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FISCAL IMPACT REPORT

ORIGINAL DATE 02/11/13

SPONSOR Shendo/Jeff LAST UPDATED _____ HB _____

SHORT TITLE Native American Suicide Prevention Council SB 447

ANALYST Geisler

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY13	FY14	FY15	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		.01, minimal, see narrative				

(Parenthesis () Indicate Expenditure Decreases)

Relates to: HB 217, SB 162, HB 174

SOURCES OF INFORMATION

LFC Files

Responses Received From

Indian Affairs Department (IAD)

Human Services Department (HSD)

Department of Health (DOH)

University of New Mexico Health Sciences Center (UNMHSC)

SUMMARY

Synopsis of Bill

Senate Bill 447 would create a Native American Suicide Prevention Advisory Council, consisting of eleven voting members. SB 447 would also amend Section 9-7-6.7 NMSA 1978 and mandate that the Clearinghouse for Native American Suicide Prevention work with the Native American Suicide Prevention Advisory Council to provide culturally appropriate suicide prevention, intervention and post-event assistance statewide to Native American individuals, families and tribes, nations and pueblos living with suicide, attempted suicide, or the risk of suicide.

FISCAL IMPLICATIONS

Senate Bill 447 does not provide an appropriation to fund the advisory council. The advisory council members, or the bodies they represent, will have to pay the expenses of advisory council members who will be required to attend at least two meetings each year. This bill strikes the

number of local youth suicide prevention initiatives the clearinghouse is required to implement currently in statute that are unfunded. See additional discussion under “relationship” below.

SIGNIFICANT ISSUES

IAD notes that the Native American Suicide Prevention Advisory Council proposed by SB 447 would be composed of members that adequately represent every tribe, nation, pueblo, and the urban Indian population in the State of New Mexico. UNMHSC notes that the existing New Mexico clearinghouse for Native American suicide prevention based at the Center for Rural and Community Behavioral Health at the health science center received \$100 thousand in funding in the 2012 general appropriation act for its operations in FY13. An advisory board has been initiated but it is not in statute and the membership is not defined in statute.

Problem of Native American Suicide

DOH notes that suicide is a major public health problem in New Mexico. Suicide was the ninth leading cause of death in NM, accounting for a total of 372 deaths in 2009 (*NM IBIS*). Over the past twenty years, the suicide rate in NM has consistently been one and a half to two times the U.S. rate. In 2009, the age-adjusted suicide rate in NM was 17.4 per 100,000 population compared to the 2007 U.S. age-adjusted rate of 11.3 per 100,000 population (*NM IBIS*; *CDC, National Center for Health Statistics*).

Although New Mexico’s youth suicide rates are higher than the national rate, American Indian rates are even higher. American Indian high school students reported higher rates of seriously considering suicide in the previous 12 months (18.4%) compared to Hispanic youth (15.6%) (*NM Youth Risk and Resiliency Survey, 2011*). They also had a higher rate of self-reported suicide attempts in the past 12 months (10.5%) than Hispanic (8.6%) and White (6.4%) high school students. Only 36% of youth at risk for suicide receive treatment for their problems. Suicide prevention initiatives focused on reducing suicidal behaviors among American Indians should be directed toward youth and young adults in tribal communities, especially males. Lack of access to culturally appropriate and sensitive mental health services outside of Albuquerque continues to be a challenge affecting Native American youth and their families.

Ensuring the provisions of culturally competent services that recognize the needs and challenges of the Native American community is critical. Mental healthcare professionals must understand the stress and anxiety associated with Native American identity, the acculturation and deculturation that trigger mental health disorders, and the need for traditional and cultural practices as a part of the treatment and prevention process. (Barney, D. (2001). Risk and Protective Factors for Depression and Health Outcomes in American Indian and Alaska Native Adolescents. *Wicazo Sa Review*, 16(1), 135-150. Retrieved from JSTOR database.)

Suicide prevention efforts in Native American communities are usually focused on five targeted approaches: 1) assisting Indian Health Services (IHS), Tribal, and Urban Indian health programs and communities in addressing suicide utilizing community level cultural approaches; 2) identifying and sharing information on best and promising practices; 3) improving access to behavioral health services; 4) strengthening and enhancing the IHS epidemiological capabilities; and 5) promoting collaboration of Tribal and Urban Indian communities with Federal, State, national, and local community agencies.

