



2012 HSD State-Tribal Collaboration Act Annual Report

SECTION I. EXECUTIVE SUMMARY

In 2003, 21 federally recognized tribes within New Mexico adopted the *2003 Statement of Policy and Process* to “establish and promote a relationship of cooperation, coordination, open communication and good will, and [to] work in good faith to amicably and fairly resolve issues and differences.” The *Statement* directs state agencies to interact with tribal governments and provides that such interaction “shall be based on a government-to-government relationship” aimed at furthering the purpose of meaningful government-to-government consultation.

- 2005, Executive Order 2005-004 mandated executive state agencies to adopt pilot tribal consultation plans with input from the 22 federally recognized tribes with New Mexico. In 2007 the five Departments of Health and Human Services (DHHS), including HSD, held a tribal consultation to adopt the current *New Mexico Health and Human Services Department Tribal Consultation Protocol* which formally guides engagement between DHHS and tribes in New Mexico.
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- 2009 Senate Bill 196 was signed into law, thus enacting the *State-Tribal Collaboration Act (STCA)*. The STCA is a statutory commitment of New Mexico State to work with Tribes on a government-to-government basis to better collaborate and communicate on issues of mutual concern. The DHHS and others subsequently created the Healthy New Mexico Tribal-State Workgroup to develop its State-Tribal Collaboration Policy.

The HSD Cabinet Secretary in 2009 signed, on behalf of the Department, the *Human Services Department Consultation, Collaboration and Communication Policy*. In 2011 the HSD Policy was endorsed and signed by the newly appointed HSD Cabinet Secretary. The Policy is posted on the HSD website at <http://www.hsd.state.nm.us/>

The following report summarizes current and planned programs and services provided to or directly affecting the tribes, pueblos, and nations of New Mexico.

HSD Consultation, Collaboration and Communication Policy, Appendix A



SECTION II. AGENCY OVERVIEW/BACKGROUND

The New Mexico Human Services Department mission statement is *“To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance.”*

The New Mexico Human Services Department (HSD) manages state and federal funds that provide life’s most basic services to many New Mexican individuals and families – touching the lives of more than one in three New Mexicans with food, access to health care, income, work, energy assistance and community services to New Mexicans who desperately need help in these areas. HSD is the fifth largest state agency with 1,700 employees in 53 office locations statewide. The Department is organized into seven areas led and directed by the Office of the Secretary (OOS); Office of General Counsel (OGC); Behavioral Health Services Division (BHSD); Child Support Enforcement Division (CSED); Income Support Division (ISD); Medical Assistance Division (MAD); Information Technology Division (ITD); and the Administrative Services Division (ASD), which provides finance, accounting and property management support for HSD, the Office of Human Resources (OHR), and the Office of Inspector General (OIG) providing audit, investigations, restitutions services and fair hearings for the department.

HSD’s employees are dedicated public servants who provide assistance to nearly 800,000 needy individuals and families overall through numerous programs, including, but not limited to, health coverage through Medicaid for low-income children, seniors and individuals with disabilities; ISD services that include the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), General Assistance (GA) for low income individuals with disabilities, the Emergency Food Assistance Program, the Low Income Home Energy Assistance Program (LIHEAP) and homeless services; behavioral health services (mental illness, substance abuse and compulsive gambling) through the BHSD; and child support establishment and enforcement through the CSED. In addition, the Secretary of the Department is a Co-chair of the Behavioral Health Collaborative and submits a summary budget on its behalf. ASD, ITD, OHR, and OIG support the other programs of HSD. At the core of HSD’s mission is its commitment to reduce the impact of poverty on children, families and the state as a whole. To this end, HSD continues to partner with other public and private agencies.

See Organizational Chart, Appendix B.

SECTION III. TO IMPLEMENT POLICY

During FY12 the Human Services Department conducted consultations with the tribes and pueblos on 2 key subjects impacting tribal and Native American constituents in New Mexico.



These issues included:

- Medicaid Modernization resulting in the Medicaid Centennial Care Plan and 1115 Waiver; and
- New Mexico Health Care Reform and development of a health insurance exchange.

Three HSD State-Tribal Consultations were held in FY 2012, two on Medicaid, and one was held on Health Care Reform.

HSD State-Tribal Consultations (STC)

- August, 2011 Consultation on Medicaid Modernization
- September, 2011 Consultation on Health Care Reform (HCR)
- March, 2012 Consultation on Medicaid 1115 Waiver, Centennial Care Plan

NA Stakeholder meetings on Medicaid Centennial Care Plan

- Jicarilla Apache Tribal Council
- Native American Work Group
- 3 Meetings with Navajo Nation
- Santa Ana Pueblo NA Stakeholder Meeting
- Bernalillo County Off Reservation Commission
- Annual MCO Tribal Liaison Conference
- Navajo Area IHS and Albuquerque Area IHS
- 2 Meetings with Kewa Pueblo Health Corporation
- Zuni Pueblo Tribal Council
- Jemez Pueblo Clinic
- Eight Northern Indian Pueblos Council Governors
- Navajo Nation, IHS/638, and Tribal people @ UNM

Native American Health Reform Stakeholder Meetings

- September, 2011
- October, 2011
- December, 2011
- March, 2012

Outcome

State- Tribal consultation, collaboration and communication will continue throughout development, transition and implementation of the Medicaid Centennial Plan and a New Mexico health exchange. Information on consultations and meetings can be found on the HSD website at <http://www.hsd.state.nm.us/>



SECTION IV. CURRENT AND PLANNED PROGRAMS AND SERVICES

INCOME SUPPORT DIVISION (ISD)

ISD assists low income New Mexicans with various programs including Supplemental Nutrition Assistance Program (SNAP; formerly Food Stamps), General Assistance, Medical Assistance and Temporary Assistance for Needy Families (TANF). With regard to tribes, ISD provides ongoing written and verbal communication for dual participation in SNAP and Food Distribution on Indian Reservations (FDPIR).

In the past ISD has utilized JPAs for the Low Income Home Energy Assistance Program (LIHEAP), however it currently uses Government Services Agreements (GSAs) to provide tribes with their share of funding. Normal contract processes occur with these GSAs. ISD is undertaking the process to engage in a Memorandum of Understanding (MOU) with Navajo Nation for IHS Outreach Worker Sites. These sites would include Shiprock and Crownpoint, both located in Navajo Nation, as well as the Gallup Indian Medical Center (GIMC).

ISD also offers itinerant services at the IHS Units in Santa Fe, Albuquerque and at Southwestern Indian Polytechnic Institute (SIPI) in Albuquerque. SIPI takes applications for all types of Medicaid services, as well as medical waivers.

MOA's with Eight Northern Pueblos, Zuni Pueblo, Acoma/Laguna Pueblos, Five Sandoval Pueblos, the Navajo Nation and associated Food Distribution Program on Indian Reservations (FDPIR) sites were finalized in FY 12. Updated method for distribution of mandated information from ISD to FDPIR sites was developed by ISD and agreed to by Pueblo ITO's and FDPIR sites.

Information is now exchanged via encrypted disc ensuring the confidentiality of SNAP participants. This method streamlines the FDPIR process by providing access to the monthly SNAP listing enabling validation of participation or non-participation in the office or in the field via laptop computers, where there is often no phone access. Training was provided by ISD and ongoing support is provided. Validation is also completed via telephone by county ISD offices within service areas of FDPIR sites; backup is provided through the Program and Policy Development Bureau (PPDB).

Exchange of mandated information to the Navajo Nation and the five associated FDPIR sites remains a hardcopy of the SNAP listing via overnight mailing with signature required upon receipt. With the implementation of ASPEN, it is anticipated the updated technology will enable the exchange of information to all Pueblos and the Navajo Nation sites via encrypted e-mail.

PPDB encourages and maintains open lines of communication with FDPIR sites to alleviate instances of dual participation.



ISD Strategic Initiatives

1. Develop and implement a replacement eligibility system for ISD2, called ASPEN – Automated System Program and Eligibility Network to administer the food, cash, energy and Medicaid programs.
 - a) Complete design, development and user acceptance testing.
 - b) Integration ASPEN with document imaging.
 - c) Provide an on-line application through HSD’s self-service portal “Yes-NM”.
 - d) Implement ASPEN in the Fall of 2013.

2. Increase the number of TANF participants engaged in work activities
 - a) Achieve work participation rates of 50% for all families and above 60% for two-parent families

3. General Services Agreement (GSA) with Zuni Pueblo & Navajo Nation
 - a) Zuni Pueblo – FY 11, \$32,000 General Fund (GF) – FY 12, \$31,000 GF – FY 13, \$31,000 GF.
 - b) Navajo Nation – FY 11, \$218,000 GF – FY 12 \$210,900 GF – FY 13 \$210,900 GF.

Native American Area Office and Out-Stationed Workers

HSD has maintained its expanded services to Native Americans by opening up an Income Support office at Zuni Pueblo and placed out-stationed workers in Indian Health Services (IHS) Hospitals.

Out-Stationed Income Support workers located in IHS hospitals at:

- Shiprock
- Crownpoint
- Gallup
- Santa Fe
- Acoma-Cañoncito-Laguna
- Mescalero
- Albuquerque (IHS and SIPI)

MOU with Zuni Pueblo, Zuni Income Support Office, 203 B-State Hwy 53 in Zuni Pueblo

FY 12 Program Participation

SNAP

June 2012 – 58,115 Native Americans Participating (13.2% of Total) 3,364 more than June 2011. The Supplemental Nutrition Assistance Program (SNAP) is a federal program that serves



as the first line of defense against hunger by helping low income households purchase eligible food items at authorized retail stores using an Electronic Benefits Transfer (EBT) card.

TANF

- June 2012 – 2,820 Native Americans participating (6.8% of Total)
367 less than June 2011
- Zuni Pueblo and Navajo Nation run their own TANF Programs

The Temporary Assistance to Needy Families (TANF) is a block grant administered by the US Department of Health and Human Services (HHS). TANF provides cash assistance and work opportunities to needy families. The TANF program in New Mexico is referred to as the New Mexico Works (NMW) program.

TANF Program Changes

TANF is a \$110 million Annual Federal Block Grant

- Due to the declining revenue and the increased need for TANF cash assistance the Department implemented several changes to the TANF program in 2011 and continues in 2012.
- TANF and Education Works Cash Assistance Benefit Reduction
 - There was a 15% reduction of month cash assistance which took effect in January 2011. This reduction continued in 2012.
- Annual Clothing Allowance
 - The January 2011 Clothing Allowance was suspended
- Budget for August 2012 clothing allowance was appropriated by the 2012 Legislative Session

General Assistance

- June 2012 – 184 Native Americans Participating (6.0% of Total) 6 more than June 2011

General Assistance provides limited state-funded cash assistance to adults (without dependent children) who are determined disabled and who are not eligible for assistance under a federally matched cash assistance program, such as Supplemental Security Income (SSI).

General Assistance also provides limited state-funded cash assistance to children residing in the homes of unrelated adult caretakers who are not eligible for assistance under a federally matched cash assistance program, such as TANF.

