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FISCAL IMPACT REPORT

ORIGINAL DATE 1/30/18
 SPONSOR Ortiz y Pino LAST UPDATED 2/14/18 HB _____
 SHORT TITLE School Suicide Awareness & Prevention SB 172/aSFC
 ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY18	FY19	FY20	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		\$75.0	<\$75.0	<\$150.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to Senate Bill 168

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)
 Public Education Department (PED)
 Regional Education Cooperatives (REC)

SUMMARY

Synopsis of SFC Amendment

The Senate Finance Committee amendment strikes the word “private” in four locations, making the bill and the provision of information about suicide prevention and school distress only applicable in public schools. It remains unclear whether the provisions of SB 172 would apply to charter schools.

Synopsis of Original Bill

Senate Bill 172 requires the Public Education Department to develop educational material regarding suicide awareness and prevention training in public and private school students, and to promulgate rules requiring the use of those or alternate materials in all schools. One hour per year for elementary school personnel and two hours per year for middle and high school personnel would be the minimum requirements.

The required training would be made part of existing in-service training, and would include, at a

minimum, discussion of suicide prevention, the recognition of symptoms of distress in schoolchildren, and the identification of resources to which such students could be referred. Alternative sources of such training are identified.

The bill does not include an appropriation.

FISCAL IMPLICATIONS

The majority of the fiscal impact of Senate Bill 172 would fall to PED, which commented SB172 would have an initial substantial impact on the PED due to the timeline for completion being January 1, 2019. PED needs to initiate the rulemaking process to amend New Mexico Administrative Code (NMAC) 6.29.1, Standards for Excellence, to include the suicide awareness and prevention training as required in the legislation. The PED would also need to collaborate with the DOH and other identified partners and experts in the field in researching, coming to consensus, and identifying an approved list of training courses and materials.

As SB172 requires an annual training, there will be an indeterminate future impact on the PED since PED would need to continue to review and modify training resources based on the latest evidence-informed best practices. Presumably, the PED would also need to develop an assurance or oversight process ensuring that school districts and state-chartered charter schools adhere to these additional training requirements.

SB172 has an immediate and future fiscal impact on the public schools, in order to ensure that in-service training time is provided each year to school personnel and, presumably, demonstrate individual accountability and verification that staff has completed the annual training either as a staff-wide training or through an individual on-line learning module.

Based on PED's estimates in other situations, it may be reasonable to assume that one FTE position might be needed for these purposes in the first year, at \$75 thousand/FTE/year, and a lesser amount would be needed in subsequent years.

SIGNIFICANT ISSUES

New Mexico, like other Mountain States, has long had a suicide rate higher than most of the rest of the United States. It is thought that the higher rates in the Mountain States may be due to the more ready availability of firearms, which are implicated in 53 percent of suicides nationwide. According to the National Violent Death Reporting System, in 2012, the overall age-adjusted suicide rate in the United States was 12.6 per 100,000 population. Among states, Wyoming had the highest suicide rate (29.6), followed by Alaska (23.0), Montana (22.6), **New Mexico (21.3)**, and Utah (21.0), and in 2016, New Mexico's rate had edged up to 22.5/100,000. (<https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>)

The Centers for Disease Control have published an extensive resource on suicide prevention, available on line at <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>.

PED points out other facts regarding suicide in the school age group:

The New Mexico Youth Risk and Resiliency Survey (YRRS) addresses health risk and resiliency factors of middle and high school students in New Mexico. Data from the

YRRS for 2015 indicate that 16 percent of high school students have seriously considered attempting suicide in the past 12 months, 13.6 percent had made a plan about how to attempt suicide in the past 12 months and 2.5 percent of high school students had actually attempted suicide in the past 12 months. [Extrapolated to New Mexico's high school population, which would mean that approximately 2,500 New Mexican adolescents in grades 9 to 12 would have attempted suicide within the past 12 months.]

For nearly two decades, New Mexico has consistently ranked among the top ten states with the highest suicide rate among those aged 5-19 years. In 2016, the comparable rate was 5.3 deaths per 100,000 population. This is a rate that is 29 percent higher than the United States rate of 4.1/100,000 (<http://wonder.cdc.gov/ucd-icd10.html>).

