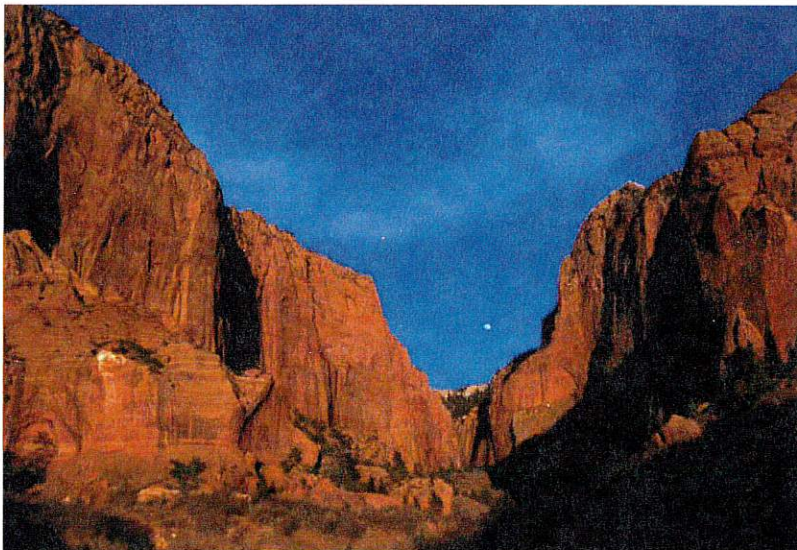


2018



Human Services
Department

The Human Services Department (HSD) presents a synopsis of the top budget, legislative and policy issues with tribal impact in the programs and services delivered through the Income Support Division, Child Support Enforcement Division, Medical Assistance Division, and the Behavioral Health Division in 2018. HSD continues its commitment to uphold the principles of the State-Tribal Collaboration Act of 2009.

2018 HSD State-Tribal Collaboration Act Annual Report

Susana Martinez, Governor

Brent Earnest, Cabinet Secretary

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Section I. Executive Summary

The Mission of the Human Services Department 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) administers numerous programs to support and improve New Mexican's health and economic well-being. Many Native Americans in New Mexico are served through these programs. The HSD *State-Tribal Consultation, Collaboration and Communication Policy* require consultation when Tribal impact is determined to be present in policy and rulemaking. Native American Tribes and Tribal members as citizens of New Mexico rely upon the State Tribal Collaboration Act (STCA) as a statutory commitment of New Mexico state government to work with Tribes on a government-to-government basis to better collaborate and communicate on issues of mutual concern.

The Native American Technical Advisory Committee (NATAC) established by HSD, is comprised of appointees by Tribal leaders, Indian Health Service (IHS) management and HSD representatives working on issues of common concern and policy making with the Medical Assistance Division (MAD) and Income Support Division (ISD). The Behavioral Health Services Division (BHSD) is a leading participant in the Native American Sub-Committee (NASC), of the Behavioral Health Planning Council, which addresses prevailing issues in behavioral health.

Innovative tribal healthcare initiatives are underway at HSD. As the single State agency for New Mexico's Medicaid program, HSD has federal authority to operate a Medicaid managed care program through its Section 1115 Demonstration Waiver. The waiver is currently pending renewal with the Centers for Medicare and Medicaid Services (CMS) effective January 1, 2019.

The 100% Federal Medical Assistance Percentage (FMAP) project reinterprets the payment policy of CMS with respect to services "received through" an IHS/Tribal facility, expanding the scope and nature of services that qualify for the matching rate. The policy is intended to help states, IHS, tribes and Urban Indian Health Programs (UIHP's) improve the delivery of healthcare to American Indians and Alaska Native (AI/AN) Medicaid beneficiaries by increasing access to care and strengthening continuity of care.

The Medical Assistance Division, the Income Support Division, the Child Support Enforcement Division and the Behavioral Health Services Division provide enrollment data for AI/AN's in HSD programs, and data for division trainings, policy communication and consultations.

Human Services Department Agency Overview

The NM Human Services Department (HSD) manages a budget of approximately \$7 billion dollars in state and federal funds and administers services to more than 800,000 low-income New Mexicans through a variety of programs and services.