See Appendix D, Income Support Division 2012 Projects and Communications



CHILD SUPPORT ENFORCEMENT DIVISION (CSED)

CSED administers the Child Support Enforcement Program (CSEP) for New Mexico; CSEP is a federal-state partnership created to establish and enforce the support obligations owed by parents to their children. CSED helps locate missing parents, establishes legal paternity, and oversees child support orders. Services provided by CSED include, but are not limited to:

- Access to and the use of the NM Child Support Enforcement System (CSES);
- Centrally located services providing access to state & federal case registries, including the Federal Parent Locator Services (FPLS);
- Timely responses to referrals from Constituent Services;
- Central receipt and disbursement services through the CSED State Disbursement Unit (SDU), as well as CSED Customer Service Information Center;
- New hire reporting services, automatic income withholdings, federal and state tax referral and intercept services;
- Credit bureau reporting, Financial Institution Data Match (FIDM) services;
- License suspension, passport denial;
- Child support training; and
- Technical assistance and procedural guidance, including Help Desk Services and other computer support.

CSED is in full support of tribes and pueblos wishing to develop and operate their own Tribal Child Support IV-D Programs and will provide technical assistance. CSED also provides child support services to tribes and pueblos across New Mexico by:

- Establishing and enforcing child support orders through tribal courts – based on the tribe or pueblo’s own laws and customs;
- Registering tribal court orders in state district courts as appropriate (when child lives off-reservation);
- Registering state court orders in tribal courts when appropriate (when child lives on-reservation);
- Submitting tribal court orders to other states for enforcement of court orders, requesting assistance from other states to establish paternity and support for tribal members;
- Outreaching to tribal hospitals on paternity acknowledgements;
- Providing services to custodial tribal members living on or off tribal lands – so long as the non-custodial parent lives off tribal lands; and
- Providing data and reports to Navajo Nation.



In 2002 CSED entered into a Joint Powers Agreement (JPA) with the Navajo Nation (JPA-03-25-A1) to provide child support services. Since then, the JPA has been amended twice; under the JPA, CSED:

- Recognizes that the Navajo Nation is in total control of its caseload;
- Assists the Navajo Nation with its efforts; and
- Provides assistance, in the same manner as provided to its own offices, in order that the Navajo Nation might provide full child support services under the Tribal IV-D program.

Navajo Nation has established three Child Support Offices under the Tribal IV-D Program that provide a full array of services to its tribal members living within New Mexico State. The Central CSED Office provides activity reports to the Navajo Nation IV-D Program to assist in case management; it also provides federal reporting data for each of the three Navajo Nation Offices to the Tribal Compliance Officer. The Farmington and Central CSED Offices communicate with all three Navajo Nation Offices on a daily basis regarding payment processing, audits, driver's license suspension, case transfers, jurisdictional concerns, and teleconferences with mutual non-custodial parents. The Albuquerque North CSED office communicates with the Navajo Nation Offices at least twice a month regarding mutual customers. During FY10, CSED replaced 16 computers in these Navajo Nation Offices as part of its annual Computer Refresh Project. See Appendix D for a summary of MOU/JPA with Navajo Nation.

Utilization fees are charged to the Navajo Nation for services provided by CSED. These fees are based on the percentage of Navajo Nation cases compared to CSED's caseload. The Navajo Nation is charged the same amount that CSED pays for these services; CSED cannot match these fees with federal funds. Under the original agreement in 2002, the cost for services at Navajo Nation was roughly \$2.21 million per year. Since 2007, this cost has dramatically decreased to \$792,615 per year. Navajo Nation's share of costs is currently \$158,523 (or 20%), and the federal government's share is currently \$634,092 (or 80%).

The Alamogordo CSED office communicates with the Mescalero Apache Tribe IV-D Program on a regular basis regarding mutual customers, jurisdiction, obtaining child support and medical support orders, enforcing and modifying exiting court orders, registering cases, exchanging intrastate and interstate cases, locating missing parents and providing born-out-of-wedlock information.

CSED recently received permission from the IRS to start planning meetings so that Mescalero Apache Tribe and Zuni Pueblo can be given access to the NM Child Support Enforcement (CSE) case management system. The Mescalero Apache Tribal Court now orders medical support and considers payment plans for child support arrears; some Tribal employers now also accept wage withholding orders directly from the CSED. Furthermore, the Tribe's court-order



language is beginning to mirror the CSED's court-order language, providing mutual customers with cohesive orders. Representatives from Mescalero Apache Tribe, Navajo Nation, and Zuni Pueblo IV-D Programs attend and participate in CSED County Directors' meetings. CSED invites all Tribal IV-D Program representatives to attend its trainings.

CSED and Tribal Child Support Programs have developed good reciprocal working relationships over the years; CSED continues to work with:

- Jemez Pueblo Tribal Court to address cases involving members of this pueblo;
- Tesuque Pueblo regarding mutual customers and conducts an annual presentation on "Paternity Establishment" to the Santa Clara, Nambe, and San Ildefonso Pueblos through the Santa Fe CSED Office;
- Isleta, Acoma, Zuni and Laguna Pueblo Courts, who each now establish paternity, child and medical support orders, as well as enforce existing court orders – additionally, Isleta Pueblo also withholds tribal payments for child support arrears.

CSED has a dedicated attorney from the Albuquerque South Office that is licensed to practice in Acoma, Isleta, Laguna, and Zuni Pueblos. The CSED attorney appears before one of the tribal court judges from these Pueblos at least weekly. This attorney can file requests with the tribal court to order that a portion of annual per capita payments be withheld for child support. The attorney is often called upon by tribal judges, court staff, and parties when questions arise regarding child support cases that involve tribal members and/or basic child support matters. One tribal court judge remarked that it is definitely an asset to the court to have the CSED attorney assist with the child support cases and that having CSED involved provides more assurances regarding the proper calculation of child support, makes cases move more efficiently, and provides some teeth in the enforcement of tribal court orders. CSED also has a dedicated Child Support Legal Assistant that handles a total of 394 active cases for Acoma, Isleta, Laguna, and Zuni Pueblos.

The largest barrier to providing child support services to tribal members remains jurisdiction. CSED does not have the authority to serve non-custodial parents on tribal lands to obtain the legal actions necessary to establish paternity, child and medical support, or to enforce a court order. A second barrier is that tribal programs must rely on state systems and/or manual case management methods. Thirdly, tribal court fees to file legal actions can prove unaffordable to custodial parents – but would be free in non-tribal (state) courts. Despite these barriers, CSED looks forward to continuing its progress with tribes and pueblos, as it delivers child support services to all constituents across New Mexico.



FY 2012

CROWNPOINT				Total Collections FY 2012
MONTH	CASES	OBLG %	# DPs	
June-11	1,194	41.4%	2,030	\$697,459.83

GALLUP				Total Collections FY 2012
MONTH	CASES	OBLG %	# DPs	
June-11	4,533	20.3%	7,802	\$ 939,871.73

SHIPROCK				Total Collections FY 2012
MONTH	CASES	OBLG %	# DPs	
June-11	2,104	41.8%	3,596	\$ 1,435,286.52

ACOMA				Total Collections FY 2012
MONTH	CASES	OBLG %	# DPs	
June-12	103	65.0%	163	\$ 162,600.88

ISLETA				Total Collections FY 2012
MONTH	CASES	OBLG %	# DPs	
June-12	69	55.1%	111	\$ 79,138.57

LAGUNA				Total Collections FY 2012
MONTH	CASES	OBLG %	# DPs	
June-12	149	66.4%	259	\$296,585.53

ZUNI				Total Collections FY 2012
MONTH	CASES	OBLG %	# DPs	
June-12	74	77.0%	125	\$ 96,373.36



BEHAVIORAL HEALTH SERVICES DIVISION

New Mexico Behavioral Health Purchasing Collaborative

HSD is a member and the statutory co-chair of the 17 member public policy making board which comprises the New Mexico Behavioral Health Purchasing Collaborative (Collaborative). The vision of the Collaborative is to create a single behavioral health service delivery system in New Mexico in which:

- The support of recovery and development of resilience are expected.
- Mental health is promoted.
- The adverse effects of substance abuse and mental illness are prevented or reduced.
- The behavioral health customers are assisted in participating fully in the life of their communities.
- Available funds are managed effectively and efficiently.

To this end, the Collaborative, including HSD, contractually manages the public behavioral health services through a Statewide Entity (SE) OptumHealth. Key functions of the SE include:

- Credential behavioral health providers throughout the system to ensure access and capacity to quality and culturally/linguistically competent services based on consumer and family need.
- Promptly and accurately pay eligible provider claims through a blended and braided funding system.
- Maintain accurate and current fiscal and client service data which can be utilized to effectively manage the service system and plan for emergent needs.
- Monitor the service system and develop a system of Quality Assurance as indicated.
- Provide managed care under Medicaid for behavioral health services.

State Entity: *OptumHealth New Mexico*

OptumHealth New Mexico (OHNM) is committed to helping consumers and their families on the path to recovery and resiliency, to achieving the Collaborative's vision of system transformation and to establishing a strong partnership with its network of providers.

In April and May 2009, prior to the start of its contract, OHNM conducted Native American Regional Provider Forums in Albuquerque and Farmington. OHNM created a senior management position entitled Director of Native American Affairs for Behavioral Health Solution to provide leadership within the organization to be able to manage services in a culturally sensitive fashion for all 22 tribes and pueblos within the State of New Mexico. Concurrently, OHNM hired local Native American staff to work with Region 6 Native American Providers – all of whom are from tribes in New Mexico. OHNM staff provide adult and youth



behavioral health care coordination, peer and family support, and support groups for consumers. OHNM Region 6 staff also provide clinical reviews, clinical consultation, clinical program consultation and development, third-party reimbursement consultation and technical assistance and training, run groups and trainings at tribal offices, as well as provide technical assistance to Native American and tribal providers across the state.

OHNM Region 6 personnel have been actively engaged in OHNM's systems development, along with supporting tribal infrastructures to expand tribal billing opportunities. As a result, many tribes are now able to bill Medicaid including Mescalero Apache, and Santo Domingo Pueblo. OHNM Region 6 has created opportunities for some tribal providers to provide information in how to apply for Medicaid. Other key accomplishments of Region 6 OptumHealth include:

- Creating an OHNM Tribal Advisory Committee, which holds public quarterly meetings, to share information and best practices – especially around Systems of Care;
- Assisting IHS with ongoing clinical and administrative resources to Mescalero Apache and Navajo Nation through OHNM provider network to respond to suicide crisis in Mescalero and Thoreau, NM;
- Developing telehealth resources with tribal providers and Indian Health Services, to promote accessibility of behavioral health services;
- Developing technical training for tribal providers to bill Comprehensive Community Support Services for services and providing this training at the tribe's request – including Jemez Pueblo, Eight Northern Indian Pueblos Incorporated, and others to come to expand services.
- Developing a working definition that includes 'Talking Circles', 'Sweat Lodge Activities', and 'Cultural Mentorship/Spiritual Preparation' within existing CPT code 99199 for 'Traditional Healing' that is endorsed by CYFD and BHSD/HSD.

