

New Mexico
STATE-TRIBAL
COLLABORATION ACT
2016 ANNUAL REPORT



HUMAN
SERVICES
D E P A R T M E N T

Brent Earnest, Cabinet Secretary



CONTENTS

01. SECTION I. Executive Summary
02. SECTION II. Contact Information
04. SECTION III. Agency Policy Promoting State-Tribal Relations
05. SECTION IV. Programs and Services
 - Pg. 06 Medical Assistance Division (MAD)
 - pg. 09 Income Support Division (ISD)
 - pg. 14 Child Support Enforcement Division (CSED)
 - pg. 20 Behavioral Health Services Division (BHSD)
27. SECTION V. Training and Employee Notifications
28. SECTION VI. State – Tribal Consultation, Collaboration,
and Communication Policy (STCA)
Attachment I

HUMAN SERVICES DEPARTMENT WEBSITE

<http://www.hsd.state.nm.us/>



SECTION I

EXECUTIVE SUMMARY

The Human Services Department (HSD) has worked to set a strong foundation of collaboration and communication with the 23 New Mexico Tribes, Pueblos and Nations. Each year the Secretary acknowledges the provision for conducting consultation in compliance with Senate Bill 196, the State Tribal Collaboration Act (STCA), and renews commitment to the HSD *State-Tribal Consultation, Collaboration and Communication Policy*.

Outlined in this report are highlights of programs and services to the Tribes, Pueblos, and Nations, and to all Native Americans in New Mexico. Data on the numbers of Native Americans served by programs such as Medicaid/Centennial Care, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF), Low Income Energy Assistance Program (LIHEAP), behavioral health services and child support, are included in this report along with information on trainings, outreach and consultations.

Consultation, communication and collaboration are at the core of the HSD State-Tribal Policy. The Department has worked with tribal leadership to create Native American standing committees and work groups for the purpose of identifying concerns and problem solving. HSD decision-makers, tribal leadership appointees and Indian Health Service (IHS) management continue to work on issues of common concern. The Medical Assistance Division (MAD) and Income Support Division (ISD), Native American Technical Advisory Committee (NATAC), and the Behavioral Health Services Division (BHSD), Native American Sub-Committee (NASC) are examples of on-going efforts to strengthen communication and collaboration. Standing committees and work groups are designed to give the Tribes, Pueblos, and Nations an opportunity to meet with executive management early on in the process of policymaking and department initiatives that may have tribal implications, and to keep tribal leadership informed of committee activities.

Government-to-government consultation with New Mexico Tribes, Pueblos and Nations is a vital process that aims to create effective collaborations and to inform State and Tribal decision-makers. In the State Fiscal Year (SFY) 2016, the HSD held three State-Tribal consultations, one on the proposed Medicaid State Plan Amendments and two on the NM Health System Innovation (SIM) Model. HSD participated in Tribal consultation with the US Department of Agriculture, Food and Nutrition Services, and in the STCA Annual Summit.

The Human Services Department strives to improve the government-to-government relationship. As we move into a new fiscal year, HSD looks to assess its consultation practice by consulting with tribal leaders and Department executive management. A work group of tribal and Department officials will convene to examine current practice and recommend new approaches to consultation, collaboration and communication.



SECTION II

CONTACT INFORMATION

In 2007 HSD created three Native American Liaison positions serving in the Office of the Secretary, the Medical Assistance Division, and in the Behavioral Health Services Division. Liaisons interact closely with tribal communities, facilitate consultations and collaborations, and are a direct resource to tribal leadership.

HSD OFFICE OF THE SECRETARY (OOS)

Brent Earnest, Cabinet Secretary

Sean Pearson, Deputy Secretary - Michael Nelson, Deputy Secretary

Priscilla Caverly, Native American Liaison

2009 So. Pacheco - PO Box 2348

Santa Fe, NM 87504

Office: 505-827-7750

Fax: 505-827-6286

Medical Assistance Division (MAD)

Nancy Smith-Leslie, Director

Theresa Belanger, Native American Liaison

P.O. Box 2348

Santa Fe, NM 87504-2348

Office: 505-827-3122

Toll free: 1-888-997-2583

Fax: 505-827-3185

Priscilla Caverly also serves as the Native American Liaison to the ISD and CSED Divisions.