HSD Divisions & Programs

Medical Assistance Division (MAD)

- Medicaid and Children's Health and Insurance Program (CHIP)
- Medicare Savings Programs

Income Support Division (ISD)

- Supplemental Nutrition Assistance Program (SNAP)
- SNAP Education Program (SNAP-Ed)
- Temporary Assistance for Needy Families (TANF)
- The Emergency Food Assistance Program (TEFAP)
- Schools Commodity Foods Program
- Meals for Homeless People
- General Assistance for low-income individuals with disabilities
- Community Services Block Grant (CSGB)
- Refugee Resettlement Program (RRS)
- Low-Income Home Energy Assistance Program (LIHEAP)

Child Support Enforcement Division (CSED)

- Child Support Establishment and Enforcement

Behavioral Health Services Division (BHSD)

- Behavioral Health Services (mental illness, substance abuse and compulsive gambling)

***HSD** is also a key member of the NM Behavioral Health Collaborative and works across state agencies to collaborate on behavioral health issues.

Section II. Contact Information

HSD Key Staff

To promote collaboration and communication between the Human Services Department Agency Secretary, Deputy Secretaries, Division Directors and tribes the Tribal Liaisons facilitate consultation and collaboration and serve as a direct resource to tribal leadership.

HSD Office of the Secretary (OOS)

Brent Earnest, Cabinet Secretary
Chris Collins, General Counsel, Deputy Secretary
Mike Nelson, Deputy Secretary
1474 Rodeo Rd.
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O: 505.476.9200
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HSD Tribal Liaison, OOS

Amber Carrillo
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Medical Assistance Division Tribal Liaison, MAD

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Medical Assistance Division, MAD

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Income Support Division, ISD

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Child Support Enforcement Division, CSED

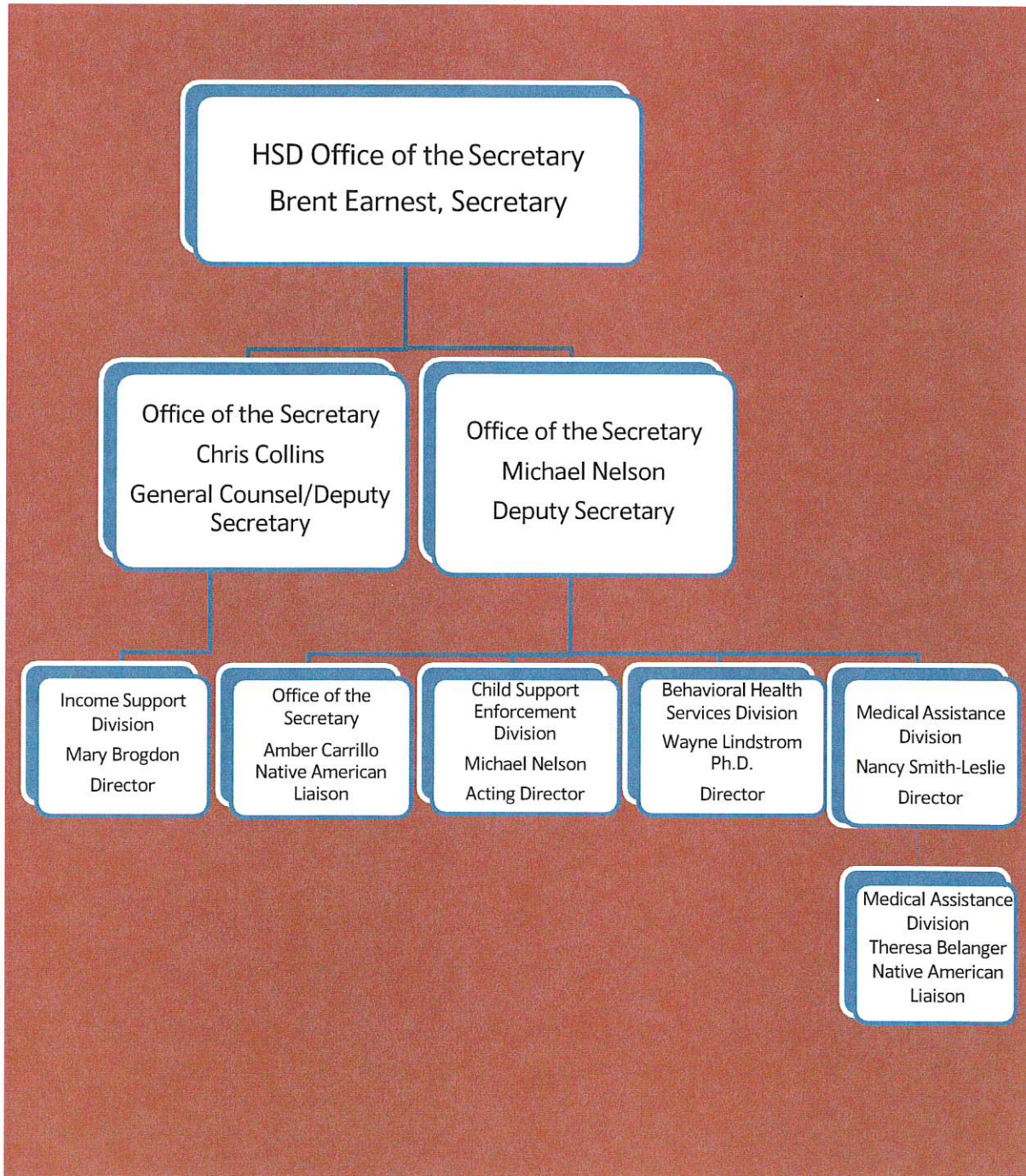
Mike Nelson, Acting Director
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Behavioral Health Services Division, BHSD