New Mexico Behavioral Health Planning Council

The Behavioral Health Planning Council (BHPC) is the advisory body to the Governor and to the Collaborative. The Council has been in existence for the past 20 years in accordance with Public Law 102-321 of the federal Public Health Service Act. The Council's membership represents communities from across New Mexico primarily through the Local Collaborative structure, which brings a geographic and cultural diversity to the table. Ten state agency representatives sit on the Council, which includes the Department of Indian Affairs. As such, the Council is a conduit and a catalyst for information flowing up from communities to the Collaborative and correspondingly down from the Collaborative to communities.



Five seats on the Council are reserved for the five recognized Native American local collaborative, which represent 18 tribes and off-reservation Natives. The Executive Committee includes five private citizens who each represent behavioral health stakeholders for consumers, or providers, or family members, or advocates or Native Americans.

Five statutory subcommittees report to the Council: Adult, Substance Abuse, Children's and Adolescents, Medicaid, and Native American. Each subcommittee develops its own behavioral health strategic priorities to guide their work during the year. The strategic priorities are reported to the Purchasing Collaborative for their adoption. The priorities are intended to assist in developing behavioral health policy on issues affecting communities statewide.

The Native American Subcommittee has statewide tribal representation, including urban, rural and frontier. Members include providers, consumers, advocates, family members and state and local tribal governments. The subcommittee's strategic priorities have primarily centered on transportation, supportive housing, crisis support, and suicide prevention. For the 2011 Legislature, the subcommittee wrote letters of support to the NM legislature for continued financial support of Native prevention programs. It supported through state and local partners a major youth suicide crisis in a rural community. And most recently, it sponsored a one day conference that highlighted resources and shared experiences in the areas of suicide prevention, housing and veteran behavioral health needs.

The Council early on recognized that its standard policies and procedures for operations of the Council and its subcommittees were not sensitive to the philosophy of the Native American subcommittee. The Executive Committee agreed that the Native American subcommittee amend the policies and procedures to better reflect how that subcommittee would operate with its membership. This has created a better sense of good will and understanding.

Behavioral Health Collaborative

The purpose of the Local Collaboratives is to develop strong local voices to guide behavioral health planning and services, a key consideration in the planning and design of New Mexico's Interagency Behavioral Health Purchasing Collaborative initiative. The Collaborative works to ensure that the interagency effort is reflected in well-developed local-level collaborative efforts throughout the state. To ensure that this happens, the Collaborative currently supports a single local collaborative for each of New Mexico's 13 judicial districts, as well as five Local Collaboratives that represent the state's sovereign Tribes, Nations, Pueblos and off-reservation populations. Each Local Collaborative is made up of consumers, family members, advocates and providers.



Of the 18 Local Collaboratives across the State five are Native American specific.

- LC 14 – Mescalero, Jicarilla Apache Tribes, Isleta, Acoma, Laguna and Zuni Pueblos
- LC 15 – Navajo Nation
- LC16 – Sandoval County Consortium (Santa Ana, Kewa (formerly Santo Domingo), Zia, Cochiti, Jemez, Sandia, and San Felipe Pueblos as well as the urban tribal populations in Sandoval County)
- LC 17 – Rain Cloud, an off reservation group
- LC 18 – Eight Northern Pueblos (Nambe, Picuris, Pojoaque, San Ildefonso, Ohkay Owingeh, Santa Clara, Taos and Tesuque Pueblos)

Behavioral Health Services

BHSD helps ensure access to mental health and substance abuse services by reducing the uninsured gap in New Mexico and augmenting Medicaid funding for behavioral health services. BHSD is the federally designated adult mental health authority and substance abuse single state agency. In coordination with the Collaborative and OHNM, BHSD manages community-based and some residential treatment services for persons over 18 with substance use disorders, mental health diagnoses and co-occurring disorders.

During FY11 BHSD staff, including the Native American Liaison, worked with Native American and tribal providers on the following federal grants:

1. **Access-To-Recovery (ATR):** ATR, a SAMSHA Grant initiative, is a client choice driven three month voucher program utilizing a central intake model. Utilizing the central intake model, clinical and recovery support services are provided by a credentialed ATR network of providers using a state of the art voucher management system (VMS). New Mexico successfully competed for the ATR III grant, which has allowed BHSD to expand the ATR program into McKinley County in FY11. New Mexico currently plans on serving 60 clients, within McKinley County, this year with an additional 200 clients in FY12. BHSD ATR program staff and Navajo Nation Department of Behavioral Health Services are currently developing additional providers to join the network with a focus on culturally sensitivity.
2. **Substance Abuse Prevention and Treatment (SAPT) Block Grant:** SAPT is a SAMHSA block grant that funds planning, implementing and evaluating activities/services to prevent and treat substance abuse. The SAPT block grant is BHSD's largest services funding stream, funding an estimated \$5 to \$6 million annually. Community-based providers receive these funds through OptumHealth New Mexico to help support their substance abuse treatment services and primary prevention activities.



Currently, six Native American and tribal providers receive SAPT block grant funding, totaling an estimated \$1.4 million annually (or 16% of the overall grant). During FY11, SAMHSA requested that all states conduct tribal consultation as it seeks input on its plans to merge SAPT and its Community Mental Health Services (CMHS) block grants. BHSD completed the process of consultation with all six Native American and tribal recipients of SAPT funds, as requested.

Scheduled to join BHSD on July 1, 2011 the Office of Substance Abuse Prevention (OSAP) receives the 20% set aside for prevention from the New Mexico SAPT Block Grant. OSAP funds Five Sandoval Indian Pueblos, to deliver Project Venture, as well as the Pueblo of Laguna to deliver community-based prevention services. In addition, OSAP held eight regional substance abuse epidemiological roundtables, four of which were specific to local Native American providers.

3. **Veterans First/Jail Diversion (VFJD) Grant:** VFJD is a SAMHSA grant, in its third year of a 4-year term. This grant serves adults with a history of trauma and prioritizes veterans, in partnership with the Veterans and Family Support Services (VFSS), Presbyterian Medical Services (PMS). BHSD chairs a monthly Statewide Advisory Committee (SAC) to direct the activities of VFJD partners – including a wide range of state agencies and providers in the state.

A key focus of this grant is providing services to Native American and tribal communities in Sandoval, San Juan and McKinley Counties. BHSD continues to strategize with its Native American and tribal partners in these counties on how to deliver veteran-specific services, including:

- Continuing to meet with the Board of Governors, and their staff, of Five Sandoval Indian Pueblo Incorporated (FSIPI)
- Meeting with tribal staff and veterans not within FSIPI, including San Felipe and Kewa (formerly Santo Domingo) Pueblo
- Funding Jemez Pueblo to support its new office for its Veterans Association
- Participating at the regular meeting of LC 16 (which represents health stakeholders for the seven pueblos in Sandoval County) and arranging for LC 16 to manage gas cards for veterans from Kewa Pueblo to conduct outreach with other Native American veterans in Sandoval County and statewide.



BHSD staff, including the Native American Liaison, also worked with Native American and tribal providers on the following state projects & initiatives:

1. **Total Community Approach (TCA):** In FY08, the Legislature made \$3 million available to fund TCA projects in six sites. TCA is a partnership between the Collaborative and local communities most affected by substance abuse to address their behavioral health challenges. BHSD teams up with local municipalities to target resources – from prevention to treatment, and direct them to the areas where they are most needed to deal with substance abuse and other behavioral health challenges.

LC 15 and Navajo Nation providers participate as a TCA project site, receiving almost \$600,000 to implement a case management model based on the Navajo Regional Behavioral Health Authority. They continue to target drug issues with youth and adults (ages 13 and up) and their families in Crownpoint and surrounding communities.

2. **Supportive Housing Linkages Program & Healthy Homes:** Supportive Housing is a cost-effective combination of vouchers for permanent, affordable rental housing with support services that helps people with disabilities and limited incomes live more stable, healthy and productive lives. BHSD and the Collaborative oversee the Linkages Program – for adults with severe mental illness, and the Transitions Program for youth with a behavioral health diagnosis leaving the juvenile justice or foster care systems. First Nations Community Healthsource (FNCH) located in Albuquerque is one of seven partners in the Linkages Program.

The Behavioral Health Collaborative continues to provide FNCH with over \$85,000 in rental vouchers and support services for their Linkages consumers.

In FY11, BHSD also began piloting a new 'Healthy Homes' SAMSHA grant program with two provider sites, one of which predominantly serves Navajo consumers. Totah Behavioral Health, PMS, has hired Navajo Certified Support Workers and reviewed peer-to-peer materials to so they better relate to Native American practices in the agency.

3. **Methamphetamine (MA) Initiative:** In FY07, the Legislature allocated \$3.4 million to fund the MA Initiative for communities most impacted by methamphetamine abuse. Currently, there are nine communities and 10 agencies who receive funding to provide treatment. Navajo Nation Department of Behavioral Health Services (NN DBHS) is a recipient of these funds and has a strong substance abuse program in Shiprock, NM which receives other funding from BHSD.
4. **Comprehensive Community Support Services (CCSS):** CCSS is a consumer-driven framework to providing behavioral health services, grounded in the principles of



recovery and resiliency. Over the last few years, the Collaborative, BHSD and other partners have begun implementing CCSS into the statewide system of care.

Tribal 638 agencies and Indian Health Service Facilities are also included in the CCSS Medicaid regulation as provider types. Thus, they may bill OMB reimbursement rates for CCSS services. During FY11, BHSD and OHNM have continued to provide technical assistance to these agencies and facilities, at their request, to determine their target populations and explore any new billing opportunities.

5. **Certified Peer Support Workers (CPSWs):** BHSD oversees certification of peer support specialists through its Office of Consumer Affairs (OCA).

During FY12, BHSD has been conducting Peer Support Specialist Trainings across the state; Native American and tribal peers from across the state have completed these trainings.

Certification testing is provided by the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP). CPSWs are credentialed to work within an agency's CCSS program as Community Support Workers (CSWs); CCSS agencies are also allowed to bill Medicaid for appropriate activities.

All CPSW's are required to have 40 hours of Continuing Education Contact Hours prior to their re-certification every two years. Of these Contact hours six are required for Cultural Competence and six are required for Professional Ethics.

The OCA has developed partnerships with different Native American communities to begin the process of trainings to peers within the communities. Mescalero Apache Tribe and Jemez Pueblo have both expressed interest in hosting trainings in their communities.

6. **Set –Aside Funds:** BHSD sets aside some of its State General Funds to fund six Native American and tribal providers who offer a range of behavioral health prevention and treatment services. During FY12, BHSD established traditional services definitions for excel-based 'workbooks' with each of the providers to assist in their recording of services and generating monthly invoices. Providers continue to improve upon the scope of their services as a result.

The Native American Subcommittee (NASC), a statutory Subcommittee of the Behavioral Health Planning Council (BHPC) that is chaired by the Secretary of IAD, is also allocated some of these funds from BHSD to cover costs associated with the Subcommittee. This fiscal year NASC will host its 2nd annual summit on behavioral health issues it has identified.