Successful behavioral healthcare efforts offered in Native American communities must ensure that the care offered is culturally relevant and takes its cues from successful tribally managed behavioral health efforts, including evidence-based, cultural, and traditional practices. Successful behavioral healthcare should also allow the Western model of individualized disease and treatment to be challenged and transformed by alternate understandings.

(<http://www.ihs.gov/behavioral/documents/AIANBHBriefingBook.pdf>)

Relationship with Behavioral Health Collaborative.

HSD notes that the New Mexico Behavioral Health Planning Council is a statutory, governor-appointed committee created to serve as the single state-level council for advising on behavioral health services in New Mexico. The planning council is statutorily required to maintain a Native American subcommittee to assist in planning on Native American issues. By statute, the Secretary of Indian Affairs chairs the subcommittee.

The advisory council proposed in SB 447 would potentially duplicate the work of the Native American subcommittee to the behavioral health planning council. The existing Native American subcommittee provides several benefits not available in the advisory council proposed by SB447.

- Subcommittee members include persons, tribes, nations and other organizations enumerated in SB447 as well as governor appointed members.
- The Subcommittee is chaired by the Secretary of Indian Affairs.
- The Subcommittee members are responsible for advising the Collaborative on services such as suicide prevention as well as all behavioral health services.

Having multiple advisory councils advising the clearinghouse on suicide prevention efforts could lead to confusion and conflicting priorities.

The clearinghouse has conducted several meetings with the Native American subcommittee to obtain advice on clearinghouse initiatives. The clearinghouse has also made presentations to the legislative interim Indian affairs committee and updated the Committee on the accomplishments and priorities of the clearinghouse. Since the enabling legislation did not include funding for local suicide prevention initiatives, the clearinghouse has been actively working with several tribes to obtain grant funding for local initiatives.

ADMINISTRATIVE IMPLICATIONS

Coordinating advisory board meetings and travel will require administrative support and costs for materials. Without any appropriation, it is not clear how these costs will be covered.

OTHER SUBSTANTIVE ISSUES

IAD notes that in FY 2012, the state and other partners requested that the New Mexico Clearinghouse for Native American Suicide Prevention be based with the Native American Behavioral Health Programs at the Center for Rural & Community Behavioral Health (CRCBH) at the health science center. CRCBH FY 2012 activities included hiring clearinghouse staff, developing a website (www.honoringnativelife.org) and initiation of community outreach efforts.

CRCBH FY 2013 activities include: enhancements to websites including suicide prevention,

mental health, protective factors/resiliency, resource directory of programs and initiatives (NM, Tribal, and National), resource library of scientific journal articles, resources for youth, and resources for community coalition building; and community outreach and engagement. CRCBH initiatives in process include: creating statewide advisory board/committee; supporting statewide youth and family coalition-building and momentum for suicide prevention; continued coordination of scarce behavioral health resources using available expertise; provide culturally appropriate regional statewide training for tribes on suicide prevention; support efforts to coordinate inter-agency data management to advance prevention efforts; and grant writing technical assistance and support.

RELATIONSHIP

HB 217 would appropriate \$300,000 from the general fund in FY 14 to specifically 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. The requirement for these 3 programs is in current law but not funded.

SB 447 relates to SB 162 which would train Native American veterans as counselors and administer a suicide prevention program for youth and their families in Cibola, McKinley, and San Juan counties; and HB 174 which would appropriate \$155,000 from the General Fund to the Department of Veterans' Services for expenditure in Fiscal Year 2014 to train Native American veterans as counselors and administer a suicide prevention program for youth and their families in Cibola, McKinley, and San Juan counties

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

By not enacting this bill there will not be statutory language defining the membership, role and activities of an advisory council for partnership with the Clearinghouse for Native American Suicide Prevention, which currently has an invited advisory council that is not in statute. If this bill is not enacted and HB 217 passes, there will remain legislation defining the number and funding amounts of tribal suicide prevention initiatives.

GG/blm