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HSD OOS organizational chart can be found at http://www.hsd.state.nm.us/Office_of_the_Secretary.aspx

HSD Management Organization Chart



Section III. Divisions, Programs and Services

Human Services Department

http://www.hsd.state.nm.us/About_the_Department.aspx

The New Mexico Human Services Department maintains a commitment to improve the overall quality of life for all New Mexicans including the state's Native American population, residing in tribal and urban areas. A priority for HSD is providing access to our programs and strengthening our relationship and partnership with New Mexico Native American Tribes, Pueblos and Nations.

HSD manages a budget of nearly \$7 billion dollars in state and federal funds and administers services to more than 900,000 Low-income New Mexicans in the following programs:



- Medicaid and Children's Health Insurance Program (CHIP)
- Supplemental Nutrition Assistance Program (SNAP)
- SNAP Education Program (SNAP-Ed)
- Temporary Assistance for Needy Families (TANF)
- The Emergency Food Assistance Program (TEFAP)
- School Commodity Foods Program
- Meals for Homeless People
- General Assistance for low-income individuals with disabilities
- Community Services Block Grant (CSBG)
- Refugee Resettlement Program (RRS)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Child Support Establishment and Enforcement
- Behavioral Health Services (mental illness, substance abuse and compulsive gambling)

HSD administers programs through four divisions

Click to follow links

- [Medical Assistance Division](#)
- [Income Support Division](#)
- [Child Support Enforcement Division](#)
- [Behavioral Health Services Division](#)

Human Services Department Division Programs and Services**Medical Assistance Division (MAD)**

http://www.hsd.state.nm.us/Medical_Assistance_Division.aspx

Medicaid Expenditures: The Medicaid and Children's Health Insurance Program (CHIP) or other medical assistance programs administered by the Human Services Department's Medical Assistance Division serve 40 percent of New Mexicans. As of 08/01/18 there are 832,599 total participants in our Medicaid programs, with 385,554 adults over age 21 and 447,045 children under age 21 enrolled in a Managed Care Organization (MCO) or using Fee For Service (FFS).

Native American Medicaid enrollees total 128,719 individuals with 78,475 using Fee for Service (FFS) and 50,244 in a Managed Care Organization (MCO) in New Mexico's Centennial Care. Native American Medicaid enrollment totals are:

Native Americans Enrolled in Medicaid

Presbyterian	15,369
United Health Care	12,160
Blue Cross Blue Shield	11,698
Molina	11,017
Total Centennial Care/Managed Care Organizations (MCO's)	50,244
Fee for Service	78,475
Total	128,719

Table 1. Native American Medicaid Participants by program

FFS: FFS expenditures for calendar year (CY) 2017 by Native Americans were approximately \$329,000,000. Expenditures for outpatient/physician claims generated the bulk of costs followed by inpatient claims.

Centennial Care Program Expenditures: Nursing facility expenditures for Native Americans enrolled in Centennial Care for CY 2017 were approximately \$27,000,000. The total expenditure for Native Americans receiving Centennial Care Community Benefit Personal Care Services was upwards of \$51,000,000.

Committee Collaboration: The Native American Technical Advisory Committee (NATAC) is in its sixth year. It includes ISD in quarterly meetings located in Albuquerque. MAD and ISD present NATAC members detailed programmatic information and discuss tribal and state agency concerns in a collaborative forum. Twelve Tribal communities are currently represented, and HSD actively seeks participation by all Tribal governments.