7. **State Epidemiological Outcomes Workgroup (SEOW):** The OSAP oversees the SEOW, a multi-agency committee whose purpose is identify, collect, analyze and disseminate



data describing the prevalence, severity, consumption, and consequence of alcohol, tobacco, and other drug use in New Mexico. It includes Native American and tribal representation.

Other BHSD activities during FY12 include:

- Supporting the BH Collaborative with HJM 17, 'Alternatives to Incarceration' – which, in part, calls for input from Native American and tribal stakeholders. A Taskforce was convened through LC16 to this end.
- Providing \$5,000 in scholarships for Native American Wellness Conference, held in June 2012.
- Supporting the BHPC with creating and hosting the Native American Subcommittee's 2nd Annual Behavioral Health Summit, 'Empowering Ourselves for Our Future Generations', to be held August 10, 2012.

With the addition of prevention staff at BHSD, Native American and tribal providers can look forward to more coordination along the prevention and treatment continuum of care in FY13.

MEDICAL ASSISTANCE DIVISION (MAD)

MAD manages the New Mexico Medicaid program. Medicaid is a joint federal and state program that pays for health care to New Mexicans who are eligible for Medicaid benefits. MAD recognizes that the Native American population has unique health care needs and that a large portion of health care is provided by the Federally-funded Indian Health Service (IHS) and Tribal 638 programs. MAD maintains an on-going dialogue with Tribal leaders, IHS/Tribal 638 health care delivery systems, and Native American Medicaid recipients through multiple methods, including but not limited to: technical assistance and clarification to IHS/ Tribal 638 programs on Medicaid provider policies; the Medicaid application process; provider reimbursement rates; provider participation agreements; consumer advocacy; and collaboration with other programs whether they are State, Tribal or Federal. In addition, Medicaid is exploring ways in which technology can reach rural and frontier Tribal areas of New Mexico through activities such as telehealth and Project Echo out of the University of New Mexico.

MAD continues to provide Presumptive Eligibility/Medicaid On-Site Application Assistance (PE/MOSSA) throughout the State. Most recently, MAD received a Children's Health Insurance Program Reauthorization Act (CHIPRA) Cycle II grant, which runs from August, 2011 to August, 2013. Its focus is on using technology to facilitate enrollment and renewal for PE/MOSAA applications. The grant was awarded to New Mexico in the amount of over \$2 million dollars. HSD will utilize iREACH software to allow the electronic submission of MOSAA generated



Medicaid applications by participating PE determiners statewide. HSD will supply signature pads and scanners at each location for client's electronic signature. This will increase the speed and efficiency of the enrollment process for Medicaid. It will reduce paper usage, improve efficiency of MOSAA application process for the Income Support Division (ISD), reduce the amount of paperwork handled by ISD workers, and increase the speed of notification to the client of their eligibility determination. Currently over 60 individuals within IHS and Tribal 638 facilities throughout the State have signed up to be a part of this electronic MOSAA application project.

In the summer and fall of 2011, the HSD/MAD traveled throughout the State to gather input from urban Indian programs, Tribes, Pueblos, and the Navajo Nation in the redesign of Medicaid. Input was also sought from IHS and Tribal 638 health programs. In February, 2012 the HSD presented the Centennial Care Plan to Tribal leadership and a formal State-Tribal Consultation was held on March 20, 2012 to present details of the Plan and obtain feedback and comments from Tribal leaders, providers, consumers, and the general public. We continue to seek input from the public and Tribes for the 1115 Research and Demonstration Waiver/Centennial Care.

Consultations/Meetings/Presentations to Tribes and IHS

During FY 12 the following State-Tribal consultations were held:

- Tribal Consultation on the Medicaid Modernization Plan August 3, 2011
- Tribal consultation on Centennial Care March 20, 2012

During FY12 the following meetings were held with Tribes on Centennial Care:

- Native American Workgroup with Alicia Smith & Assoc. September 28/29, 2011
- Meeting with Navajo Nation Division of Health in Window Rock, AZ November 3, 2011; March 13, 2012; and May 2, 2012
- Meeting with Bernalillo Co. Off Reservation NA Health Commission March 26, 2012
- Meeting with NAIHS and AAIHS on Centennial Care March 30, 2012
- Meeting with Tribal Health Center Directors at Kewa Pueblo April 19, 2012
- Meeting with Zuni Pueblo Tribal Council May 9, 2012
- Meeting with Jemez Pueblo Clinic May 10, 2012
- Meeting with Eight Northern Indian Pueblos Council Governors June 19, 2012
- Meeting with Kewa Pueblo Health Corporation June 22, 2012



During FY12 the following IHS/Tribal Presentations were held:

- Annual State/Tribal Summit at Buffalo Thunder August 29, 2011
- MCO Tribal Liaison meeting with Jicarilla Apache Tribal leadership September 2, 2011
- Meet & Greet to seven MCO's in Albuquerque with AAIHS and NAIHS November 1-2, 2011
- NA Stakeholder meeting at Santa Ana November 10, 2011
- Annual MCO Tribal Liaison Conference at Route 66 Casino March 29, 2012
- Annual CMS/IHS Tribal Consultation Albuquerque April 26, 2012
- Quarterly Navajo Area IHS Business Office Meetings - Gallup ongoing (HSD/MAD attends these meetings to provide updates and work on billing and claims issues with IHS and Tribal 638 clinics)
- Monthly Albuquerque Area IHS Business Office Meetings – Albuquerque ongoing (HSD/MAD attends these meetings to provide updates and work on billing and claims issues with IHS and Tribal 638 clinics)
- Monthly Tribal Liaison meetings with seven of the MCO Tribal Liaisons and the Tribal Liaison from UNMH - ongoing

HSD/MAD Native American Liaison Presentations for FY12 by Theresa Belanger

- Primary Care Assn. Outreach and Eligibility Conference – October 20, 2011
Albuquerque, New Mexico
- Elder Care – Abuse, Neglect, Exploitation Conference May
14- 15, 2012 Fort Defiance, AZ
- Annual CMS/ITU Training June 13-14, 2012 Window Rock, AZ

Enrollment in MCO's and Fee for Service Medicaid

Looking ahead, MAD is committed to continue to work with Native American Medicaid recipients, IHS, Tribal 638 programs and other stakeholders to meet the growing demands of providing quality health care to the Medicaid eligible Native Americans in New Mexico. There are seven Medicaid programs through which eligible New Mexico Tribal members may receive services:

1. Coordination of Long-Term Services (CoLTS)

Total Enrollment in FY 2012: **40,028**
American Indian/Alaska Native (AI/AN) Enrollment: **7,022 (or 18%)**

Source: MAD June 2012 Enrollment Report



CoLTS is the New Mexico Medicaid managed care program that provides and coordinates physical health and long-term care services for eligible Medicaid recipients. Individuals enrolled in CoLTS receive their services through one of two Managed Care Organizations (MCOs): AMERIGROUP or United Healthcare.

In FY2012, of the total (7,022) AI/ANs enrolled in CoLTS:

- **3,771 (54%)** were enrolled with AMERIGROUP, and
- **3,251 (46%)** were enrolled with United Healthcare.

Source: MAD June 2012 Enrollment Report

HSD/MAD has worked with IHS/Tribal 638 staff to work on Medicaid benefits, eligibility, claims, and “billing/reimbursement with the CoLTS program. The process of meeting with Tribal 638’s and Indian Health Services (IHS) is on-going. MAD believes that meetings with leadership, representatives, and other stakeholders are essential to keep everyone informed and provide technical assistance as needed.

In addition to State-Tribal Meetings, both CoLTS MCOs (with the assistance of their Tribal Liaisons) have been in contact with Albuquerque Area IHS on a monthly basis at the Revenue Allocation Meetings (RAM) and on a quarterly basis with Navajo Area IHS at their Business Office Meetings (BOM).

2. State Coverage Insurance (SCI)

Total Enrollment: **39,489**

AI/AN Enrollment: **2,616 (or 7%)**

Source: MAD June 2012 Enrollment Report

SCI is designed for working New Mexico residents, 19-64 years of age, with household incomes of up to 200% of the Federal Income Guidelines. This program targets individuals working for small employers and non-profit organizations with 50 or fewer employees, as well as self-employed individuals. In January, 2012 Secretary Squier announced an additional 5,000 New Mexicans on the SCI waiting list could be eligible for SCI through an innovative pilot project at UNMH for individuals from Tarrant, Sandoval, Bernalillo, and Valencia counties. I have reached out to the Albuquerque Area IHS/Tribal 638 clinics to inform them of this valuable resource for NA adults in these counties.

There is no cost sharing or co-pays for Native American SCI recipients at IHS and Tribal 638 facilities.



3. Salud! Managed Care - Physical Health

(Blue Cross/Blue Shield, Lovelace, Molina, and Presbyterian Salud)

Total Enrollment: 513,144

AI/AN Enrollment: 10,818 (or 2%)

Source: MAD June 2012 Enrollment Report

AI/AN recipients voluntarily enroll with a Salud! MCO in order to receive their physical health services. The Salud! MCOs work closely with Native American leadership and health organizations to promote preventive health care. In FY11 over \$8.3 million* was paid to IHS for services provided to AI/AN Salud! members.

Salud! MCOs are contractually required to hold at least one annual meeting with Native American representatives from around the State that represent geographic and member diversity. The MCO meeting with New Mexico’s tribal leadership and Native American communities was held on March 29, 2012 at the Route 66 Casino and Hotel.

4. Medicaid School Health

Total Enrollment: 20,813 Medical School-Based Services (MSBS)

84 School-Based Health Centers (SBHCs)

AI/AN Enrollment: MSBS data not available (info isn’t recorded)

32 SBHCs (or 38%) are in tribal communities

Source: Medicaid School-Based Services (MSBS), School Health Office, June, 2012

The Medicaid School Health Office manages two programs: the Medicaid School-Based Services program (MSBS) and the School-Based Health Centers (SBHCs). The MSBS program includes Medicaid-covered services for children and youth ages 3-21 who receive ancillary services outlined in an Individualized Education Plan (IEP) or an Individualized Family Services Plan (IFSP), provided within a school setting. Some services include speech therapy, physical, behavioral health and occupation therapy. SBHCs are health centers, which are located on or near school campuses, and provide comprehensive health services to the entire student population. SBHC services include basic outpatient medical and behavioral health services, and, in some SBHCs, dental services are provided.

Thirty-two (32) SBHCs throughout the State are in Tribal communities and are operated through IHS.

5. Medicaid Behavioral Health Services



Total Enrollment in Managed Behavioral Health: **374,843**
AI/AN Enrollment in Managed Behavioral Health: **17,748 or 5%**

[1] Source: MAD Contract Administration Bureau June 2012-- Enrollment Report

[2] Source: MAD Contract Administration Bureau June 2012-- Enrollment Report

All Medicaid behavioral health services are coordinated by the single statewide entity (SE), which began in 2005. Native American Medicaid recipients have the option of receiving behavioral health services through the SE managed behavioral health program or through the SE fee-for-service (FFS) program. The current SE is OptumHealth, whose contract began on July 1, 2009. Through the managed behavioral health services program, MAD is able to build a more cost-effective and accessible system for Medicaid recipients. Instead of consumers coordinating their care on their own through different access points, the SE coordinates all of the consumer's behavioral health needs, challenges and access to the treatment they need.