Income Support Division (ISD)

Sean Pearson, OOS Deputy Secretary and

ISD Interim Director

P.O. Box 2348

Santa Fe, NM 87504

Office: 505-827-7203

Fax: 505-827-7203

Behavioral Health Services Division (BHSD)

Wayne Lindstrom, Ph.D., Director

Barbara Alvarez, Native American Liaison

P.O. Box 2348

Santa Fe, New Mexico 87504

Office: 505-476-9258

Fax: 505-476-9277

Child Support Enforcement Division (CSED)

Laura Galindo, Director

P.O. Box 2348

Santa Fe, NM 87504

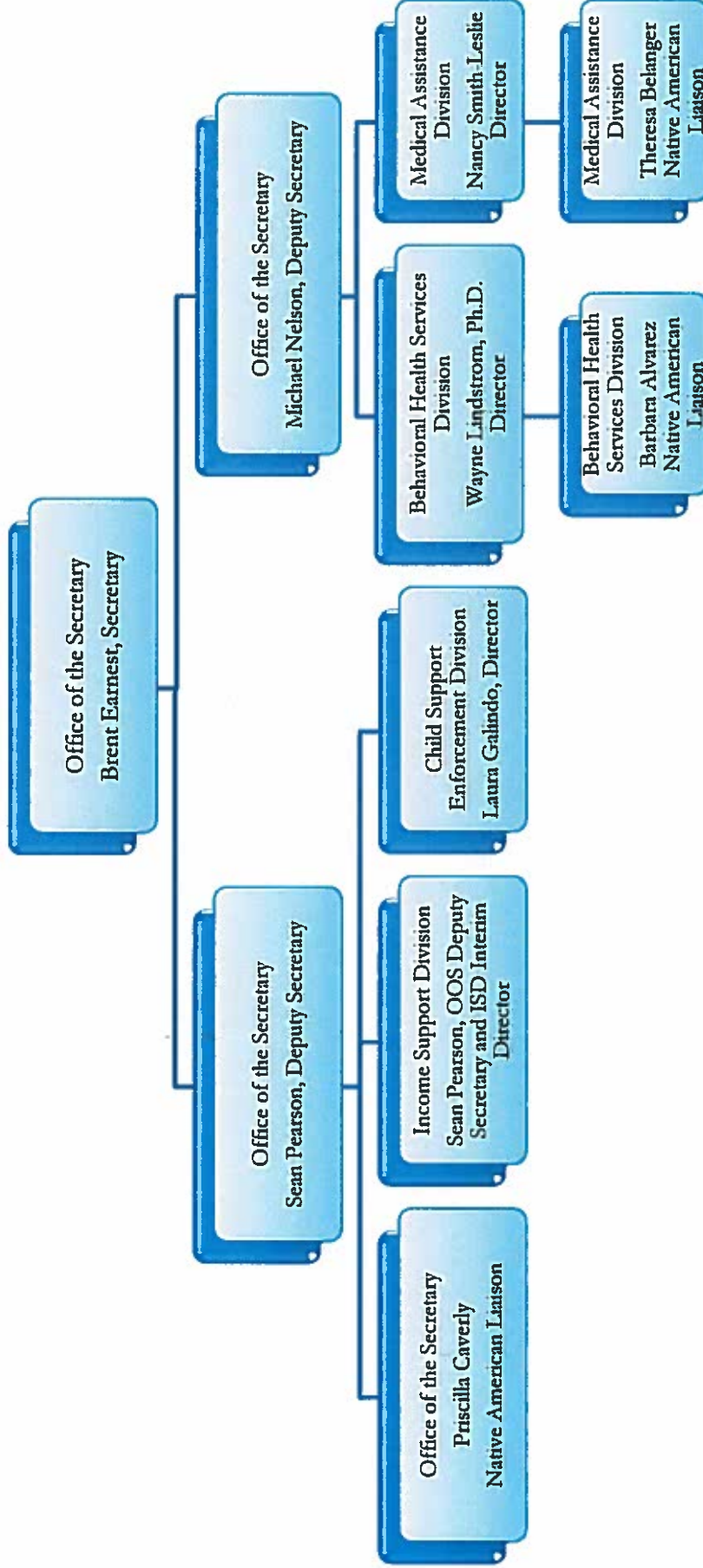
Inside New Mexico: (800) 288-7207

Outside New Mexico: (800) 585-7631



HSD MANAGEMENT ORGANIZATION CHART

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





SECTION III

AGENCY POLICY PROMOTING STATE-TRIBAL RELATIONS

History

1953 – NM Commission on Indian Affairs is created by State statute. The Office of Indian Affairs (OIA) established to serve as a vehicle between the State governor/legislature and the twenty-two Indian Tribes, Pueblos, and Nations in New Mexico.

