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## FISCAL IMPACT REPORT

ORIGINAL DATE 01/16/08  
 LAST UPDATED 01/23/08    HB 30

SPONSOR   Pena  

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

ANALYST   Hanika-Ortiz  

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY08	FY09		
	\$100.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

The Executive Budget Recommendations contains \$200 thousand for Native American Suicide Prevention Activities.

### SOURCES OF INFORMATION

LFC Files

Responses Received From  
 Department of Health (DOH)  
 Health Policy Commission (HPC)  
 Public Education Department (PED)

### SUMMARY

#### Synopsis of Bill

House Bill 30 appropriates \$100 thousand from the General Fund to DOH in FY09 to implement in McKinley and San Juan counties a Native American youth-led peer-to-peer suicide prevention program.

### FISCAL IMPLICATIONS

The appropriation of \$100 thousand contained in this bill is a recurring expense to the General Fund. Any unexpended or unencumbered balance remaining at the end of FY09 shall revert to the General Fund.

The appropriation in the bill is contingent upon the receipt of matching funds in at least an equal amount from a non-governmental source. It is unclear if the matching funds have already been secured by DOH.

The Executive Budget Recommendations contains \$200 thousand for Native American Suicide Prevention Activities.

Native American youth-led suicide prevention activities received non-recurring legislative funding for FY08 that resulted in over 100 youth trained as peer educators in suicide prevention in McKinley and Sandoval counties. House Bill 30 could provide additional funds to continue the community-based suicide prevention programs for Native American adolescents.

## **SIGNIFICANT ISSUES**

DOH and HPC have provided the following statistics:

In New Mexico, suicide is the 2<sup>nd</sup> leading cause of death for teenagers and young adults between the ages of 15 and 24; and, the 3<sup>rd</sup> leading cause of death for children between the ages of 10 and 14.

Native American youth have the highest rates of suicide among youth ages 15-24, followed by Hispanics. According to the New Mexico Suicide Prevention Coalition, the suicide rate for Native American youth is three times the national average. The suicide rate for all New Mexico youth ages 15-24 exceeds the 2004 national rate of 10.1 per 1000,000.

The 2005 Youth Risk and Resiliency Survey (YRRS) indicate that approximately 21% of all Native American youth in grades 9-12 attempted suicide. Results from the 2005 Navajo Middle School YRRS indicate that 25% of students seriously thought about killing themselves.

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 Albuquerque is a major problem affecting Native American youth and their families.

More young people survive suicide attempts than actually die. Each year, approximately 142,000 youth between the ages of 10 and 24 receive medical care for self-inflicted injuries at Emergency Departments across the U.S.

## **PERFORMANCE IMPLICATIONS**

DOH notes that Youth Suicide Prevention relates to the Governor's Performance and Accountability Contract, Goal 4: Improve Behavioral Health through an Interagency Collaborative Model, Task 4.1 Reduce suicide among youth and high-risk individuals.

DOH further notes that the bill is consistent with the FY09 DOH Strategic Plan, Program Area 1, Objective 5: Reduce Suicide Among Youth. DOH is tracking both the number of and rate of suicides among youth ages 10-19 and 20-24 paying particular attention to the counties with the highest rates.

## **ADMINISTRATIVE IMPLICATIONS**

DOH manages contracts to provide youth, parent and community suicide education programs statewide. The Department states that the additional contractual obligations, including request for proposal development, contract initiation, monitoring and technical assistance, can be absorbed utilizing existing resources.

**OTHER SUBSTANTIVE ISSUES**

The results of a five year comprehensive program evaluation in New Jersey demonstrated that peer-to-peer programming is successful. Students exposed to peer-to-peer activities both as student leaders and as participants in peer led outreach activities have 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 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. Further, significant findings have been linked with positive school climate, indicating that climate may be a mediation factor related to the success of prevention programs. (Princeton Center for Leadership Training, [www.princetonleadership.org](http://www.princetonleadership.org))

**WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

\$100,000 in state funding may not be allocated for suicide prevention efforts for Native American Youth.

AHO/jp