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FISCAL IMPACT REPORT

SPONSOR Clahchischilliage ORIGINAL DATE 02/06/13
LAST UPDATED _____ HB 174
SHORT TITLE Native American Veteran Suicide Prevention SB _____
ANALYST Esquibel

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY13	FY14		
	\$155.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

House Bill 174 Duplicates Senate Bill 162

SOURCES OF INFORMATION

LFC Files

Responses Received From

Veterans' Services Department (VSD)

Human Services Department (HSD)

Department of Health (DOH)

Indian Affairs Department (IAD)

SUMMARY

Synopsis of Bill

House Bill 174 (HB174) appropriates \$155 thousand in general fund revenue to the Veterans' Services Department to train Native American veterans as counselors and to administer a suicide prevention program involving youth and their families in Cibola, McKinley and San Juan counties.

FISCAL IMPLICATIONS

The appropriation of \$155 thousand contained in HB174 is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY14 shall revert to the general fund.

SIGNIFICANT ISSUES

The Department of Health reports 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. HB174 does not address the referral, evaluation and treatment of high risk youth who may need on-going professional medical and mental health services and follow-up. Training Native American veterans to become licensed mental health counselors would require increased funding and time for professional education and certification. The U.S. Preventive Services Task Force recommends screening adolescents 12-18 years of age for major depressive disorders, in primary care, school-based, and other settings, when systems are in place to ensure accurate diagnosis, psychotherapy, and follow-up (Pediatrics, 2009).

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). These interventions should be evidence-based and evaluated for their effectiveness in reducing suicidal behaviors in this population.

PERFORMANCE IMPLICATIONS

The Department of Health (DOH) reports suicide is a major public health problem in New Mexico. In 2011, suicide was the eight leading cause of death in New Mexico, accounting for a total of 419 deaths (New Mexico Death Certificate Database, Office of Vital Records and Health Statistics, New Mexico Department of Health. Retrieved on September 27, 2012 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>).

ADMINISTRATIVE IMPLICATIONS

The Veterans' Services Department (VSD) indicates that since the department does not employ personnel trained in suicide prevention, the VSD would need to contract out these funds.

TECHNICAL ISSUES

HB174 proposes to train Native American veterans as counselors, but it does not specify the type of training to be conducted, nor does it define counseling. The training and credentialing of licensed counselors may take as long as four years through an accredited program. There are existing best practice programs such as Question, Persuade and Refer (QPR) that would not require licensed counselors to implement the program. The QPR program has modified versions specifically for Native Americans and for veterans.

HB174 does not indicate that evidence-based, culturally appropriate suicide prevention programs will be implemented, nor does it include a plan for evaluating the effectiveness of having Native American veterans deliver these programs to Native American youth and their families in the three counties. Additionally, HB174 does not explicitly state who will employ Native American veterans to serve as counselors for youths in Cibola, McKinley, and San Juan counties.

OTHER SUBSTANTIVE ISSUES

The Department of Health indicates gatekeeper training programs have shown promise in specific populations, although few studies have shown reductions in actual suicidal behaviors (Isaac, 2009). Gatekeeper interventions are based on identifying members of a community that

are most likely to come into contact with a target population, i.e. Native American youth and young adults, and therefore are in a position to identify at risk individuals and direct them to appropriate assessment and treatment.

Gatekeeper training has historically been delivered to either designated groups (those working in the helping professions such as the fields of medicine, social work, nursing, and psychology) or emergent groups (clergy, recreation staff, police, coaches, teachers, and counselors). Most studies have focused on the effectiveness of gatekeeper trainings in institutional settings, such as the military or in schools, which provide the structure needed to implement gatekeeper programs (Isaac, 2009). Other environments, such as the workplace or smaller communities, may be amenable to widespread implementation.

ALTERNATIVES

Change the appropriation to HSD or DOH both of which have experience in suicide prevention programs.

RAE/bm