The collaboration and coordination of patient care for behavioral health is a continuous process. In the FFS behavioral health program, the Medicaid recipient accesses services from a Medicaid-participating provider and the SE pays the provider for the services. MAD provides technical assistance to the Indian Health Service (IHS), Tribal 638 programs and the statewide entity on the Medicaid provider application process, IHS provider reimbursement rates and policies, and the Medicaid behavioral health benefits.

6. Medicaid Fee-for-Service (FFS) Program

Total Enrollment: **141,021**
AI/AN Enrollment: **70,822 (or 50%)**

Source: MAD Benefits Bureau, monthly based on June, 2012-Enrollment Report

The Medicaid FFS Program is the portion of Medicaid that pays for services directly to providers rather than through a risk-based managed care plan such as the Salud! MCOs. The Medicaid FFS Program includes Native Americans who have opted not to participate in the Salud! Managed Care Program, even though they would be eligible to do so. It also includes:

- Individuals who are choosing or have been assigned to a MCO, but their enrollment is not yet effective;
- Individuals who are eligible only for services provided through the federal Family Planning Services Waiver and the Breast and Cervical Cancer program; and
- Individuals who are in Intermediate Care Facilities for the Mentally Retarded, or meet other exclusion criteria from managed care.



There are about 40 IHS or Tribal 638 providers enrolled in the Medicaid Fee-For-Service reimbursement program in New Mexico. MAD provides technical assistance to IHS and Tribal 638 facilities on the Medicaid FFS Program policy, the Medicaid provider application process, IHS provider reimbursement rates and policies, and Medicaid physical and behavioral health benefits.

7. Medicaid Home and Community-Based Services (HCBS) Waivers, including:

- Developmental Disabilities (DD) Waivers;
- Medically Fragile (MF) Waivers;
- AIDS Waivers;
- CoLTS “c” Waivers; and
- Mi Via Waivers
- Brain Injury

DD Waiver Total Enrollment:	3,814	
DD Waiver AI/AN Enrollment:		481 (or 13%)
MF Waiver Total Enrollment:	214	
MF Waiver AI/AN Enrollment:		25 (or 12%)
AIDS Waiver Total Enrollment:		20
AIDS Waiver AI/AN Enrollment:		1 (or 5%)
CoLTS “c” Waiver Total Enrollment:	40,028	
CoLTS “c” Waiver AI/AN Enrollment:	7,022	(or 18%)
Mi Via Waiver Total Enrollment:	962	
Mi Via Waiver AI/AN Enrollment:		97 (or 9%)
Brain Injury Total Enrollment:	313	
Brain Injury AI/AN Enrollment:		38 (or 12%)

Source: HSD Monthly All Client Eligibility Report 6/2012

Source: HSD Monthly All Native American Eligibility Report 6/2012

Source: Data Warehouse 6/2012

The HCBS programs are called Waivers because the Federal government has “waived” certain statutory requirements of the Social Security Act to allow states to provide an array of home and community-based service options to eligible individuals as an alternative to providing long-term services in an institutional setting. Native Americans who are eligible through the DD, MF, AIDS or CoLTS “C” Waivers are assisted by case managers or service coordinators to access necessary HCBS services. Instead of receiving services through the traditional DD, MF,



AIDS or CoLTS “C” Waiver and Brain Injury programs, individuals eligible for any of those waivers can choose to receive their services through the Mi Via Waiver, which is a self-directed program through which participants control and direct their own services and supports.

MAD will continue to work with tribal members, representatives, providers and other stakeholders with all the HCBS Waiver programs.

OFFICE OF HEALTH CARE REFORM

The New Mexico Office of Health Care Reform in the Human Services Department (OHCR) develops practical solutions for New Mexico’s health system to improve health outcomes and delivery systems as the state launches its implementation strategy for health care reform. OHCR priorities include developing the New Mexico Health Insurance Exchange (NMHIX), modernizing Medicaid and enhancing the state’s health workforce.

The Patient Protection and Affordable Care Act (ACA) allows states to develop Health Insurance Exchanges to help individuals and small businesses purchase health insurance. New Mexico is seeking to modernize the state’s health insurance market based on the fundamental principles of real consumer choice, competition, shared responsibility, and value to create the New Mexico Health Insurance Exchange (NMHIX).

OHCR is housed in the Human Services Department Office of the Secretary (HSD/OoS), providing direct access to executive leadership and promoting coordination between agencies including the Division of Insurance (DOI) and the Department of Health (DOH), and with HSD Divisions including Medical Assistance (MAD), Income Support (ISD), Information Technology (ITD), and Administrative Services (ASD).

OHCR Activities

With a staff of four, and support from HSD’s Tribal Liaison, Priscilla Caverly, OHCR has been primarily focused on the development of a state based health insurance exchange.

New Mexico established a comprehensive, ongoing process for stakeholder input for NMHIX establishment. The OHCR maintains a website with HIX information for the public and stakeholders at <http://www.hsd.state.nm.us/nhcr/nhcr1ao.htm>. The OHCR coordinates meetings, meets with stakeholder group chairs, and posts minutes and reports on the website.

To assure broad stakeholder input, the Health Exchange Planning grant funds were used to consult with a variety of key stakeholders in the planning, establishment and ongoing operations of an Exchange. In 2010 HSD solicited applications to provide professional services to facilitate, collect, and analyze public input. Contracts were executed, and formal



reports submitted to inform the state's development of an Exchange by 13 contractors including Tribal and Off Reservation. The reports are posted on the OHCR website.

In November, 2011, HSD was awarded a \$34 million Level 1 Establishment grant from US Department of Health and Human Services for establishment of an exchange, including provisions for outreach to and consultations with the 22 Tribes in New Mexico.

In May, 2012, HSD selected, through a competitive procurement process, the consulting services of Leavitt Partners to assist in furthering its strategic planning for the exchange as well as assisting with the development of exchange policy, rules, and regulations. Leavitt Partners is assisting HSD/OHCR with the main components of developing a state based health insurance exchange through the following tasks:

- Developing a strategic plan and implementation activities to include further stakeholder consultation, health insurance market reforms, and business operations of the exchange
- Assist with the planning and development of an application for grants to the US Department of Health and Human Services (HHS)
- Assist with the development of rules, regulations, and policy governing the HIX
- Assist in preparing reports and materials required by HHS pursuant to the Level 1 grant award.

The OHCR staff, with the support of Leavitt Partners, is pursuing additional stakeholder input and has established a 13-member Exchange Advisory Taskforce. In addition, six subject matter work groups will address the multitude of issues for the development of a state based exchange in New Mexico.

Consultation and Native American Stakeholder Input

Governor Susana Martinez hosted the annual Native American summit in September 2011. Topics included Medicaid Modernization, Health Care Reform and Health Disparities.

The Office of Health Care Reform hosted three Native American Stakeholder Committee gatherings and held a formal Tribal Consultation. In addition, a separate Native American workgroup will advise the Exchange Advisory Taskforce on the development of an exchange, with an emphasis on the unique provisions and function of an exchange for Native American communities and members.



SECTION VI. KEY NAMES & CONTACT INFORMATION

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STCA Report Closing Statement

The Human Services Department hereby respectfully submits its State-Tribal Collaboration (STCA) Report for Fiscal Year 2012.

Sidonie Squier

Sidonie Squier, Cabinet Secretary
Human Services Department

7/31/12

Date



SECTION VII. APPENDICES

Appendix A

New Mexico Human Services Department State-Tribal Consultation, Collaboration and Communication Policy

Appendix B

HSD Organizational Chart

Appendix C

Response to SECTION III, TRAINING AND EMPLOYEE NOTIFICATION

Appendix D

Income Support Division, 2012 Projects and Communications



State-Tribal Consultation, Collaboration and Communication Policy

Section I. Background

- A. In 2003, the Governor of the State of New Mexico and 21 out of 22 Indian Tribes of New Mexico adopted the *2003 Statement of Policy and Process* (Statement), to “establish and promote a relationship of cooperation, coordination, open communication and good will, and [to] work in good faith to amicably and fairly resolve issues and differences.” The Statement directs State agencies to interact with the Tribal governments and provides that such interaction “shall be based on a government-to-government relationship” aimed at furthering the purposes of meaningful government-to-government consultation.
- B. In 2005, Governor Richardson issued Executive Order 2005-004 mandating that the Executive State agencies adopt pilot tribal consultation plans with the input of the 22 New Mexico Tribes.
- C. The New Mexico Health and Human Services Tribal Consultation meeting was held on November 17-18, 2005 to carry out Governor Richardson’s Executive Order 2005-004 calling for a statewide adoption of pilot tribal consultation plans to be implemented with the 22 Tribes within the State of New Mexico. This meeting was a joint endeavor of the five executive state agencies comprised of the Aging and Long-Term Services Department, the Children, Youth and Families Department, the Department of Health, the Human Services Department and the Indian Affairs Department. A State-Tribal Work Plan was developed and sent out to the Tribes on June 7, 2006 for review pursuant to the Tribal Consultation meeting.
- D. On March 19, 2009, Governor Bill Richardson signed SB196, the State Tribal Collaboration Act (hereinafter “STCA”) into law. The STCA reflects a statutory commitment of the state to work with Tribes on a government-to-government basis. The STCA establishes in state statute the intergovernmental relationship through several interdependent components and provides a consistent approach through which the State and Tribes can work to better collaborate and communicate on issues of mutual concern.
- E. In Fall 2009, the Healthy New Mexico Group, comprised of the Aging and Long Term Services Department, the Children, Youth and Families Department, the Department of Health, the Department of Veterans’ Services, the Human Services Department, the Indian Affairs Department, and the Office of African American Affairs, met with representatives from the Tribes to develop and overarching Policy that, pursuant to the STCA:
1. Promotes effective collaboration and communication between the Agency and Tribes;
 2. Promotes positive government-to-government relations between the State and Tribes;
 3. Promotes cultural competence in providing effective services to American Indians/Alaska Natives; and
 4. Establishes a method for notifying employees of the Agency of the provisions of the STCA and the Policy that the Agency adopts.
- F. The Policy meets the intent of the STCA and defines the Agency’s commitment to collaborate and communicate with Tribes.

Section II. Purposes

Through this Policy, the Agency will seek to improve and/or maintain partnerships with Tribes. The purpose of the Policy is to use or build-upon previously agreed-upon processes when the Agency initiates programmatic actions that have tribal implications.

