk for suicide receive treatment for their problems. Public health

injury prevention experts recommend the implementation and evaluation of culturally appropriate suicide prevention programs for groups that bear a greater than expected risk (Handbook of Injury and Violence Prevention, Doll, et al. 2007). Suicide prevention initiatives focused on reducing suicidal behaviors among American Indians could be targeted toward youth and young adults in tribal communities, especially males.

The Department of Health, Office of School and Adolescent Health's (OSAH) Youth Suicide Prevention Program has been working on adolescent suicide prevention since 2005, and culturally appropriate interventions and evaluations for Native Americans have been well established through this program. OSAH has a Youth Suicide Prevention Coordinator assigned to specifically address youth suicide prevention.

GG/ds