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FISCAL IMPACT REPORT

ORIGINAL DATE 01/31/12

SPONSOR Cisneros LAST UPDATED _____ HB _____

SHORT TITLE Rio Arriba Healing Training Program SB 182

ANALYST Esquibel

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY12	FY13		
	\$100.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Human Services Department (HSD)
 Department of Health (DOH)
 Indian Affairs Department (IAD)

SUMMARY

Synopsis of Bill

Senate Bill 182 (SB182) appropriates \$100 thousand from the general fund to the Department of Health (DOH) to fund a traditional healing training program in Rio Arriba County for treating persons in northern New Mexico with substance abuse and related disorders.

FISCAL IMPLICATIONS

The appropriation of \$100 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY13 shall revert to the general fund.

The Human Services Department indicates because the appropriation in the bill would be used for operating and maintenance costs in lieu of direct services, then federal Medicaid match revenue would not be available.

SIGNIFICANT ISSUES

The Human Services Department indicates the bill does not speak to what type of traditional healing tradition the training is based on or any specifics that would assist in determining how this relates to substance abuse treatment. It does not clarify who would be trained and what the end goal of this training is. No desirable outcomes of the training are specified. The DOH and HSD, as members of the Behavioral Health Collaborative, continue to measure need and services against the Collaborative's strategic plan and its Children and Adult Purchasing Plans to ensure the right-sizing of available State General Fund dollars; services available to children, youth and adults; and good behavioral health outcomes.

The Indian Affairs Department indicates several recognized traditional healing approaches from various ethnicities exist in New Mexico including Native American traditional healers, Hispanic curanderos, Sikh modalities, and other practices. The bill does not indicate the type of traditional healing approaches that are included in the training or background requirements, including education and/or experience, of potential trainees for participation in the program.

ADMINISTRATIVE IMPLICATIONS

The Human Services Department indicates that behavioral health expenditures as proposed in the bill should be administered by the NM Interagency Behavioral Health Purchasing Collaborative (Collaborative) contractor and the Statewide Entity (currently OptumHealth New Mexico) with oversight by the Collaborative.

The Indian Affairs Department indicates there would need to be collaboration with the Higher Education Department and/or the Consortium for Behavioral Health Training and Research (CBHTR) to coordinate the development of this training program.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

SB182 is a duplicate of HB230 which proposes to appropriate \$100 thousand from the general fund to the Department of Health for expenditure in FY13 to fund a traditional healing training program in Rio Arriba County for treating persons in northern New Mexico with substance abuse and related disorder.

SB182 relates to SB90 which would appropriate \$200 thousand to the Department of Health to fund an overdose prevention and awareness campaign and to evaluate the state's current overdose prevention program.

SB182 relates to SB106 which would enact a new section of the Public Assistance Act requiring the Human Services Department to provide to medical assistance recipients coverage for methadone replacement therapy for the treatment of opioid addiction.

SB182 relates to SJM21 which would request the University of New Mexico Robert Wood Johnson Foundation Center for Health Policy conduct a feasibility study on how to enhance and expand harm reduction services for opioid misuse and dependency.

TECHNICAL ISSUES

The Human Services Department indicates the single state substance abuse agency is the Behavioral Health Services Division (BHSD) of the Human Services Department (HSD). The BHSD was transferred from DOH to HSD several years ago. It is therefore not clear why the bill intends funding to be directed to DOH.

The Department of Health indicates it provides drug overdose prevention services with Narcan, syringe exchange, and opiate replacement treatment services. Counseling and treatment services as specified in the bill are not managed by the NM Department of Health (DOH). The Behavioral Health Services Division (BHSD) of the NM Human Services Department (HSD) is the single state authority in New Mexico and manages both general fund and federal substance abuse prevention and treatment block grant funds.

The Indian Affairs Department indicates the bill provides no clarification regarding which types of traditional healing are to be included in order to guide the development of the program. The bill also does not indicate whether the intention is to use the funds to develop the program and pay for trainers, or whether the training should be free to the trainees or not.

OTHER SUBSTANTIVE ISSUES

The Indian Affairs Department indicates Access to Recovery (ATR) federal grants fund traditional healing through substance abuse recovery support services and indicate positive outcomes with that approach. In 2004, New Mexico was among 14 states and one tribal organization to be awarded an ATR grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration. The Behavioral Health Services Division of the Human Services Department administers the funds. In 2007 the State of New Mexico was awarded a second ATR grant for three years of services. The grant was administered in Santa Fe, Bernalillo, Dona Ana and Curry counties with a focus on gender-specific services and recovery services for methamphetamine abuse or dependence. Native American traditional healing practices have been shown to be an effective means of addressing substance abuse and related disorders in New Mexico, utilizing interventions such as talking circles, tribal/sheriff/Governor/marriage sponsors, sweat lodge peacemakers, prayer meetings, family group conferencing, and traditional healing ceremonies (Five Sandoval Indian Pueblos, Inc., Behavioral Health Centers, ATR 2006).

The DOH indicates Rio Arriba County has consistently had the heaviest burden of substance-abuse-related issues of any county in New Mexico. In the most recent five-year period for which reporting is available (2005-2009), Rio Arriba County had the highest rates of drug-induced and unintentional drug overdose death in New Mexico. It had the highest rate of unintentional drug overdose deaths involving illicit drugs, and the second highest rate of unintentional drug overdose deaths involving prescription drugs. Rio Arriba County's rate of unintentional drug overdose deaths involving illicit drugs (34.8 per 100,000) was higher than the total unintentional drug overdose rate (combining illicit-drug- and prescription- drug-involved deaths) of the next highest county with reportable results (Bernalillo County with a rate of 23.4 per 100,000). During this 5-year period, Rio Arriba County also had the second-highest overall alcohol-related death rate, including the second-highest alcohol-related chronic disease death rate and the highest alcohol-related injury death rate.