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**LEGISLATIVE EDUCATION STUDY COMMITTEE**  
**BILL ANALYSIS**  
**54th Legislature, 1st Session, 2019**

<b>Bill Number</b>	<u>HB153/aHSEIC</u>	<b>Sponsor</b>	<u>Ruiloba</u>
<b>Tracking Number</b>	<u>.211702.2</u>	<b>Committee Referrals</b>	<u>HHHC/HJC; SPAC</u>
<b>Short Title</b>	<u>Employee Suicide Identification Training</u>		
<b>Analyst</b>	<u>Stiles</u>	<b>Original Date</b>	<u>1/31/19</u>
		<b>Last Updated</b>	<u>3/1/19</u>

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**BILL SUMMARY**

Synopsis of HSEIC Amendment

The House State Government, Elections, and Indian Affairs Committee Amendment to HB153 (HB153/aHSEIC) would require individuals receiving certain professional licenses to receive suicide assessment and prevention training within three years of initial licensure, as a continuing education requirement. The amendment also would require all public employees to complete one hour of suicide risk assessment and prevention training bi-annually.

Synopsis of Original Bill

House Bill 153 (HB153) would require all public employees, as well as individuals receiving certain professional licenses, to complete one hour of training in suicide risk assessment and prevention upon being hired or as a condition of initial licensure or certification. HB153 would also require one hour of annual training in suicide risk assessment and prevention. HB153 would require the Human Services Department (HSD) to adopt rules establishing minimum standards for suicide risk assessment and prevention training programs.

**FISCAL IMPACT**

HB153/aHSEIC does not contain an appropriation.

HB153/aHSEIC notes an agency shall not require its employees to pay for suicide risk assessment training, leaving each agency responsible to fund the training. Data from the Public Education Department (PED) shows there were 37,579 full-time equivalent public school employees in FY18, though because some staff are part time, the actual number of people employed by public schools may be higher. Currently, PED works with the Department of Health (DOH) to provide suicide risk assessment and prevention training to some school staff upon request. DOH may be able to expand existing training to meet the requirements of HB153/aHSEIC. HSD notes HB153/aHSEIC does not present any substantial fiscal implications, but also notes no funding is provided for any contractual assistance that may be required for training, development, and standards.

## **SUBSTANTIVE ISSUES**

This analysis focuses on the impact HB153/aHSEIC would have on public schools employees.

HB153/aHSEIC would require all public employees, defined as “any officer or employee of an agency to whom a salary is paid from public funds for services rendered” to complete one hour of training in suicide risk assessment and prevention upon being hired, and bi-annually thereafter. This training would apply to all public school staff. HB153/aHSEIC would also require HSD to adopt rules establishing minimum standards for training programs in suicide risk assessment.

HB153/aHSEIC specifies the standards for the required training must include suicide risk assessment including screening and referral; treatment and management of risk for suicide; content specific to veterans, Native Americans, lesbian, gay, bisexual, transgender, intersex, asexual, queer and questioning individuals and identities; and content on the assessment of issues related to imminent harm via lethal means or self-injurious behaviors. HB153/aHSEIC further specifies HSD should consult with the affected disciplinary authorities; public and private institutions of higher education; educators; experts in suicide assessment, treatment, and management; the veteran’s affairs department; the Native American suicide prevention advisory council; and the affected professional associations, when adopting rules pursuant to HB153/aHSEIC.

HB153/aHSEIC specifies HSD should consider the standards related to the best practices registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center. The Suicide Prevention Resource Center provides free online resources to help with the development of a suicide prevention program. The American Foundation for Suicide Prevention provides a program called “Signs Matter: Early Detection” which is a low cost suicide prevention course.

New Mexico’s suicide rate is the fourth highest in the nation and has consistently been higher than the national rate for the past two decades. According to the American Foundation for Suicide Prevention, suicide is the second leading cause of death in New Mexico for people who are between the ages of 15 and 44. According to the Education Commission of the States (ECS), nationally, suicide is the second leading cause of death among youth ages 10 to 18. ECS also notes suicide rates increased significantly between 1999 and 2016. A 2018 research publication by the American Academy of Pediatrics found, at 49 children’s hospitals in the United States, the amount of visits reported for suicide ideation or suicide attempts almost doubled from .66 percent in 2008 to 1.82 percent in 2015.

According to the American Foundation for Suicide Prevention, training school personnel is crucial to reduce the rate of youth suicide because of the potential for employees to be “gatekeepers,” or someone who is strategically positioned to recognize and refer someone at the risk of suicide. Providing public school employees with gatekeeper training may lead to early detection of students who are at risk of committing suicide. The Suicide Prevention Resource Center recommends a gatekeeper program that trains gatekeepers to follow three steps: questioning the individual’s desire or intent regarding suicide; persuading the person to seek and accept help; and referring the person to the appropriate resources. The program is included in the Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-Based Programs and Practices. The World Health Organization notes gatekeeper trainings have been found to effectively increase the use of mental health services and reduce suicide risk among individuals with depressive symptoms and suicide risk.

PED requires schools to adopt a safe school plan as part of a school wellness policy. The safe school plan is required to provide a site-specific suicide awareness and prevention protocol, identify a crisis intervention team, and specify how and how often the team will be trained in a gatekeeper suicide prevention program. While PED recommends all school employees be trained in a basic gatekeeping to respond to anyone who is showing signs of suicidal ideation, it is not a requirement. PED offers guidance for training and resources and free training is available through DOH.

According to ESC, at least 27 states have mandated suicide prevention training for school personnel. As of September 2018, at least 10 bills have been enacted in eight states. Iowa, Idaho, Indiana, Kentucky, and Utah require suicide prevention training for some school staff, while Colorado created a grant program to provide training for teachers and staff. Rhode Island passed legislation to incorporate substance abuse and suicide prevention into health education curricula, and Utah expanded the scope of suicide prevention programs in schools and increased funding for such programs. Finally, in FY18 New Mexico passed a memorial to requesting PED and LESC to study and evaluate potential solutions to decrease the rates of suicide by firearms and gun violence in schools. LESC spent a considerable amount of time during the interim studying school safety, although the focus was not on suicide by firearms.

### **ADMINISTRATIVE IMPLICATIONS**

HSD notes the Behavioral Health Service Division of HSD would be involved with development of new training, but currently HSD has significant vacancy rates in the division and the bill provides no funding for contractual assistance to help develop training.

### **OTHER SUBSANTATIVE ISSUES**

While it is valuable for all public employees to have basic suicide risk assessment and prevention training, it may be valuable for school employees to receive training specific to a school setting. The Suicide Prevention Resource Center notes that risk factors for suicide vary by population, for instance, bullying and cyberbullying are key risk factors to consider among students. A comprehensive approach to suicide prevention should include efforts targeting groups at risk. Additionally, HB153/aHSEIC requires suicide risk assessment and training programs to contain content specific to veterans, which may not be appropriate for school employees.

### **SOURCES OF INFORMATION**

- LESC Files
- Human Services Department (HSD)
- Department of Health (DOH)
- Education Commission of the States (ECS)
- Public Education Department (PED)

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