Consultation: On October 20, 2017 a formal Tribal Consultation was held with New Mexico's Tribes, Pueblos, Nations and the Indian Health Service to review and discuss the Draft Application for Renewal of Section 1115 Demonstration Waiver for Centennial Care Program: Centennial Care 2.0 <http://www.hsd.state.nm.us/centennial-care-2-0.aspx>

Rule Making: The Medical Assistance Division also requested comment from Tribal leadership on fifteen proposed rule changes and state plan amendments. The written “Tribal Notification Guides” can be viewed at <http://www.hsd.state.nm.us/providers/written-tribal-consultations.aspx>

Request for Information: Interest in the Indian Managed Care Entity (IMCE) demonstration project prompted HSD to release a Request for Information (RFI). The RFI was sent to Tribes, Pueblos, Nations and the All Pueblo Council of Governors on January 24, 2018 to solicit information from tribes and/or tribal organizations interested in the establishment of an IMCE that will serve Native Americans in a defined geographical area of the state. Three responses were received.

100% FMAP Pilot Project: CMS pays each state a percentage of its total Medicaid expenditures. The Federal Medical Assistance Percentages (FMAP) are the rates used to determine the matching funds rate allocated to certain medical and social service programs in the U.S. these rates vary by program and by state. However, in all states, services provided to Medicaid-eligible AI/AN patients in IHS or tribal facilities can be reimbursed at 100% FMAP. MAD is working with the Albuquerque Area Office of the IHS and Navajo Area Office of the IHS, Tribal 638’s and major healthcare delivery systems in New Mexico to implement 100% FMAP for Native Americans who receive services through an IHS or Tribal 638 for certain Medicaid services outside of IHS. Additional revenue generated by this initiative will help sustain the Medicaid program.

**Human Services Department Division Programs and Services:
Income Support Division (ISD)**

http://www.hsd.state.nm.us/Income_Support_Division.aspx

The mission of the Income Support Division is to relieve, minimize or eliminate poverty and to make available certain services for eligible low-income individuals and families through statewide programs of financial assistance, food assistance, employment assistance and training services.

Distinct Count of Native American Recipients by Program and Tribal Residence SFY 2018 as of 6/18

<i>Tribal Residence</i>	Education Works	General Assistance	TANF	LIHEAP	SNAP
<i>Acoma</i>		5	62	231	774
<i>Alamo Navajo</i>		24	134	348	9,441
<i>Canoncito Navajo</i>					87
<i>Checkerboard Navajo</i>		18	114	288	8,652
<i>Cochiti</i>	4	1	20	11	161
<i>Isleta</i>		3	50	136	450
<i>Jemez</i>	2	2	89	16	541
<i>Jicarilla Apache</i>		2	43	26	765
<i>Laguna</i>		7	103	67	1,489
<i>Main Reservation Navajo</i>		34	127	247	10,917
<i>Mescalero Apache</i>		15	188	366	1,317
<i>Nambe</i>			17	26	136
<i>Ohkay Owingeh</i>			3	6	32
<i>Other</i>			1	7	95
<i>Picuris</i>		1	1	5	20
<i>Pojoaque</i>				3	8
<i>Ramah Navajo</i>			5	4	227
<i>San Felipe</i>		9	144	332	1,134
<i>San Ildefonso</i>			7	4	32
<i>San Juan</i>			2	5	154
<i>Sandia</i>				13	68
<i>Santa Ana</i>			4		37
<i>Santa Clara</i>		2	38	87	331
<i>Santo Domingo</i>		4	33	344	1,214
<i>Taos</i>		5	24	76	213
<i>Tesuque</i>			1	8	13
<i>Tohajiilee Navajo</i>	3		3	18	110
<i>Zia</i>			23	4	229
<i>Zuni</i>			10	31	3,021
<i>Unknown</i>	50	349	4,209	10,554	57,472
Total	59	481	5,455	13,263	99,140

Table 2: Native American ISD Program Participants as of 6/2018

MOA's: Memorandums of Agreement (MOA's) are in place with Pueblo of Acoma, Pueblo of Zuni, the Navajo Nation, Five Sandoval Pueblos, Inc. and Eight Northern Indian Pueblos Council, Inc. The MOA's are legally binding agreements signed between Pueblo Governors, the Navajo Nation President and the Cabinet Secretary of the NM Human Services Department. These agreements generally share information where necessary, regarding program eligibility, resources, and services, and coordinate services and benefits to those who live within or outside the boundaries of the respective tribal communities and within the state.

