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FISCAL IMPACT REPORT

ORIGINAL DATE 2/14/09

SPONSOR Pinto LAST UPDATED _____ HB _____

SHORT TITLE Eastern Navajo Agency Behavioral Programs SB 545

ANALYST Earnest

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY09	FY10		
	\$600.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Duplicate of House Bill 398 and Senate Bill 543.

SOURCES OF INFORMATION

LFC Files

Responses Received From

Human Services Department (HSD)

SUMMARY

Synopsis of Bill

Senate Bill 545 appropriates \$600 thousand from the general fund to Human Services Department to fund health, social service, behavioral health support service and justice programs, including substance abuse, mental health and intervention, prevention and treatment programs for Native American teens and young adults in the eastern Navajo agency in McKinley County.

FISCAL IMPLICATIONS

The appropriation of \$600 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY10 shall revert to the general fund.

According to the December 2008 revenue estimate, FY10 recurring revenue will only support a base expenditure level that is \$293 million, or 2.6 percent, less than the FY09 appropriation. All appropriations outside of the general appropriation act will be viewed in this declining revenue context.

According to HSD, the state may be able to match these state funds with federal Medicaid revenue, under the following conditions:

- The service must be a benefit under the NM Medicaid State Plan;
- The provider is providing services in accordance with his or her license;
- 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; and
- The provider is not an Indian Health Service (IHS) or Tribal facility operating under Public Law 93-638 agreements (638 program).

For IHS and 638 programs, Federal law provides for one hundred percent (100%) federal pass-through dollars to states for Medicaid-covered services provided to Native American Medicaid recipients.

SIGNIFICANT ISSUES

The majority of New Mexico’s public behavioral health funding is overseen by the Interagency Behavioral Health Purchasing Collaborative (Collaborative), of which HSD is a member, and is administered by New Mexico’s contracted statewide entity, currently ValueOptions NM. A new statewide entity to manage and provide behavioral health services, OptumHealth NM, has been selected for FY10-FY13.

The Indian Affairs Department reports that HB 398 would provide funding for the Dine Local Collaborative (LC15) to support behavioral health services and programs for 13-24 year olds in the Eastern Navajo Agency. LC 15, Region Six Collaborative, is a partnership between the New Mexico Behavioral Health Collaborative and local communities that are most affected by substance abuse to address problems associated with the use of these substances. LC15 utilizes a “Total Community Approach” (“TCA”) to address the mental health needs of Native Americans.

The appropriation to LC15 would: (1) Increase public safety by facilitating collaborations among the criminal justice system and mental health substance abuse treatment systems; (2) Increase access for Native American youth, young adults and their families to mental health and other treatment services to impact suicide and other health disparities; and (3) Encourage early intervention for affected individuals.

HSD noted that excessive alcohol consumption is the leading cause of preventable deaths among American Indians and Alaska Natives, according to a report issued by the Centers for Disease Control and the Indian Health Service. The report states that alcohol-related deaths account for 11.7 percent of all deaths among American Indians and Alaska Natives – nearly twice that of the general population. SB398 is a legislative priority of Behavioral Health Local Collaborative 15.

In addition, DOH indicates that the behavioral health risks for Navajo youth are well documented. Results from the 2005 Navajo Middle School Youth Risk Behavior Survey (YRBS) indicated that 25% of students seriously thought about killing themselves. New Mexico suicide rates for all ages combined have historically been nearly twice the national rate. Lack of access to culturally relevant mental health services in rural, frontier, and tribal communities is a major problem affecting Native American youth and their families.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Senate Bill 545 duplicates Senate Bill 543 and House Bill 398.

Senate Bill 545 relates to HB 35, the Native American Teen Mental Health Program, which would appropriate \$50 thousand to DOH to implement a Native American adolescent health program focusing on mental health and teen suicide prevention.

Senate Bill 545 relates to SB 31, Tesuque Pueblo Human Services Programs, which would appropriate \$300 thousand to the Indian Affairs Department to fund expansion of health and social service programs at Tesuque Pueblo, including substance abuse programs, Native American youth-led peer-to-peer suicide prevention counseling, domestic violence and child abuse and neglect prevention and intervention services, including mental health services.

OTHER SUBSTANTIVE ISSUES

DOH provided the following background information:

Alcohol and substance use among adolescents are important public health issues in New Mexico, particularly among Native American youth. One study found that Native American youth were more likely, than White youth, to have consumed alcohol in their lifetime and been intoxicated in the last 30 days. Native American drinkers were almost twice as likely to have gotten alcohol from an adult and twice as likely to have obtained alcohol from someone under 21 (Friese, B. & Grube, J., 2008, Differences in Drinking Behavior and Access to Alcohol Between Native American and White Adolescents, *Journal of Drug Addiction*, 38(3)). In another study, American Indian-Alaska Native adolescents reported high rates of health-compromising behaviors and risk factors related to unintentional injury, substance use, poor self-assessed health status, emotional distress, and suicide.

It is important interventions be culturally sensitive, acknowledge the heterogeneity of Indian populations, be grounded in cultural traditions that promote health, and be developed with full participation of the involved communities (Blum, et al, 1992, American Indian-Alaska Native Youth Health, *JAMA*, 268(7)).

BE/svb:mc