Section III. Principles

- A. **Recognize and Respect Sovereignty** - The State and Tribes are sovereign governments. The recognition and respect of sovereignty is the basis for government-to-government relations and this Policy. Sovereignty must be respected and recognized in government-to-government consultation, communication and collaboration between the Agency and Tribes. The Agency recognizes and acknowledges the trust responsibility of the Federal Government to federally recognized Tribes.
- B. **Government-to-Government Relations**. - The Agency recognizes the importance of collaboration, communication and cooperation with Tribes. The Agency further recognizes that Agency programmatic actions may have tribal implications or otherwise affect American Indians/Alaska Natives. Accordingly, the Agency recognizes the value of dialogue between Tribes and the Agency with specific regard to those programmatic actions.
- C. **Efficiently Addressing Tribal Issues and Concerns** - The Agency recognizes the value of Tribes' input regarding Agency programmatic actions. Thus, it is important that Tribes' interests are reviewed and considered by the Agency in its programmatic action development process.
- D. **Collaboration and Mutual Resolution** - The Agency recognizes that good faith, mutual respect, and trust are fundamental to meaningful collaboration and communication policies. As they arise, the Agency shall strive to address and mutually resolve concerns with impacted Tribes.
- E. **Communication and Positive Relations** - The Agency shall strive to promote positive government-to-government relations with Tribes by: (1) interacting with Tribes in a spirit of mutual respect; (2) seeking to understand the varying Tribes' perspectives; (3) engaging in communication, understanding and appropriate dispute resolution with Tribes; and (4) working through the government-to-government process to attempt to achieve a mutually-satisfactory outcome.
- F. **Informal Communication** - The Agency recognizes that formal consultation may not be required in all situations or interactions. The Agency may seek to communicate with and/or respond to Tribes outside the consultation process. These communications do not negate the authority of the Agency and Tribes to pursue formal consultation.
- G. **Health Care Delivery and Access** - Providing access to health care is an essential public health responsibility and is crucial for improving the health status of all New Mexicans, including American Indians/Alaska Natives in rural and urban areas. American Indians/Alaska Natives often lack access to programs dedicated to their specific health needs. This is due to several factors prevalent among American Indians/Alaska Natives, including but not limited to, lack of resources, geographic isolation, and health disparities. The Agency's objective is to work collaboratively with Tribes to insure adequate and quality health service delivery in all tribal communities, as well as with individual American Indians/Alaska Natives in urban areas or otherwise outside tribal communities.
- H. **Distinctive Needs of American Indians/Alaska Natives** - Compared with other Americans, American Indians/Alaska Natives experience on overall lower health status and rank at, or near, the bottom of other social, educational and economic indicators. American Indians/Alaska Natives have a life expectancy that is four years less than the overall U.S. population and they have higher mortality rates involving diabetes, alcoholism, cervical cancer, suicide, heart disease, and tuberculosis. They also experience higher rates of behavioral health issues, including substance abuse. The Agency will strive to ensure with Tribes the

accountability of resources, including a fair and equitable allocation of resources to address these health disparities. The Agency recognizes that a community-based and culturally appropriate approach to health and human services is essential to maintain and preserve American Indian/Alaska Native cultures.

- I. **Establishing Partnerships** – In order to maximize the use of limited resources, and in areas of mutual interests and/or concerns, the Agency seeks partnerships with Tribes and other interested entities, including academic institutions and Indian organizations. The Agency encourages Tribes to aid in advocating for state and federal funding for tribal programs and services to benefit all of the State’s American Indians/Alaska Natives.
- J. **Intergovernmental Coordination and Collaboration**
 1. **Interacting with federal agencies.** The Agency recognizes that the State and Tribes may have issues of mutual concern where it would be beneficial to coordinate with and involve federal agencies that provide services and funding to the Agency and Tribes.
 2. **Administration of similar programs.** The Agency recognizes that under Federal tribal self-governance and self-determination laws, Tribes are authorized to administer their own programs and services which were previously administered by the Agency. Although the Agency’s or Tribe’s program may have its own federally approved plan and mandates, the Agency shall strive to work in cooperation and have open communication with Tribes through a two-way dialogue concerning these program areas.
- K. **Cultural and Linguistic Competency** – The Agency shall strive for its programmatic actions to be culturally relevant and developed and implemented with cultural and linguistic competence.

Section IV. Definitions

A. The following definitions shall apply to this Policy:

1. **American Indian/Alaska Native** – Pursuant the STCA, this means:
 - a) Individuals who are members of any federally recognized Indian tribe, nation or pueblo;
 - b) Individuals who would meet the definition of “Indian” pursuant to 18 USC 1153; or
 - c) Individuals who have been deemed eligible for services and programs provided to American Indians and Alaska Natives by the United States public health service, the Bureau of Indian Affairs or other federal programs.
2. **Collaboration** – Collaboration is a recursive process in which two or more parties work together to achieve a common set of goals. Collaboration may occur between the Agency and Tribes, their respective agencies or departments, and may involve Indian organizations, if needed. Collaboration is the timely communication and joint effort that lays the groundwork for mutually beneficial relations, including identifying issues and problems, generating improvements and solutions, and providing follow-up as needed.
3. **Communication** – Verbal, electronic or written exchange of information between the Agency and Tribes.
4. **Consensus** – Consensus is reached when a decision or outcome is mutually-satisfactory to the Agency and the Tribes affected and adequately addresses the concerns of those affected. Within this process it is understood that consensus, while a goal, may not always be achieved.

5. **Consultation** – Consultation operates as an enhanced form of communication that emphasizes trust and respect. It is a decision making method for reaching agreement through a participatory process that: (a) involves the Agency and Tribes through their official representatives, (b) actively solicits input and participation by the Agency and Tribes; and (c) encourages cooperation in reaching agreement on the best possible decision for those affected. It is a shared responsibility that allows an open, timely and free exchange of information and opinion among parties that, in turn, may lead to mutual understanding and comprehension. Consultation with Tribes is uniquely a government-to-government process with two main goals: (a) to reach consensus in decision-making; and (b) whether or not consensus is reached, to have considered each other’s perspectives and honored each other’s sovereignty.
6. **Cultural Competence** – Refers to an ability to interact effectively with people of different cultures. Cultural competence comprises four components: (a) awareness of one’s own cultural worldview, (b) appreciation of cultural differences, (c) knowledge of different cultural practices and worldviews, and (d) honing cross-cultural skills. Developing cultural competence improves one’s ability to understand, communicate with, provide services and resources to, and effectively interact with people across cultures.
7. **Culturally Relevant** – Describes a condition where programs or services are provided according to the clients’ cultural backgrounds.
8. **Government – Government** – Describes the intergovernmental relationship between the State, Tribes and the Federal government as sovereigns.
9. **Indian Organizations** – Organizations, predominantly operated by American Indians/Alaska Natives, that represent or provide services to American Indians and/or Alaska Natives living on and/or off tribal lands and/or in urban areas.
10. **Internal Agency Operation Exemption** – Refers to certain internal agency operations and processes not subject to this Policy. The Agency has the authority and discretion to determine what internal operations and processes are exempt from this Policy.
11. **Internal Tribal Government Operations Exemption** – Refers to certain internal tribal government operations not subject to this Policy. Each Tribe has the authority and discretion to determine what internal operations and processes are exempt from this Policy.
12. **Linguistic Competence** – Refers to one’s capacity to communicate effectively and convey information in a manner that is understood by culturally diverse audiences.
13. **Participation** – Describes an ongoing activity that allows interested parties to engage one another through negotiation, compromise and problem solving to reach a desired outcome.
14. **Programmatic Action** – Actions related to the development, implementation, maintenance or modification of policies, rules, programs, services, legislation or regulations by the Agency, other than exempt internal agency operations, that are within the scope of this Policy.
15. **Tribal Advisory Body** – A duly appointed group of individuals established and organized to provide advice and recommendations on matters relative to Agency programmatic action.
16. **Tribal Implications** – Refers to when a programmatic action by the Agency will have substantial direct effect(s) on American Indians/Alaska Natives, one or more Tribes, or on the relationship between the State and Tribes.

17. Tribal Liaison – Refers to an individual designated by the Agency, who reports directly to the Office of the Agency Head, to:
 - a) Assist with developing and ensuring the implementation of this Policy;
 - b) Serve as a contact person responsible for maintaining ongoing communication between the Agency and affected Tribes; and
 - c) Ensure that training is provided to staff of the Agency as set forth in Subsection B of Section 4 of the STCA.
18. Tribal Officials – Elected or duly appointed officials of Tribes or authorized intertribal organizations.
19. Tribes – Means any federally recognized Indian nation, tribe or pueblo located wholly or partially within the boundaries of the State of New Mexico. It is understood that “Tribes” in

the plural form means that or those tribe(s) upon which programmatic actions have tribal implications.
20. Work Groups – Formal bodies and task forces established for a specific purpose through joint effort by the Agency and Tribes. Work Groups can be established to address or develop more technical aspects of programmatic action separate or in conjunction with the formal consultation process. Work groups shall, to the extent possible, consist of members from the Agency and participating Tribes.

Section V. General Provisions

A. Collaboration and Communication

To promote effective collaboration and communication between the Agency and Tribes relating to this Policy, and to promote cultural competence, the Agency shall utilize, as appropriate: Tribal Liaisons, Tribal Advisory Bodies, Work Groups and Informal Communication.

1. The Role of Tribal Liaisons. To promote State-Tribe interactions, enhance communication and resolve potential issues concerning the delivery of Agency services to American Indians/Alaska Natives, Tribal Liaisons shall work with Tribal Officials and Agency staff and their programs to develop policies or implement program changes. Tribal Liaisons communicate with Tribal Officials through both formal and informal methods of communication to assess:
 - a) issues or areas of tribal interest relating to the Agency’s programmatic actions;
 - b) Tribal interest in pursuing collaborative or cooperative opportunities with the Agency; and
 - c) the Agency’s promotion of cultural competence in its programmatic actions
2. The Role of Tribal Advisory Bodies. The Agency may solicit advice and recommendations from Tribal Advisory Bodies to collaborate with Tribes in matters of policy development prior to engaging in consultation, as contained in this Policy. The Agency may convene Tribal Advisory Bodies to provide advice and recommendations on departmental programmatic actions that have tribal implications. Input derived from such activities is not defined as this Policy’s consultation process.

3. **The Role of Work Groups.** The Agency Head may collaborate with Tribal Officials to appoint an agency-tribal work group to develop recommendations and provide input on Agency programmatic actions as they might impact Tribes or American Indians/Alaska Natives. The Agency or the Work Group may develop procedures for the organization and implementation of work group functions. (See, e.g., the sample procedures at Attachment A.)

4. **Informal Communication.**
 - a) **Informal Communication with Tribes.** The Agency recognizes that consultation meetings may not be required in all situations or interactions involving State-Tribal relations. The Agency recognizes that Tribal Officials may communicate with appropriate Agency employees outside the consultation process, including with Tribal Liaisons and Program Managers, in order to ensure programs and services are delivered to their constituents. While less formal mechanisms of communication may be more effective at times, this does not negate the Agency's or the Tribe's ability to pursue formal consultation on a particular issue or policy.

 - b) **Informal Communication with Indian Organizations.** The State-Tribal relationship is based on a government-to-government relationship. However, in certain instances, communicating with Indian Organizations can benefit and assist the Agency, as well. Through this Policy, the Agency recognizes that it may solicit recommendations, or otherwise collaborate and communicate with these organizations.