Currently, NMAC 6.29.1, Standards for Excellence, all licensed school personnel, including substitute teachers, educational assistants, school nurses, school counselors, school psychologists and other instructional service providers are to complete training in the detection and reporting of child abuse or neglect, within their first year of employment. The additional requirement of training on suicide awareness and prevention on an annual basis for school personnel will mean that district superintendents and directors of state-chartered charter schools organize and provide trainings that have to occur during existing in-service training at the school or district level. The creation of an online module, a train-the-trainer training, and a stand-alone training that may be easily provided within the school setting may alleviate organizational challenges at the district level of an annual training requirement.

SB172 is similar to adopted legislation in 19 other states requiring educators to complete youth suicide awareness training. Training needs have often included “gatekeeper” trainings. According to the National Suicide Prevention Resource Center, QPR (Question, Persuade, and Refer) Gatekeeper Training for suicide prevention is a 1-2 hour educational program designed to teach lay and professional "gatekeepers" the warning signs of a suicide crisis and how to respond. Gatekeepers can include anyone who is strategically positioned to recognize and refer someone at risk of suicide (e.g., parents, friends, neighbors, teachers, coaches, caseworkers, police officers). The process follows three steps: (1) Question the individual's desire or intent regarding suicide, (2) Persuade the person to seek and accept help, and (3) Refer the person to appropriate resources (<http://www.sprc.org/>). With the PED collaborating with the DOH on approved gatekeeper trainings, the requirements of an annual training for school personnel may be met by a readily available and evidence-informed program.

DOH makes note of disparities in incidence of suicide in New Mexico:

In 2016, there were 22 [suicide] deaths among New Mexico youth ages 5-19 years, or a rate of 5.3 deaths per 100,000 population (from NMDOH Indicator-Based Information System: <http://ibis.health.state.nm.us/>). Over the five-year period from 2012-2016, the rate of suicide for male school-age youth (9.3 deaths/100,000 population) was nearly three times that of female youth (3.3/100,000). The rate of suicide for youth ages 15-19 years (16.1 deaths/100,000 population) was more than five times that of youth ages 10-14 years (3.1 /100,000).

Other significant disparities among high school students involving a suicide attempt

include race/ethnicity, with a higher prevalence among American Indian students (13.9 percent) compared to either Hispanic (8.6 percent) or White (8.6 percent) students. Among sexual minorities, high school students who identify as gay or lesbian reported a prevalence of suicide attempt at 3½ times (24.2 percent) that of students who identified as heterosexual (6.6 percent); those who identified as bisexual reported a prevalence of nearly five times (31 percent) that of heterosexual students.

The bill does not address the suicide prevention needs of school dropouts, which may be even higher than those who remain in school.

ADMINISTRATIVE IMPLICATIONS

DOH indicates that “Reducing the suicide rate per 100,000 population (age-adjusted) is listed in [DOH’s] FY17-FY19 Strategic Plan under Priority 1.1: Improve health status for all New Mexicans, including special populations and subpopulations having the greatest opportunity for improved health status.

RELATIONSHIP

Relates to Senate Bill 168, which specifies that information about mental health issues and suicide be provided to post-secondary students.

TECHNICAL ISSUES

PED notes that it cannot specify rules for private schools.

OTHER SUBSTANTIVE ISSUES

As noted by PED, “Consideration should be given to accountability measures for those that do not participate. The safe schools plan already requires a plan for suicide prevention. Some consideration towards creating clear assurances that will be met by districts and schools can become part of that plan.

“The legislation does not address the existing Health Education Content Standards with Benchmarks and Performance Standards. Strengthening the health education standards to require students to be taught at an age appropriate level how to recognize the signs and symptoms of suicide and how to report this to someone may address the intent of this legislation.”

PED notes that provision of suicide prevention and resource material to parents might strengthen the intent of Senate Bill 172.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Schools would still need to provide content about suicide as part of complying with the Health Education Content Standards, but a coordinated state-wide program would not be set up separately.