2003 – The Governor signed Order No. 2003-022, elevating the OIA to the Indian Affairs Department (IAD), a cabinet-level agency.

2004 – House Bill 39 establishes the Indian Affairs Department by legislative statute, elevating the IAD from a state agency to a State Department. IAD becomes a cabinet-level department with a Secretary of Indian Affairs, further strengthening state-tribal government-to-government relations.

2009 - Senate Bill 196 signed into law, thus enacting the State-Tribal Collaboration Act (STCA). The STCA is a statutory commitment of New Mexico state government to work with NM Tribes, Pueblos, and Nations on a government-to-government basis to better collaborate and communicate on issues of mutual concern.

In 2009, the HSD Cabinet Secretary signed the *HSD State-Tribal Consultation, Collaboration and Communication Policy* into effect on behalf of the Department. All succeeding Secretaries have reaffirmed their endorsement of the HSD Policy and the Departments commitment to consult, collaborate and communicate with Tribes.

See more on HSD employee training and orientation to the STCA and the HSD State-Tribal Consultation, Collaboration and Communication Policy later in this report.

The Human Services Department State-Tribal Consultation, Collaboration and Communication Policy posted on the HSD website at <http://www.hsd.state.nm.us/> and attached to this report. *Attachment I*



The Mission of the Human Services Department

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.

SECTION IV PROGRAMS AND SERVICES

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

Human Services Department

The New Mexico Human Services Department maintains a commitment to improve the overall quality of life for all New Mexicans. This includes the State’s Native American population, living both on and off tribal lands. Providing access to our programs and strengthening our relationship and partnership with New Mexico Native American Tribes, Pueblos and Nations is an HSD priority.

HSD manages a \$6.64 billion dollar budget of 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)



The programs are administered through four Program Divisions:

Click to follow links.

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



MEDICAL ASSISTANCE DIVISION (MAD)

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

Currently, 40 percent of New Mexicans (approximately 853,000 individuals including approximately 385,000 children) receive health insurance through Medicaid, the Children’s Health Insurance Program (CHIP), or other medical assistance programs administered by the Human Services Department’s Medical Assistance Division. This represents an increase of 87,000 total recipients from last year. The fiscal year 2016 budget for the Medicaid program was \$5.7 billion in state and federal dollars.

The agency is committed to working with Native American Medicaid recipients, Indian Health Service, Tribal and Urban Health Programs (ITU) and other stakeholders to meet the growing demands of providing quality health care to Medicaid-eligible Native Americans in New Mexico, whether through the Medicaid managed care program, known as Centennial Care, or through Fee-For-Service (FFS).

The total Native American FFS expenditures for calendar year (CY) January 1, 2015 – December 31, 2015 was about \$346 million dollars. The largest dollar amounts were for outpatient/physician claims, followed by inpatient claims.

The nursing facility expenditure for Native American receiving Long-Term Services and Supports in CY 2015 was approximately \$20 million dollars. The total expenditure for Native Americans receiving personal care services was almost \$45 million dollars.

**NATIVE AMERICANS ENROLLED
IN MEDICAID**

Total Enrolled in Medicaid	<u>127,364</u>
NA Enrolled in Fee-For-Service	
	91,208
NA Enrolled in Centennial Care	
	36,156
Managed Care Organizations (MCO)	
	➤ Molina Health (MHNM)
	➤ United Health Care (UHC),
	➤ Presbyterian Health Plan (PHP)
	➤ Blue Cross Blue Shield (BCBS)



The Medical Assistance Division has begun its fourth year operating the Native American Technical Advisory Committee (NATAC). The goal of this committee is to have members identify concerns, make recommendations on how to best address these concerns and to track the progress of our efforts. There are 16 tribal appointments to this Committee, which recently expanded its purpose this year to include Income Support Division programs and services. The NATAC meets quarterly.

