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FISCAL IMPACT REPORT

ORIGINAL DATE 1/22/2007

SPONSOR Begaye LAST UPDATED _____ HB 29

SHORT TITLE Native American Suicide Prevention Program SB _____

ANALYST Geisler

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY07	FY08		
	\$100.0	Recurring	General

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Public Education Department (PED)

SUMMARY

Synopsis of Bill

House Bill 29 would appropriate one hundred thousand dollars (\$100,000) from the general fund to the Department of Health for expenditure in fiscal year 2008 to implement a Native American youth-led peer-to-peer suicide prevention program.

FISCAL IMPLICATIONS

DOH notes that this \$100,000 appropriation was not included in the agency operating budget request for FY08. It would represent an increase to the DOH Office of School and Adolescent Health Youth Suicide FY 07 budget of \$1,053,000.

SIGNIFICANT ISSUES

House Bill 29 would support the increased level of effort directed toward community-based suicide prevention programs for Native American adolescents statewide. Suicide rates are high among Native American and Hispanic youth. According to the 2003 Youth Risk and Resiliency

Survey (YRRS), approximately 25% of all Native American youth in grades 9-12 attempted suicide. Results from the 2005 Navajo Middle School Youth Risk Behavior Survey (YRBS) indicate that 25% of students seriously thought about killing themselves, 15% of students reported suicide ideation or a plan to kill themselves and 13% of students had actually attempted suicide.

In New Mexico, suicide is the 2nd leading cause of death for teenagers and young adults (15-24) and the 3rd leading cause of death for children between the ages of 10 and 14. Yet only 36% of youth at risk for suicide receive treatment for their problems. Lack of access to culturally appropriate and sensitive mental health services outside of the Albuquerque is a major problem particularly affecting Native American youth and their families.

DOH notes that the results of a five-year comprehensive program evaluation in New Jersey clearly indicate that Peer-to-Peer programming has demonstrated success. Students exposed to peer-to-peer activities both as student leaders and as participants in peer led outreach activities have repeatedly demonstrated lower mean rates of tobacco, alcohol, and marijuana use than students with no exposure to the program. Regarding attitudes, consistent findings have emerged indicating that targeted students are significantly more likely to have greater abilities to talk to peers about substance use issues; have more appropriate perceptions of risks associated with student use; and have stronger desires to talk to adults, peers and friends about substance use issues. (Princeton Center for Leadership Training, www.princetonleadership.org)

Numerous studies have demonstrated that peers influence youth's health behaviors. Peer education draws on the credibility that youth people have with their peers, leverages the power of role modeling, and provides flexibility in meeting the diverse needs of today's youth. (Advocates for Youth, Peer Education: Promoting Healthy Behaviors, www.advocatesforyouth.org)

PERFORMANCE IMPLICATIONS

PED notes that House Bill 29 may positively impact the academic achievement of the youth in New Mexico. If a Native American youth-led pep-to-peer suicide prevention program is funded many behavioral health issues could be addressed. House Bill 29 could possibly lead to increased attendance rates, improved reading and math scores and an increase in the graduation rate of students in New Mexico, thereby closing the achievement gap.

GG/csd