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FISCAL IMPACT REPORT

SPONSOR Campos DATE TYPED 01/25/2004 HB _____

SHORT TITLE Navajo-speaking Las Vegas social worker SB 12

ANALYST Hanika-Ortiz

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
	\$50.0			Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 12 appropriates fifty thousand dollars (\$50,000) from the general fund to the Department Of Health (DOH) for the employment of a native Navajo speaking Clinical Social Worker for the Las Vegas Medical Center.

Significant Issues

The Las Vegas Medical Center (LVMC) provides long-term care, psychiatric, forensic, and other specialized services to many minority populations. The Navajo population of New Mexico is provided services at LVMC, however, there is no one on the clinical staff with the ability to communicate with this population or serve as an interpreter for the rest of the clinical team.

PERFORMANCE IMPLICATIONS

SB 11 supports the Department of Health's Strategic Plan, Program Area 5: Behavioral Health, Strategic Direction: Increase access and choice for behavioral health services.

FISCAL IMPLICATIONS

The appropriation of \$50 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2006 shall revert to the general fund.

ADMINISTRATIVE IMPLICATIONS

The hiring and supervision of new staff would be a slight increase in workload for existing resources.

TECHNICAL ISSUES

Lines 11 and 18 specify "...a clinical social worker who is a native Navajo speaker..." The Department of Health recommends this be changed to read "...a clinical healthcare practitioner who is a native Navajo speaker..." which will expand the possibilities of professional interest.

OTHER SUBSTANTIVE ISSUES

Having a native Navajo-speaking clinical professional at the LVMC would enhance the quality of services provided to this population in the following areas:

- Bridge the cultural gap that currently exists between LVMC staff and Navajo clients.
- Have a culturally competent clinical staff member on the treatment team.
- Have an interpreter on-site.
- Best practice treatment modalities could be incorporated for this population.
- Client care data could be collected for reporting on identified performance measures.

ALTERNATIVES

Continue to rely on friends or family as interpreters.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

The Navajo language skills called for in SB 12 may not be provided if there is no family or friends present to act as interpreter.

POSSIBLE QUESTIONS

What percentage of Navajo clients do not speak English?

What other languages are not represented with on-site interpreters?

Is there a bank of people LVMC can call on when interpreters are needed?

AHO/lg