Medicaid held a formal tribal consultation on June 6, 2016 with New Mexico's Tribes, Pueblos, Nations and Indian Health Service to discuss proposed rate changes for certain Medicaid services outside of an ITU. Medicaid has also requested comment from tribal leadership on fourteen different 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>

During the past fiscal year, the Native American liaison for Medicaid participated in eight outreach events in tribal communities throughout the state to provide information about FFS Medicaid, Centennial Care Medicaid, and to answer questions about Medicaid services.

The Medical Assistance Division has also been working with Indian Health Service, tribal 638 clinics and interested parties to implement the new federal policy related to the State matching funds for Native American services. This new policy allows for the 100% Federal Medical Assistance Percentage (FMAP) match for Native Americans who receive services through an IHS, Indian Tribe or Tribal organization under certain procedural requirements. For example,

- The patient must have an established relationship with IHS/Tribal facility
- Written care coordination agreements are required between the IHS/tribal facility and non-IHS/tribal facility providers for these patients
- The case records must be shared with the IHS or tribal facility
- Our proposed policies and procedures will need to be sent to CMS for review and approval

It is important to the Medical Assistance Division to minimize the administrative burdens as much as possible with IHS/tribal facilities in any new process related to this initiative. Considering the current budgetary challenges facing the State, any additional revenue generated by this initiative will help to sustain continued growth in the Medicaid program.



MEDICAL ASSISTANCE DIVISION (MAD)		
Name (Summit, consultations, conferences, trainings, workshops, committees.)	Tribes, Pueblos, Nations Represented	Attendee Title (Tribal leadership, staff and programs.)
Quarterly Native American Tech. Advisory Committee meetings <i>Expanded in 2016 to include Income Support Division</i>	Appointments from each Tribe/Pueblo/Nation	Tribal appointees
Zuni Health Fair	Zuni Pueblo	Governor Panteah and program and tribal members
NA Advisory Board	Shiprock Chapter House	Navajo area
Acoma Pueblo Senior Health Fair	Acoma Pueblo	Acoma community
NA Advisory Board	Jemez	Jemez community
Sandia Pueblo Health Fair	Sandia Pueblo	Sandia community
NA Advisory Board	Mescalero	Mescalero Tribe
NA Advisory Board	ACL Hospital	ACL community
Hozho Health Fair	Urban and tribal Navajo community	Navajo community
Health Home Project	San Juan County	Navajo Dept. of Social Services, IHS
2015 Summit on Traumatic Brain Injury and Native Americans	Open invitation	NA with brain injury, tribal health and social service programs, families and caretakers of NA.
MAD On-going Meetings with Indian Health Service		
100% Federal Medical Assistance Percentage (FM/AP) Training		Albuquerque Area and Navajo Area, Tribal 638s, Medical Assistance Division
Quarterly IHS Revenue meeting		Albuquerque & Navajo Area IHS
Billing meetings with Crownpoint IHS	Crownpoint	Navajo Area IHS



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. In State Fiscal Year (SFY) 2016, ISD served over 1 million individuals at our 35 offices statewide.

In SFY 2016, ISD provided these much-needed services to more New Mexicans than ever before. In SFY2016, a total of 232,130 families (496,928 individuals) received Supplemental Nutrition Assistance Program benefits, and 12,754 families (33,019 individuals) received Temporary Assistance for Needy Families benefits. In addition, 61,486 families received an average benefit of \$189 through the Low Income Home Energy Assistance Program.

ISD distributed 8,407,537 pounds of commodity foods, valued at \$8,672,541 to New Mexico schools through the USDA Food Distribution to Schools program. The Department of Defense (DOD) Fresh Fruit and Vegetable Program allows schools to use USDA Foods entitlement dollars to buy fresh produce. DOD allocations can be increased throughout the year. \$2,400,000 was allocated to the DOD Fresh Fruit and Vegetable Program.

The Emergency Food Assistance Program distributes commodities through a statewide network of regional food banks.

ISD provided funding through the Homeless Meals Program at six shelters. This includes homeless shelters, day shelters and domestic violence shelters. This year ISD served over 500,000 individuals in shelter facilities.