B. Consultation

Consultation shall be between the Agency Head and Tribal Officials or their delegated representatives who possess authority to negotiate on their behalf.

1. **Applicability –** Tribal consultation is most effective and meaningful when conducted before taking action that impacts Tribes and American Indians/Alaska Natives. The Agency acknowledges that a best case scenario may not always exist, and that the Agency and Tribes may not have sufficient time or resources to fully consult on a relevant issue. If a process appropriate for consultation has not already begun, through this Policy, the Agency seeks to initiate consultation as soon as possible thereafter.

2. **Focus –** The principle focus for government –to-government consultation is with Tribes through their Tribal Officials. Nothing herein shall restrict or prohibit the ability or willingness of Tribal Officials and the Agency Head to meet directly on matters that require direct consultation. The Agency recognizes that the principle of intergovernmental collaboration, communication and cooperation is a first step in government-to-government consultation, and is in accordance with the STCA.

3. **Areas of Consultation –** The Agency, through reviewing proposed programmatic actions, shall strive to assess whether such actions may have Tribal Implications, as well as whether consultation should be implemented prior to making its decision or implementing its action. In such instances where Tribal Implications are identified, the Agency shall strive to pursue government-to-government consultation with relevant Tribal Officials. Tribal Officials also have the discretion to decide whether to pursue and/or engage in the consultation process regarding any proposed programmatic action not subject to the Internal Agency Operation Exemption.

4. **Initiation –** Written notification requesting consultation by and Agency or Tribe shall serve to initiate the consultation process. Written notification, at the very least, should:

- a) Identify the proposed programmatic action to be consulted upon.
 - b) Identify personnel who are authorized to consult on behalf of the Agency or Tribe.
5. Process – The Agency, in order to engage in consultation, may utilize duly-appointed work groups, as set forth in the previous section, or otherwise the Agency Head or a duly-appointed representative may meet directly with Tribal Officials, or set forth other means of consulting with impacted Tribes as the situation warrants.
- a) Consultation shall be between the Agency Head and Tribal Officials or their delegated representatives with authority to negotiate on their behalf.
 - b) The Agency will make a good faith effort to invite for consultation all perceive impacted Tribes.
6. Limitations on Consultation –
- a) This Policy shall not diminish any administrative or legal remedies otherwise available by law to the Agency or Tribe.
 - b) The Policy does not prevent the Agency and Tribes from entering into Memoranda of Understanding, Intergovernmental Agreements, Joint Powers Agreement, professional service contracts, or other established administrative procedures and practices allowed or mandated by Federal, State or Tribal laws or regulations.
 - c) Final Decision Making Authority: The Agency retains the final decision-making authority with respect to actions undertaken by the Agency and within Agency jurisdiction. In no way should this Policy impede the Agency's ability to manage its operations.

Section VI. Dissemination of Policy

Upon adoption of this Policy, the Agency will determine and utilize an appropriate method to distribute the Policy to all its employees.

Section VII. Amendments and Review of Policy

The Agency shall strive to meet periodically with Tribes to evaluate the effectiveness of this policy, including the Agency's promotion of cultural competency. This Policy is a working document and may be revised as needed.

Section VIII. Effective Date

This Policy became effective on December 18, 2009 and has been updated by the Agency Head.

Section IX. Sovereign Immunity

The Policy shall not be construed to waive the sovereign immunity of the State of New Mexico or any Tribe, or to create a right of action by or against the State of New Mexico or a Tribe, or any State or Tribal Official, for failing to comply with this Policy. The Agency shall have the authority and discretion to designate Internal operations and processes that are excluded from the Policy, and recognizes that Tribes are afforded the same right.

ATTACHMENT A

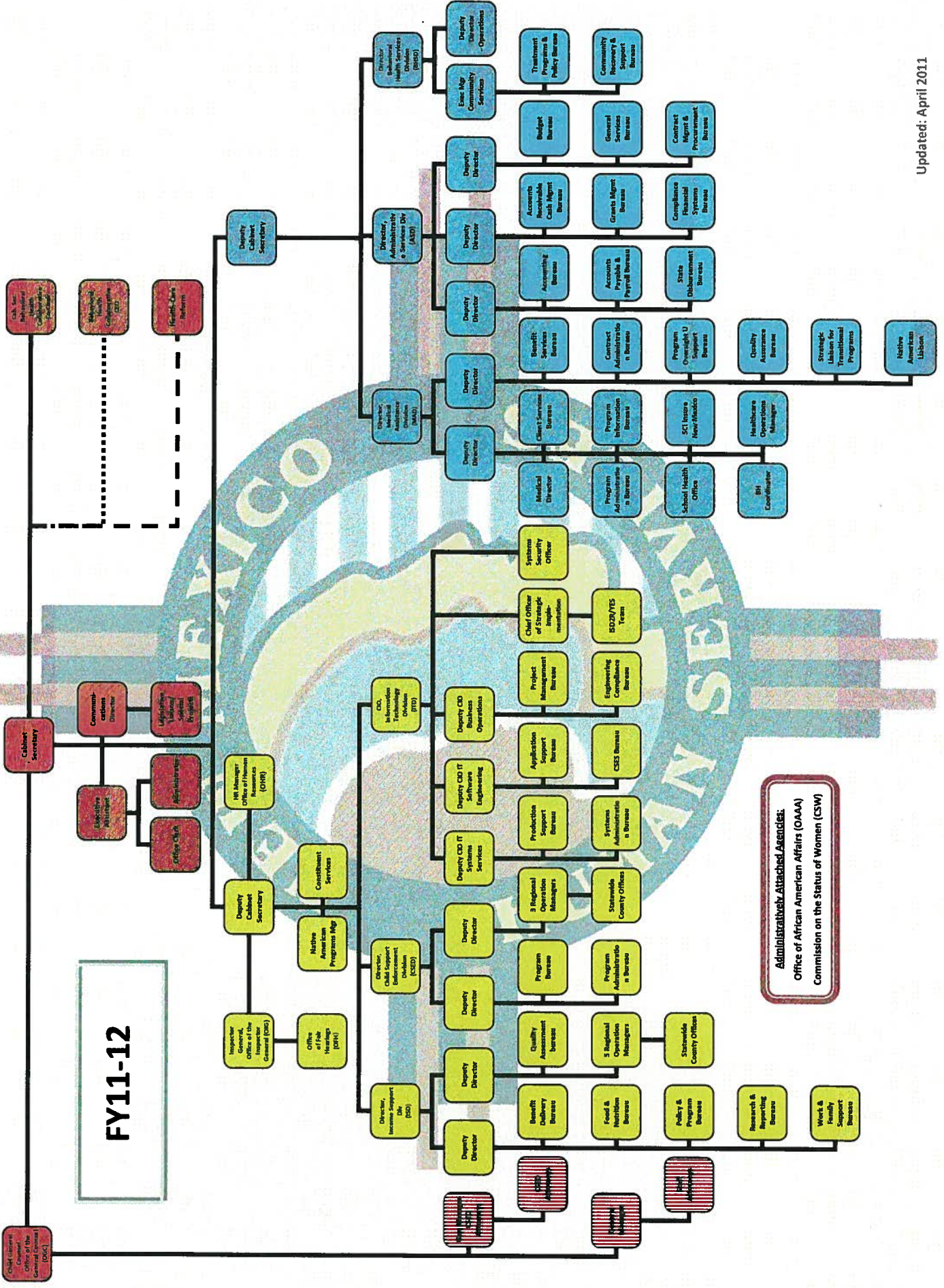
Sample Procedures for State-Tribal Work Groups

DISCLAIMER: The following illustration serves only as sample procedures for State-Tribal Work Groups. The inclusion of this Attachment does not mandate the adoption of these procedures by a work group. Whether these, or alternative procedures, are adopted remains the sole discretion of the Agency Head and/or as duly-delegated to the Work Group.

- A. Membership – The Work Group should be composed of members duly appointed by the Agency and as appropriate, participating Tribes, for specified purpose(s) set forth upon the Work Group’s conception. Continued membership and replacements to Work Group participants may be subject to protocol developed by the Work Group, or otherwise by the designating authority or authorities.**
- B. Operating Responsibility – The Work Group should determine lines of authority, responsibilities, definition of issues, delineation of negotiable and non-negotiable points, and the scope of recommendations it is to disseminate to the Agency and Tribes to review, if such matters have not been established by the delegating authority or authorities.**
- C. Meeting Notices – Written notices announcing meetings should identify the purpose or agenda, the Work Group, operating responsibility, time frame and other relevant tasks. All meetings should be open and publicized by the respective Agency and Tribal offices.**
- D. Work Group Procedures – The Work Group may establish procedures to govern meetings. Such procedures can include, but are not limited to:**
 - 1. Selecting Tribal and Agency co-chairs to serve as representatives and lead coordinators, and to monitor whether the State-Tribal Consultation, Collaboration and Communication Policy is followed;**
 - 2. Defining roles and responsibilities of individual Work Group members;**
 - 3. Defining the process for decision-making;**
 - 4. Drafting and dissemination of final Work Group products;**
 - 5. Defining appropriate timelines; and**
 - 6. Attending and calling to order Work Group meetings.**
- E. Work Group Products – Once the Work Group has created its final draft recommendations, the Work Group should establish a process that serves to facilitate implementation or justify additional consultation. Included in its process, the Work Group should recognize the following:**
 - 1. Distribution – The draft recommendation is subjected for review and comment by the Agency, through its Agency Head, Tribal Liaison, and/or other delegated representatives, and participating Tribes, through their Tribal Officials.**
 - 2. Comment – The Agency and participating Tribes are encouraged to return comments in a timely fashion to the Work Group, which will then meet to discuss the comments and determine the next course of action. For example:**
 - a. If the Work Group considers the policy to be substantially complete as written, the Work Group can forward the proposed policy to the Agency and participating Tribes for finalization.**

- b. If based on the comments, the Work Group determines that the policy should be rewritten; it can reinitiate the consultation process to redraft the policy.
 - c. If the Agency and participating Tribes accept the policy as is, the Work Group can accomplish the final processing of the policy.
- F. **Implementation – Once the collaboration or consultation process is complete and the Agency and Tribes have participated in, or have been provided the opportunity to participate in, the review of the Work Group’s draft recommendations, the Work Group may finalize its recommendations. The Work Group co-chairs should distribute the Work Group’s final recommendations to the Agency, through its delegated representatives, and to participating Tribal Officials. The Work Group should record with its final recommendation any contrary comments, disagreements and/or dissention, and whether its final recommendation be to facilitate implementation or pursue additional consultation.**
- G. **Evaluation – At the conclusion of the Work Group collaboration or consultation process, the Work Group participants should evaluate the work group collaboration or consultation process. This evaluation should be intended to demonstrate and assess cultural competency of the Agency, the Work Group, and/or the process itself. The evaluation should aid in measuring outcomes and making recommendations for improving future work group collaboration or consultation processes. The results should be shared with the Agency, through its delegated representatives, and participating Tribal Officials.**