Food Distribution Program on Indian Reservations (FDPIR): FDPIR is a Federal program that provides benefits to low-income households, including the elderly, living on Indian reservations and to Native American families residing within a 15 mile radius of specific Pueblos. Five Sandoval Pueblos expanded services to Valencia County. Services are provided to Native Americans regardless of Tribal affiliation or residence. Native Americans do not have to reside within tribal jurisdictions to be eligible for FDPIR benefits through this expansion. FDPIR is often an alternative to SNAP benefits due to the lack of access to SNAP offices or authorized food stores.

Temporary Assistance to Needy Families (TANF): The TANF program also known as NM Works provides a monthly cash benefit used to meet basic family needs such as housing, utilities and clothing to help families achieve self-sufficiency. Federally recognized Indian Tribes can apply for TANF funding to administer and operate their own programs. Under section 412 of the Social Security Act, as amended by Pub.L.104-193 TANF gives federally recognized Indian Tribes flexibility in the design of public assistance programs that promote work and responsibility while strengthening families. Tribes receive block grants to design and operate programs that accomplish the four purposes of the TANF program which are to provide assistance to needy families so that children can be cared for in their own homes, to reduce the dependency of needy parents by promoting job preparation, work and marriage, to prevent and reduce the incidence of out-of-wedlock pregnancies, to encourage the formation and maintenance of two parent families.

Out Stationed Workers: Through ISD Agreements with Tribes, Nations and Pueblos and the Indian Health Service HSD places out-stationed workers at the Albuquerque IHS, Acoma-Canoncito-Laguna IHS, Pueblo of Zuni and the Southwestern Indian Polytechnic Institute (SIPI). ISD provides trained, full time Family Assistance Analyst employees to work on location for the purpose of accepting and processing applications for various program services including SNAP,

State Assistance, Temporary Cash Assistance and Medicaid. Brent Earnest, Cabinet Secretary

Telephonic Validation: Indian Tribal Organization's (ITO) FDPIR sites have telephonic validation via the Customer Service Center (CSC) with the Policy and Program Bureau (PPDB) located at the Central Office in Santa Fe which also serves as the second validation option. CSC and PPDB staff can validate receipt or non-receipt of SNAP benefits and identify possible incidences of dual participation with expedience. Dual participation is interrupted and eliminated using telephonic validation and accurate and up-to-date data. These arrangements necessitate technology updates to improve methods for the distribution and exchange of mandated information between ISD and FDPIR sites.

Collaborative Communication: There is direct communication and interaction between ISD, ITO's, FDPIR sites, and tribes to reduce concurrent receipt of SNAP and FDPIR benefits to ensure neither program provides benefits to individuals with Intentional Program Violations (IPV's).

ISD Food and Nutrition Services Bureau (FANS): FANS Bureau administers the USDA Commodity Foods Program for eligible school entities participating in the National School lunch Program (NSLP) and the Supplemental Nutrition Assistance Program-Education (SNAP-Ed) nutrition education grant program, managed by the Department of Health.

The Field Support Bureau and FANS Bureau staff work with the New Mexico Farmer's Market Association and local farmers' markets to facilitate the use of EBT cards in communities statewide and encourage healthy eating. The "Double Up Bucks" is a program funded by the USDA and the State Legislature for purchasing double value on fruits and vegetables at the farmers' markets and selected grocery stores. FANS delivers food to schools at Acoma, Cochiti, Isleta, Jemez, Jicarilla Apache, Kewa, Laguna, Mescalero Apache, Nambe, Navajo Nation, Ohkay Owingeh, Picuris, Pojoaque, San Felipe, San Ildefonso, Sandia, Santa Ana, Santa Clara, Taos, Tesuque, Zia and Zuni. 30,000 Native American school children are served each day covering approximately 20% of their food costs.

**Human Services Department Division Programs and Services:
Child Support Enforcement Division (CSED)**

http://www.hsd.state.nm.us/Child_Support_Enforcement_Division.aspx

The mission of the Child Support Enforcement Division (CSED) derives from the Title IV-D of the Federal Social Security Act.

To enhance the well-being of children by assuring that assistance in obtaining support, including financial and medical, is available to children. Locating parents, establishing paternity, determining support obligations, and monitoring and enforcing those obligations, accomplish this.