This year ISD added a new program called Commodity Supplemental Food Program. This program provides commodities for seniors (age 60+) who are at or below 130% of poverty.



NATIVE AMERICAN RECIPIENTS BY PROGRAM AND TRIBAL RESIDENCE – SFY 2016

Tribal Residence	Education Works	General Assistance	TANF	LIHEAP	SNAP
Acoma	13	3	113	219	889
Alamo Navajo	-	6	146	384	12,407
Canoncito Navajo	-	-	-	2	79
Checkerboard Navajo	5	4	110	189	8,913
Cochiti	6	-	26	17	163
Isleta	-	7	53	119	449
Jemez	10	1	117	20	610
Jicarilla Apache	-	6	81	28	813
Laguna	3	12	156	42	1,727
Main Reservation Navajo	-	1	92	92	8,547
Mescalero Apache	-	10	208	419	1,510
Nambe	-	-	26	46	161
Ohkay Owingeh	-	-	-	5	22
Picuris	-	-	-	8	12
Pojoaque	-	-	-	2	4
Ramah Navajo	-	-	-	1	193
San Felipe	-	14	140	184	1,155
San Ildefonso	-	-	-	-	27
San Juan	-	-	-	4	133
Sandia	-	1	-	2	82
Santa Ana	-	-	3	-	24
Santa Clara	-	2	54	91	374
Santo Domingo	2	5	149	334	1,291
Taos	-	2	34	80	203
Tesuque	-	1	-	4	4
Tohajiilee Navajo	-	-	3	4	100
Zia	-	-	20	14	234
Zuni	-	-	21	22	3,339
Unknown	132	286	4,194	10,462	54,369
Total	171	361	5,746	12,794	97,834

ISD AGREEMENTS WITH TRIBES, PUEBLOS, NATIONS, AND INDIAN HEALTH SERVICE

ISD Out-Stationed Workers

HSD makes available on-site services to Native Americans through placement of out-stationed workers in IHS Hospitals and Service Units. 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 (formerly, Food Stamps), General Assistance, Temporary Cash Assistance, and Medicaid.



GOVERNMENTAL SERVICES AGREEMENTS for On-Site Placement Of HSD/ISD Eligibility Workers	
LOCATIONS	Albuquerque IHS Acoma-Cañoncito-Laguna Mescalero Pueblo of Zuni Southwestern Indian Polytechnic Institute (SIPI)

ISD Temporary Assistance to Needy Families (TANF)

Federally recognized Indian tribes can apply for funding to administer and operate their own TANF programs. This option is described 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 welfare programs that promote work and responsibility and strengthen families. Similar to states, they receive block grants to design and operate programs that accomplish one of the four purposes of the TANF program. The NM HSD Income Support Division has Agreements with the Pueblo of Zuni, and the Navajo Nation to operate their own TANF program. Kewa (Santo Domingo) Pueblo operates their own TANF program with direct funding from the United States Health and Human Services Department Administration for Children and Families. HSD does not have an agreement with Kewa Pueblo at this time.

The four purposes of the TANF program are:

- Provide assistance to needy families so that children can be cared for in their own homes
- Reduce the dependency of needy parents by promoting job preparation, work and marriage
- Prevent and reduce the incidence of out-of-wedlock pregnancies
- Encourage the formation and maintenance of two-parent families

ISD Food Distribution Program on Indian Reservations (FDPIR)

FDPIR is the acronym for the Food Distribution Program on Indian Tribes, Pueblos and Nations, which provides USDA Foods to low-income households residing on Reservations or Pueblos, and to households residing in designated areas near Reservations or Pueblos with a Native American household member.



Many households participate in FDPIR as an alternative to the SNAP because they do not have easy access to SNAP offices or authorized food stores. New Mexico SNAP and FDIPR are mandated to perform cross-program checks to alleviate dual participation and eligibility of Intentional Program Violators.