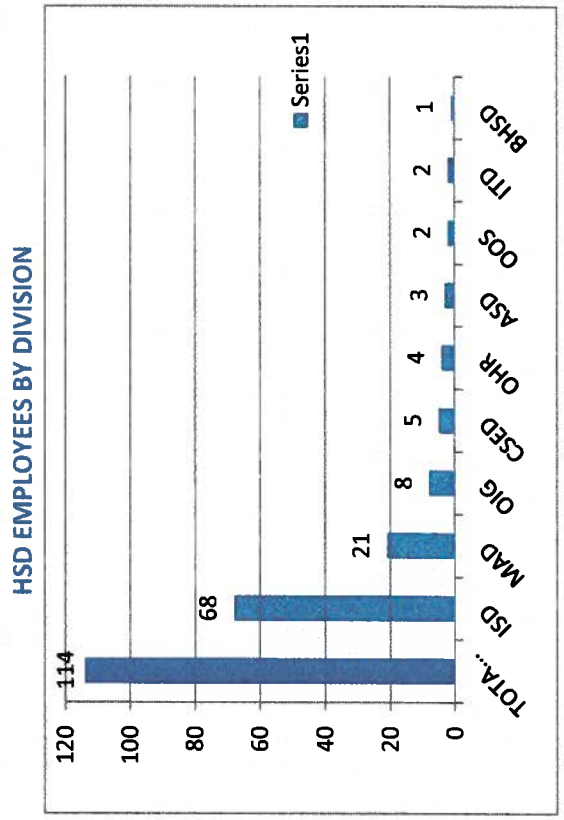
Human Services Department Organizational Chart



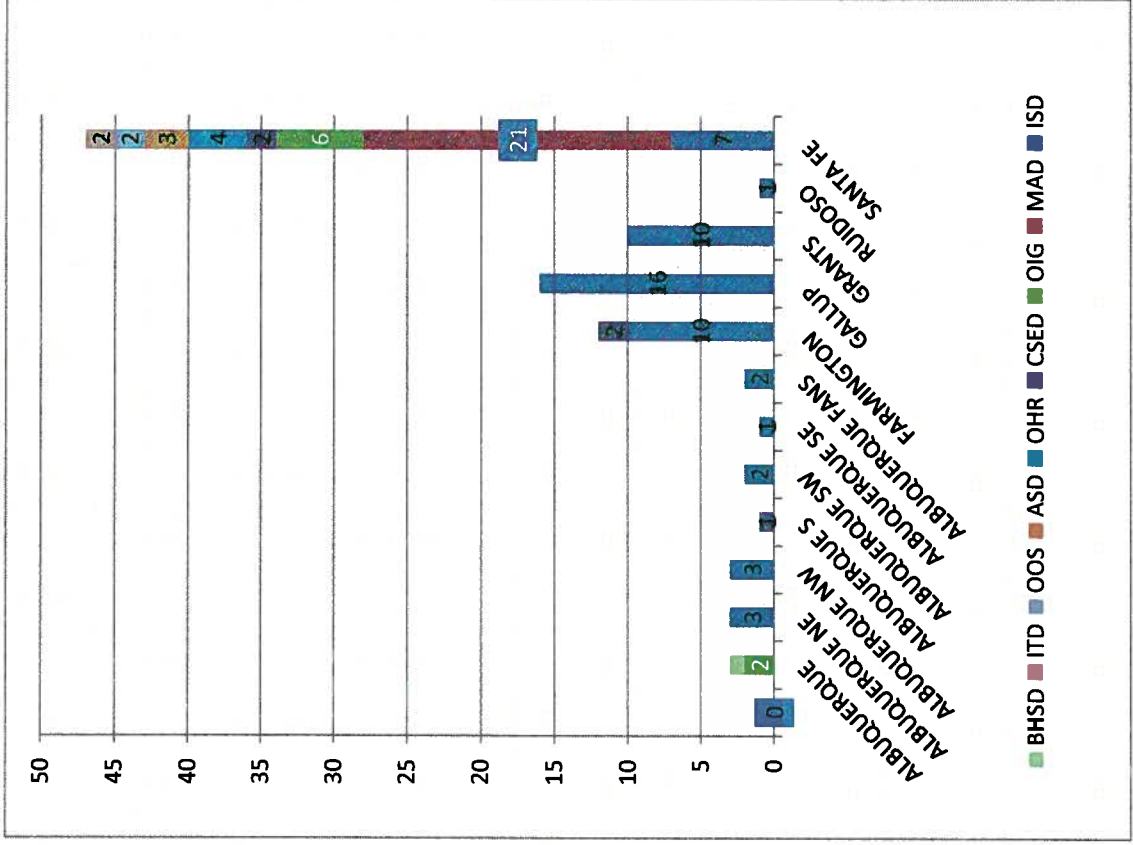
2012 ANNUAL REPORT ON STATE-TRIBAL COLLABORATION & SERVICES TO NATIVE AMERICANS
HSD ATTENDANCE AT CULTURAL COMPETENCY TRAINING FY12 - 114

	ISD	MAD	OIG	CSED	OHR	ASD	OOS	ITD	BHSD
ALBUQUERQUE			2						1
ALBUQUERQUE NE	3								
ALBUQUERQUE NW	3								
ALBUQUERQUE S			1						
ALBUQUERQUE SW	2								
ALBUQUERQUE SE	1								
ALBUQUERQUE FANS	2								
FARMINGTON	10			2					
GALLUP	16								
GRANTS	10								
RUIDOSO	1								
SANTA FE	7	21	6	2	4	3	2	2	

TOTAL HSD Employees	ISD	MAD	OIG	CSED	OHR	ASD	OOS	ITD	BHSD
114	68	21	8	5	4	3	2	2	1



HSD EMPLOYEES BY GEOGRAPHIC LOCATION



PROJECTS & COMMUNICATIONS

Project	Synopsis	Tribe, Pueblo or Nation?	Fiscal Implications
<p>Supplemental Nutrition Assistance Program (SNAP; formerly the Food Stamp Program) Outreach</p> <p>Food and Nutrition Services Bureau (FANS)</p>	<p>1 - Began actively seeking SNAP participants out of the Medicaid applicants (PE/MOSSAA) by informing/educating the Medicaid applicants about SNAP income guidelines</p>	<p>Navajo Nation</p>	
<p>LIHEAP Processing</p>	<p>The ISD offices process all applications that they receive from New Mexico tribal members.</p> <p>Households are referred to their tribal LIHEAP to apply for benefits if ISD receives applications tribal members living on their tribal lands whose tribe administers their own LIHEAP are denied.</p> <p>The applications received from tribal members whose tribe does not administer their own LIHEAP are reviewed for eligibility as appropriate.</p>	<p>All</p> <p>Tribes who administer their own LIHEAP program: Five Sandoval Jemez Jicarilla Laguna Nambe Navajo Zuni</p>	
<p>Itinerant Services</p>	<p>ISD worker at Santa Fe IHS takes applications for all categories of public assistance and resolves and answers questions regarding eligibility.</p> <p>ISD worker at Mescalero IHS takes applications for all categories of public assistance and resolves and answers questions regarding eligibility.</p> <p>ISD worker at Albuquerque IHS & SIPI takes applications for all categories of public assistance and resolves and answers questions regarding eligibility.</p> <p>ISD worker at Acoma-Laguna (ACL) IHS takes applications for all categories of public assistance and resolves and answers questions regarding eligibility.</p> <p>ISD worker at Crownpoint IHS takes applications for all categories of public assistance and resolves and answers questions regarding eligibility.</p>	<p>San Felipe, Santo Domingo, Cochiti, Tesuque, Santa Clara, San Ildefonso and Pojoaque Pueblos</p> <p>Mescalero Apache</p> <p>All</p> <p>Canoncito Acoma Laguna</p> <p>Navajo Nation (Crownpoint)</p>	<p>Entry level position \$13.00 hourly</p> <p>\$40,959. Yearly salary.</p> <p>FAA full-time at ACL Hospital \$15.303 per hour</p>

Appendix D

	<p>ISD worker at Shiprock IHS takes applications for all categories of public assistance and resolves and answers questions regarding eligibility.</p> <p>ISD worker at Gallup Indian Medical Center (GIMC) takes applications for all categories of public assistance and resolves and answers questions regarding eligibility.</p> <p>ISD workers take applications for all categories of public assistance and resolves and answers questions regarding eligibility. Working meetings conducted with ISD representatives and Zuni Tribal Council, to report on the status of the Zuni office.</p>	<p>Navajo Nation (Shiprock)</p> <p>Navajo Nation</p> <p>Zuni</p>	
<p>ISD Office at Pueblo of Zuni</p> <p>Food Deliveries</p> <p>Food and Nutrition Services Bureau (FANS)</p>	<p>FANS Bureau administers the USDA Commodity Foods Program for eligible school entities participating in the National School Lunch Program (NSLP). In school year 2011-2012, the commodity food was delivered by the FANS Bureau trucks.</p> <p>These schools served meals to an average of 33,334 Native American children each school day.</p>	<p>Serving: Acoma, Cochiti, Isleta, Jemez, Jicarilla Apache, Kewa, Laguna, Mescalero Apache, Nambe, Navajo, Ohkay Owingeh, Picuris, Pojoaque, San Felipe, San Ildefonso, Sandia, Santa Ana, Santa Clara, Taos, Tesuque, Zia and Zuni.</p>	<p>Covers about 20% of their food costs. Received \$1,484,995.72 in commodity food this past year.</p>
<p>Food Distribution Program on Indian Reservations (FDPIR)</p>	<p>This is a Federal program that provides commodity foods to low-income households, including the elderly living on Indian reservations, and to Native American families residing in designated areas near reservations. ISD, Indian Tribal Organizations (ITO's), FDPIR sites, and the Navajo Nation communicate to reduce concurrent receipt of FDPIR commodities and SNAP.</p>	<p>Memorandums of Agreement (MOA) have been finalized with all Tribal Entities as follows:</p> <ol style="list-style-type: none"> 1. Acoma Pueblo 2. Eight Northern Pueblos 3. Five Sandoval Pueblo 4. Zuni Pueblos 5. Navajo Nation: Crownpoint Mexican Springs Kirtland Ft. Defiance, AZ Teec Nos Pos, AZ 	

Appendix D

TANF Enhancement	Funds are utilized to motivate, encourage and to provide incentives to adults and children who participate in the Navajo Nation Program for Self-Reliance (NNPSR) who reside in New Mexico	Navajo Nation	TANF Enhancement
	Funds are used to encourage and to enhance service delivery systems to keep participants motivated to actively participate in program approved work and educational activities for head of household parent(s).	Pueblo of Zuni	
TANF Collaboration	ISD and Navajo Nation meet on quarterly basis to communicate changes in program rules, issues, concerns between the tribe and ISD. This ensures that we are effectively servicing this population and identify any gaps within policy.	Navajo Nation	
General Communication	Collaborated with CYFD Domestic Violence providers in a state wide effort to better offer services to Native clients serviced by ISD. (Enhancing Safety and Self-Sufficiency For Immigrant and Native American Survivors of Domestic Violence)	General Communication	