CSED administers the state and federal program to collect support from non-custodial parents. Its primary role is to maximize the collection of child support for all eligible New Mexico children. In SFY2018, there were more than 71,424 families with child support cases in New Mexico, approximately 5,109 were Native American. CSED is required by federal and state law to help families receiving TANF and Medicaid by establishing a court order, and enforcing the court order by collecting and disbursing child support payments. Families who are not receiving TANF or Medicaid may also apply to CSED for services.

Tribal Collaboration: CSED is in full support of Tribes, Nations and Pueblos interested in developing and operating their own Tribal Child Support IV-D Programs and provides technical assistance upon request. CSED entered into its first Joint Powers Agreement for operating the child support program on the Navajo Nation in 1993, the first of its kind in the nation. This agreement was renewed in 2015.

CSED Services for Tribes: CSED 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 a child lives off-reservation);
- Registering state court orders in Tribal courts when appropriate (when a 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;
- Providing services to custodial tribal members living on or off Tribal lands – so long as the non-custodial parent lives off Tribal lands;

CSED has a dedicated attorney that is licensed to practice in Zia, Acoma, Isleta, and Laguna Pueblos. The CSED attorney appears before the tribal court judges from these Pueblos regularly. Tribal judges, court staff, and parties often call upon the CSED attorney when questions arise regarding child support cases involving Tribal members and/or basic child

support matters. CSED also dedicates a Child Support Legal Assistant to 353 active cases for Zia, Acoma, Isleta, and Laguna Pueblos.

Crownpoint Navajo Nation IV-D				Total collections SFY 2018
Month	Cases	%Cases w/orders	Children	
June-18	3777	29.4%	6290	\$1,124,412.45

Shiprock Navajo Nation IV-D				Total collections SFY 2018
Month	Cases	%Cases w/orders	Children	
June-18	1325	61.2%	2226	\$1,267,727.58

Acoma				Total Collections SFY 2018
Month	Cases	%Cases w/orders	Children	
June-18	109	75.2%	155	\$197,791.24

Isleta				Total Collections SFY 2018
Month	Cases	%Cases w/orders	Children	
June-18	97	84.5%	144	\$160,056.31

Laguna				Total Collections SFY 2018
Month	Cases	%Cases w/orders	Children	
June-18	122	81.1%	185	\$223,539.12

Zuni				Total Collections SFY 2018
Month	Cases	Cases w/orders	Children	
June-18	2	0%	4	\$2,852.07

Zia				Total Collections SFY 2018
Month	Cases	Cases w/orders	Children	
June-18	4	50%	5	\$2,479.00

Table 3: CSED Native American Caseload

**Human Services Department Division Programs and Services:
Behavioral Health Services Division (BHSD)**

http://www.hsd.state.nm.us/Behavioral_Health_Services_Division.aspx

The purpose of the BHSD is to manage the adult public behavioral health service system. BHSD focuses on developing strategies for mental health promotion, substance abuse prevention and treatment for individuals in New Mexico. As the state mental health and substance abuse authority, BHSD works in partnership with MAD to oversee contracts with the Medicaid MCOs and to ensure provision of benefits through New Mexico's behavioral health statewide system. The BHSD Director also serves as the CEO of the NM BH Collaborative that coordinates services across state departments. As a result, BHSD is actively engaged in a number of projects in collaboration with the Children Youth and Families Department, the department of Health, the Department of Indian Affairs, the Corrections Department, the Department of Veterans Services and work with Native American and Tribal providers on grants and state programs.

Funding and Programs: BHSD works with Native American and Tribal providers on federal grants and state programs.

Substance Abuse Prevention and Treatment (SAPT) Block Grant - SAPT is a Substance Abuse and Mental Health Services Administration (SAMHSA) block grant that funds planning, implementation and evaluation activities/services to prevent and treat substance abuse. Community-based providers receive these funds through BHSD to help support their substance abuse treatment services and primary prevention activities, including traditional healing services.

State General Funds for BH Services - BHSD allocates a portion of its state general funds (SGF) to support Native American and tribal providers who offer a range of behavioral health prevention and treatment services, including programs for substance abuse, mental health, jail-based and jail-diversion services, supportive housing, and veterans' services. BHSD also utilizes SGF to support training and certification of Peer Support specialists through the Office of Peer Recovery & Engagement (OPRE).