FDPIR Sites

Site	Location	Service Areas:
Eight Northern Indian Pueblos Council, Inc. (ENIPC)	Santa Fe County - Nambe, NM	Nambe, Tesuque, Pojoaque, San Ildefonso, Santa Clara, Ohkay Owingeh (San Juan), Taos, Picuris. This FDPIR site also serves Native Americans and Non-Native Americans living with a Native American residing within a 15 mile radius of the aforementioned Pueblos.
Five Sandoval Indian Pueblos, Inc. (FSIP)	Sandoval County - Bernalillo, NM	Cochiti, Jemez, Zia, Sandia, Santa Ana, Kewa (Santo Domingo), San Felipe, Isleta and Valencia County
Zuni	McKinley County	Zuni Pueblo
Acoma	Cibola County	Acoma Pueblo and Laguna Pueblo; Bibo, Bluewater Village, Cubero, Grants, Milan, San Fidel, San Rafael, and Seboyeta. This site serves Laguna and Acoma Pueblo Tribal members residing off the Pueblos in the areas mentioned above.
Navajo Nation	San Juan County McKinley County Ft. Defiance, AZ Teec Nos Pos, AZ	Crownpoint - Canoncito (To Reservation in Bernalillo County Alamo Reservation in Socorro County, Torreon, Pueblo Peintado; Baca, Thoreau, Standing Rock, Mariano, Little Lake, Crownpoint area Mexican Springs - Ramah Reservation, Naschitti, Crystal, Navajo, Standing Rock, Church Rock, Pinedale, Bread Springs, Red Rock, Manuelito, Tsayatoh, Iyanbito, Tohatchi, Rock Springs, Chichiltah, Twin Lakes, Mexican Springs, Coyote Canyon



		<p>Kirtland - Counselor, Nageezi, Huerfano, Sheep Springs, Burnham, Newcomb, Two Gray Hill, Anostee, Farmington, Bloomfield, Atec, Flora Vista, La Platte, Kirkland, Upper and Lower Fruitland, Nenahnezad, Shiprock, Cudeii, Beclahbeto</p> <p><i>Ft. Defiance - This site is located in AZ, members of the Navajo Nation residing on the Reservation in NM may access FDPIR benefits at this site.</i></p> <p><i>Teec Nospos - This site is located in AZ, members of the Navajo Nation residing on the Reservation in NM may access FDPIR benefits at this site.</i></p>
--	--	---

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 Food and Nutrition Services Bureau staff work with the New Mexico Farmer’s Market Association in addition to local Farmer’s Markets to allow the use of EBT cards in communities statewide to encourage healthy eating. The Double Up Bucks is a program, funded by the USDA and the State Legislature, that allows for purchasing double value on fruits and vegetables at the farmers markets and selected grocery stores.

Commodity food is delivered by the FANS Bureau to 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. These schools served meals to approximately 30,000 Native American children each school day covering approximately 20% of their food costs.



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), derived from Title IV-D of the Federal Social Security Act, is 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. Successfully completing these activities improves the quality of the lives of children, increases the number of families who achieve self-sufficiency, and helps break the cycle of dependency on public assistance.

In SFY2016, there were more than 68,000 families with child support cases in New Mexico, of which approximately 6,000 were Native American. CSED, New Mexico's IV-D agency is required by federal and state laws to help families receiving Temporary Assistance for Needy Families (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 Collaborations

CSED has had a long collaborative relationship with the Navajo Nation that stems back to 1993 when the State and the Nation entered into its first Joint Powers Agreement (JPA) for operating the child support program on the Navajo Nation, one of the first agreements of its kind in the United States. The JPA, renewed in November 2015, provides:

- 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);



- CSED Customer Service Information Center with in-state and out-of-state toll free numbers and an Automated Voice Response system;
- New hire reporting services, automatic income withholdings, federal and state tax referral and intercept services, and Financial Institution Data Match (FIDM) services;
- Credit bureau reporting;
- License suspension and 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 upon request.

In State Fiscal Year 2016, CSED visited with the Zuni IV-D program in an effort to discuss the transfer of cases that were originally set up through the State CSED program, prior to the implementation of the Zuni IV-D program. The cases are now Zuni jurisdictional and will be transferred to and worked through the Zuni IV-D program.

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;
- Providing services to custodial tribal members living on or off tribal lands – so long as the non-custodial parent lives off tribal lands;
- Providing data and reports to Navajo Nation;



- Alamogordo CSED office communicates with the Mescalero Apache Tribe IV-D Program as needed; and
- CSED re-established communication with the Pueblo of Zuni Child Support Office.

