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FISCAL IMPACT REPORT

ORIGINAL DATE 1/22/09

SPONSOR Cisneros LAST UPDATED _____ HB _____

SHORT TITLE Tesuque Pueblo Human Services Program SB 31

ANALYST Burns

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY09	FY10		
	\$300.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB 35 Native American Teen Mental Health Program

SOURCES OF INFORMATION

LFC Files

Responses Received From-

Human Services Department (HSD)

Indian Affairs Department (IAD)

Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 31 appropriates \$300 thousand from the general fund to the Indian affairs department for the purpose of funding expansion of health and social service programs, including substance abuse programs, Native American youth led peer-to-peer suicide prevention counseling, domestic violence and child abuse neglect prevention and intervention services, at the Pueblo of Tesuque.

FISCAL IMPLICATIONS

The appropriation of \$300 thousand contained in this bill is a non-recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2010 shall revert to the general fund.

SIGNIFICANT ISSUES

SB 31 would support efforts to improve the delivery of local and consistent culturally relevant health and social services to a particular tribal population that numbers less than 500 members. These services include substance abuse prevention, Native American youth-led peer-to-peer suicide prevention counseling, domestic violence and child abuse/neglect prevention and intervention services, and mental health services. According to the current Director of the Social Services Department at Tesuque Pueblo, the recent history of these types of services have met with mixed to low success due to having to resort to out-patient referral to the Santa Fe area Indian Health Service because of lack of adequate facilities and trained personnel within the community.¹ The primary reason cited for the lack of successful outcomes for referrals is the difficulty in obtaining consistent and culturally relevant services. This is consistent with nationwide reports regarding IHS services.²

According to the 2008 Health Disparities Report Card, New Mexico's suicide rate remains nearly 60% higher than the national rate and the youth suicide rate is double the national rate. New Mexico has been among the top 3 states for drug-induced deaths since 1989. American Indians continue to have an alcohol-related death rate substantially above the rates for other populations.

PERFORMANCE IMPLICATIONS

Parts of the programs to be funded through SB 31 relate to the HSD Strategic Plan:

- **Goal 4:** Improve Behavioral Health through an Interagency Collaborative Model, **Task 4.1:** Reduce suicide among youth and high-risk individuals; **Task 4.2:** Improve access, quality, and value of mental health and substance abuse services; **Task 4.3:** Provide enhanced services for high-risk and high-need individuals; **Task 4.4:** Increase rural, frontier, and border access to behavioral health services.
- **Goal 5:** Eliminate Abuse and Exploitation of At-Risk Populations: **Task 5.3:** Improve outcomes for vulnerable families and children.

Parts of the programs proposed in SB 31 also relate to the Collaborative Comprehensive Behavioral Health Strategic Plan:

- **Goal II:** Reduce the Adverse Effects of Substance Abuse and Mental Illness: **1.** Substance abuse services are recovery-focused, culturally competent, readily accessible, and responsive to consumers' needs. **2.** Persons needing services, no matter where they live, easily access a community-based service system that is recovery-focused, clinically sound, utilizes evidence-based practices, as appropriate, and is culturally competent and responsive to consumers' needs. **4.** High-risk individuals and populations have access to specialized services, which are recovery-focused, culturally competent, and responsive to their needs.

¹ Debbie Salazar, Director, Social Services, Tesuque Pueblo, conversation from January 21, 2009, citing waiting lists of up to six months for Santa Fe IHS services.

²US Commission on Civil Rights, *Broken Promises: Evaluating the Native American Health Care System*, 2004, p. 76. "Significant problems in accessing IHS services have been documented by the General Accounting Office and the US Commission on Civil Rights. These include inadequate levels of service, understaffing, high turnover of staff and unfilled vacancies ... The average IHS facility is 40 years old and facilities are often cramped and out of date ... Survivors of sexual violence also reported a lack of accessible and culturally appropriate crisis advocacy services."

RELATIONSHIP

SB 31 relates to House Bill (HB) 35, Native American Teen Mental Health Program. HB 35 would appropriate \$50,000 to the Department of Health to implement a Native American adolescent health program focusing on mental health and teen suicide prevention.

OTHER SUBSTANTIVE ISSUES

According to the human services department any Native American enrolled in Medicaid, mental health and substance abuse treatment and support services included now or in the future in the Medicaid State Plan could be among the services provided to these individuals under this appropriation. This would make State General Fund dollars for such services eligible for a federal match provided:

- The service must be a benefit under the NM Medicaid State Plan;
- The provider is providing services in accordance with his or her license; and
- The provider must be enrolled with the State as a Medicaid provider of that service and, if appropriate, as part of the Statewide Entity-contracted provider network.

Federal law provides for one hundred percent (100%) federal pass-through dollars to states for Medicaid-covered services provided by Indian Health Service (IHS) and Tribal facilities operating under Public Law 93-638 agreements (638 program) to Native American Medicaid recipients.

In 2005, Governor Richardson’s Youth Suicide Prevention Taskforce recommended that New Mexico develop a “continuum of culturally relevant, community-based suicide prevention programs.”³ The Task Force’s recommendation also emphasized the need to increase local and community-oriented suicide prevention strategies.⁴ SB 31 would help fulfill this recommendation by utilizing local youth and community resources to decrease the number of Native American youth suicides in New Mexico.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Not enacting this bill will prevent tribal members from having efficient and timely access to culturally relevant, consistent and comprehensive health and social service programs.

POSSIBLE QUESTIONS

1. Would the money be better appropriated to the human services department in order to capitalize on Medicaid matching funds?
2. Could the appropriation be better utilized if it served a larger population than the Pueblo of Tesuque?

KJB/mt:svb

³ NM Department of Health, “Governor Richardson’s Youth Suicide Prevention Task Force: Recommendations to the Governor”, Jan. 7, 2005, 2. Retrieved 1/7/08, http://www.sprc.org/stateinformation/PDF/resources/nm_recgs.pdf.

⁴ Ibid., 4.