Behavioral Health Investment Zones (BHIZ) - Two investment zones, in Rio Arriba and McKinley counties, were established in 2016 based on the highest composite NM death rates due to drug overdoses, alcoholism, and suicide. McKinley BHIZ efforts have focused on providing intensive services to the top 200 individuals with repeated placement in protective custody and/or public inebriation. Successes include renovation and opening of Gallup's Detox Center, offering therapeutic and case management services; creation of partnerships for provision of residential treatment, transitional living services, job placement and education programs; an improved electronic health record system; and staff recruitment and training for critical positions to enhance service provision and coordination. This year, the Gallup City Council approved formation of an Indigenous Peoples Commission which includes four Navajo community members, one Zuni tribal member and one city employee. The group will advise the City Council and community concerning matters of cultural diversity, fairness, equal opportunity, and respect for indigenous peoples and cultures.

Opioid Use Initiatives: BHSD manages a number of intersecting and complementary opioid use initiatives through the following grants: Partnership for Success (PFS), Prevent Prescription Drug/Opioid Related Deaths (PDO), Strategic Prevention Framework for Prescription Drugs (SPF Rx), and Opioid Strategic Targeted Response Initiative (STR). San Juan College participates in PFS' Higher Education Prevention Consortium, aimed at reducing youth prescription drug abuse and underage drinking. PDO supports overdose death prevention through training and naloxone distribution to first responders and other key community sectors. SPF Rx promotes collaboration and awareness for reducing over-prescribing of opioids. And just underway, the STR initiative will utilize a hub and spoke model to support expansion of opioid prevention, treatment and recovery services, and will include a needs assessment of tribal communities and training on buprenorphine and naloxone.

Honoring Native Life (HNL) Initiative - BHSD partners with UNM's Community Behavioral Health Division to implement the following activities serving tribal communities:

- ***HNL Youth Summit*** - The HNL Youth Summit was held April 20 & 21 in Albuquerque. A total of 74 youth, 20 adults/chaperones, and 10 staff/volunteers attended the Summit. The attendees represented nine tribal communities/organizations including Acoma Pueblo, Isleta Pueblo, and Kewa Pueblo, Mescalero Apache Tribe, Ohkay Owingeh Pueblo, San Felipe Pueblo, Taos Pueblo, Thoreau community, and the Native American Community Academy. The Planning Committee and Co-Sponsors of the Youth Summit included Indian Health Service, UNM Native American Budget & Policy Institute, and SAMHSA Tribal Training and Technical Assistance Center.
- ***Tribal Opioid Summits*** - The NM Opioid STR initiative sponsored two free Tribal Summits for tribal community behavioral health providers, Indian Health Service Unit staff, law enforcement and first-responders. The summits' focus included community readiness to address opioid treatment and addiction, available resources to address opioid use disorder and building crisis response teams in tribal communities. The summits were well-attended, with 94 registered attendees in Espanola and 55 in Farmington.
- ***Breaking the Silence Curriculum Adaptations*** - Three communities - Kewa, Thoreau, and Zuni - are working on cultural adaptations of the Breaking the Silence (BTS) curriculum. BTS was developed as part of NAMI's "Campaign to End Discrimination" by three veteran teachers who are also mothers of children with a serious mental illness, in response to devastating impact that ignorance and stigma had on their children's lives, with the hope of creating greater tolerance for all children with mental illness and to encourage early treatment.

National American Indian/Alaska Native Behavioral Health Conference - Dr. Caroline Bonham and Teresa Gomez of UNM's Community Behavioral Health Division, along with Jennifer Nanez of Indian Health Service, will present "Honoring Native Life: Creating Conversations Around Suicide Prevention and Response" at the Annual National American Indian/Alaska Native Behavioral Health Conference to be held in Washington, DC in July 2018.

The PAX Good Behavior Game (GBG): PAX GBG is an evidence-based practice to increase students' self-regulation, self-control, and self-management. It has been found to reduce disruptive behaviors, hyperactivity, and emotional symptoms. Long-term outcomes include reduced need for special education services; reductions in drug and alcohol addictions, serious violent crime, suicide contemplations and attempts, initiation of sexual activity; and increases in high school graduation rates and college attendance.

Pueblo's, the Navajo Nation, and Apache tribes have been approached for participation in PAX GBG, with the intent to create three distinct Native projects. Nine core classroom teachers, six special education teachers and one administrator were trained, reaching 157 students; a booster session for teachers was provided on March 16, 2018. A mixture of Bureau of Indian Education BIE/Tribal Schools/Public Schools with tribal youth have been approached: Taos Community School, Mescalero Apache School, Tohatchi Elementary School, Wingate Elementary School, Tohaali' Community School, San Felipe Pueblo Elementary School, San Ildefonso Day School, Santo Domingo Elementary School, Pueblo of Isleta Elementary School, Laguna Elementary School, Sky City Community School, and Cubero Elementary School.