CSED has a dedicated attorney from the Albuquerque North Office 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 attorney when questions arise regarding child support cases that involve tribal members and/or basic child support matters. CSED also has a dedicated Child Support Legal Assistant that handles 353 active cases for Zia, Acoma, Isleta, and Laguna Pueblos.

CSED currently has a Memorandum of Understanding (MOU) with the Zia Pueblo, and is in the process of obtaining MOUs with the three other Pueblos that CSED is currently working with to obtain child support court orders through the tribal courts.

CSED State Fiscal Year 2016

CROWNPOINT – Navajo Nation IV-D				Total Collections SFY 2016
MONTH	Cases	% of Cases with Orders	Children	
June-16	4192	29.7%	7089	\$1,277,258.02

SHIPROCK – Navajo Nation IV-D				Total Collections SFY 2016
MONTH	CASES	% of Cases with Orders	Children	
June-16	1493	61.7%	2525	\$1,334,826.42

ACOMA				Total Collections SFY 2016
MONTH	CASES	% of Cases with Orders	Children	
June-16	105	73.3%	160	\$152,795.54



ISLETA				Total Collections SFY 2016
MONTH	CASES	% of Cases with Orders	Children	
June-16	90	82.2%	130	\$127,315.71

LAGUNA				Total Collections SFY 2016
MONTH	CASES	% of Cases with Orders	Children	
June-16	129	77.5%	185	\$212,598.84

ZUNI				Total Collections SFY 2016
MONTH	CASES	% of Cases with Orders	Children	
June-16	29	86.2%	55	\$76,203.19

ZIA				Total Collections SFY 2016
MONTH	Cases	% of Cases with Orders	Children	
June-16	2	100%	2	\$747.00



HSD OFFICE OF THE SECRETARY Includes the INCOME SUPPORT DIVISION & CHILD SUPPORT ENFORCEMENT DIVISION		
Name (Summit, consultations, conferences, trainings, workshops, committees.)	Tribes, Pueblos, Nations Represented	Attendee Title (Tribal leadership, staff and programs.)
OOS, ISD, BHSD, and MAD participated in the STCA Annual Summit. HSD Secretary Earnest and DOH Secretary Lynn Gallagher presented on 'Health', one of the four Summit topics.	Tribal Governors, Presidents and Chairman	Tribal leadership
OOS and MAD, State – Tribal Leadership Consultation on proposed Medicaid State Plan Amendments (SPAs) to implement reductions to Medicaid provider payments.	All Tribes, Pueblos and Nations invited. <ul style="list-style-type: none"> Laguna, Tesuque, Cocheti, Navajo Area IHS, Albuquerque Area IHS, Ohkay Owingah, Navajo Nation. 	Tribal leadership or their designee
NM Health System Innovation (SIM) Model <i>In collaboration with the Department of Health</i> <ul style="list-style-type: none"> Five Native American Stakeholder Committee Meetings Two Consultations with tribal Leadership and ITUs 	SIM <ul style="list-style-type: none"> Native American Stakeholder Committee included tribal representatives including ITUs and MCOs Consultations included tribal leadership or their designee and Albuquerque Area and Navajo Area IHS offices and the urban Indian health program, First Nations 	SIM <ul style="list-style-type: none"> Committee members included Tribal and ITU program managers and MCO Native American liaisons Consultations included tribal leadership, ITU CEOs and HSD and DOH Secretaries
Participation in the All Indian Pueblo Council of Governors Consultation with US Department of Agriculture, Food and Nutrition Services	All Indian Pueblo Council of Governors	Pueblo Governors
Navajo Social Services Conference <i>All HSD liaisons presented on HSD programs and services</i>	Navajo Nation	Navajo health and social services directors, managers and staff
Native American Technical Advisory Committee	Mescalero, Laguna, Zuni, Jemez, San Ildefonso,	Tribal designees appointed by their Governor,