Opioid Treatment Programs (OTPs) - There are sixteen OTPs operating in NM, serving approximately 5,500 patients. Six provider organizations are pending approval to operate as new OTPs, with prospective locations in Gallup, Espanola, Santa Fe, and Albuquerque. BHSD is supporting Naloxone training for OTP staff to adhere to House Bill 370, which requires OTPs to provide patients with education on opioid overdose and the safe use of Naloxone for the prevention of opioid overdose deaths.

CareLink NM Health Homes - CareLink NM Health Homes serve members with chronic behavioral health conditions, utilizing an integrated behavioral, physical and social health model, with local community agencies assuming the MCO's care coordination and disease management responsibilities. Following a successful pilot in two NM counties, this BHSD/MAD initiative is expanding into additional communities, with seven new providers launching services in 2018, including Kewa Pueblo. By the end of 2019, the new Health Homes are expected to serve nearly 10,000 Medicaid beneficiaries with Serious Mental Illness/Serious Emotional Disturbance.

Behavioral Health Planning Council (BHPC) - The BHPC is an advisory body to the Governor and to the Behavioral Health Collaborative. The Council represents communities from across New Mexico, providing a diversity of perspective and input. The statutory committees of the Council (the Native American Subcommittee, Adult Subcommittee, Medicaid Subcommittee, Substance Abuse Subcommittee, and Children and Adolescent Subcommittee) serve as the "work horses" of the BPHC, expanding the reach of the Council throughout the state and allowing for increased input from consumers and family members.

New Mexico's Crisis and Access Line (NMCAL) – BHSD supports NMCAL, which is available 24 hours a day, seven days a week to respond to calls related to behavioral health crises. NMCAL is staffed by mental health professionals who connect consumers to local providers and state agencies. NMCAL also has a peer-operated Warmline that connects callers with persons in recovery who are trained as Certified Peer Support Workers, and has expanded to offer a Warmline texting service. NMCAL has recently added specialized training on Opioid Use Disorder for all its counselors and peer support staff to better address the opioid crisis.

Section IV. State Tribal Consultation Collaboration and Communication Policy

Policy Background

In 2009 Senate Bill 196 was signed into law, enacting the State-Tribal Collaboration Act (STCA). The STCA is a statutory commitment of New Mexico state government to work with Tribes on a government-to-government basis as multijurisdictional issues, concerns and conflicts, as well as the shared responsibility to use public resources effectively and efficiently, necessitates cooperation.

The HSD State-Tribal Consultation, Collaboration and Communication Policy is posted on the HSD website at [//www.hsd.state.nm.us/](http://www.hsd.state.nm.us/).

Cultural Competency Training: HSD encourages employees to attend the Cultural competency Training (CCT) offered through the State Personnel Office (SPO) and the IAD. In SFY2017 the Department worked collaboratively with SPO and IAD to offer CCT to staff in the ISD field offices utilizing the HSD teleconference equipment. Through on-site and teleconference training 132 people have completed the training.

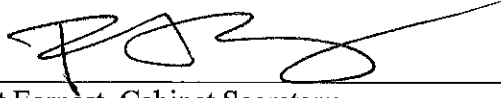
In addition to CCT, HSD developed an internal training on the *State-Tribal Collaboration Act and HSD State-Tribal Consultation, Collaboration and Communication Policy*. Department executive and mid-level management employees, whose work involves initiating programmatic actions and/or policy changes that have Tribal implications, are required to complete this training. This training is offered on the Department training website and 97 managers completed this training in FY2017 and 35 in FY2018.

HSD also purchased the DVD film *Canes of Power* and the copyright permission to place the film on its training website. *Canes of Power* is a documentary about the sovereign nation status of the Pueblo Indian Nations of New Mexico. The film is available for viewing by all HSD employees.

Employees are notified about the requirements and schedule for Cultural Competency Training and the availability of HSD internal trainings. Periodic announcements are placed on the Department's internal website, and a weekly employee newsletter.

Section V. STCA Report Closing Statement and Signature

The Human Services Department hereby respectfully submits its State-Tribal Collaboration (STCA) Report for Fiscal Year 2018 to the Department of Indian Affairs:



Brent Earnest, Cabinet Secretary
Human Services Department

August 17, 2018
Date