HSD OFFICE OF THE SECRETARY		
Includes the INCOME SUPPORT DIVISION & CHILD SUPPORT ENFORCEMENT DIVISION		
Name (Summit, consultations, conferences, trainings, workshops, committees.)	Tribes, Pueblos, Nations Represented	Attendee Title (Tribal leadership, staff and programs.)
(NATAC) – Quarterly meetings Expanded NATAC in 2016 to include the Income Support Division	Cochiti, Santa Clara, Isleta, Ohkay Owingeh, Taos, Sandia, Acoma, Santa Ana, Tesuque, San Felipe, Zia.	President, or Chairman
ISD Food Distribution Program on Indian Reservations (FDPIR) – Quarterly Meetings	Zuni; Acoma Eight Northern Pueblos Council; Five Sandoval Pueblos	Tribal FDPIR Program Directors/Managers and certification staff
Consultation meeting on Supplemental Nutrition Assistance Program (SNAP)	Tesuque Pueblo	Governor and Council Members
Change in Supplemental Nutrition Assistance Program (SNAP) work requirements for Able Bodied Adults Without Dependents (ABAWDS). March 2016 Notice to tribal leadership informing all tribes, pueblos and nations that ABAWDs who receive SNAP do not have to meet the Able Bodied Adult Time Limit Requirement from January 1, 2016 – December 31, 2016.	Notice to all Tribes, Pueblos and Nations	Written notice to all Governors, Presidents and Chairman
CSED meeting with Zuni Pueblo Child Support on child support cases, jurisdiction, collections and establishing collaboration and communications.	Zuni Child Support Title D IV Program	Zuni Child Support Title D IV Program staff, Tribal Court Administrator and Judge



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 currently has a staff of 30 that focuses on developing strategies for mental health promotion and substance abuse prevention and treatment for individuals in NM. In its role as the state mental health and substance abuse authority, BHSD works in partnership with MAD to oversee contracts with the four Medicaid MCOs and to ensure provision through New Mexico's behavioral health statewide system of Medicaid benefits.

BHSD staff work with Native American and tribal providers on the following federal grants and state programs:

- **Substance Abuse Prevention and Treatment (SAPT) Block Grants:** SAPT is a Substance Abuse and Mental Health Services Administration (SAMHSA) block grant that funds planning, implementing and evaluating activities/services to prevent and treat substance abuse. Community-based providers receive these funds through OptumHealth New Mexico (OHNM) to help support their substance abuse treatment services and primary prevention activities. BHSD support reimbursements for traditional Healing Services using (SAPT) Block Grant Funds. Programs funded under these grants are:
 - SAPT Block Grants Fund (B800):*
 - Eight Northern Indian Pueblos Council, Inc.
 - First Nations Community Healthsource
 - Na' Nizhoozhi Center, Inc.
 - Navajo Nation Department of Behavioral Health
 - State General Fund (SGF)-Substance Abuse Fund (BB10):*
 - Five Sandoval Indian Pueblos, Inc.
 - First Nations Community Healthsource
 - Four Winds Recovery Center, Inc.
 - Pueblo of Isleta
 - Navajo Nation Department of Behavioral Health Services

** There were no individual program allocations identified for these services rendered.*



- SAPT Block Grant – Prevention Fund (BD30) - \$556,750
 - Five Sandoval Indian Pueblos, Inc. - \$114,925
 - Mescalero Apache Tribe - \$110,425
 - Native American Community Academy - \$110,425
 - Pueblo of Tesuque - \$106,925
 - Santo Domingo Pueblo - \$110,050
- **Veterans First/Jail Diversion (VFJD) Grant:** VFJD is a SAMHSA grant that serves adults with a history of trauma and prioritizes veterans, in partnership with the Veterans and Family Support Services (VFSS) and Presbyterian Medical Services (PMS).
A focus of this grant is to provide services to Native American and tribal communities in the Sandoval, San Juan and McKinley Counties.
 - SGF-Mental Health-Jail Diversion Fund (BA60) - \$39,816
 - Pueblo of Jemez - \$39,816
- **Total Community Approach (TCA):** TCA is a partnership between the Collaborative and local communities most affected by substance abuse to address their behavioral health challenges. Targeted resources are prevention to treatment. These resources are directed to the areas where they are most needed to deal with substance abuse and other behavioral health challenges.
Local Collaborative (LC) 15 and Navajo Nation are providers who participate as a TCA project site 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. OHNM supports the provider vial technical assistance with development of new services and invoice billing for services provided within Eastern Navajo.
 - Total Community Approach (TCA)-All Services Fund (BC60) - \$96,500
 - Navajo Nation Department of Behavioral Health Services - \$96,500
- **Native American Services Fund Grant:** BHSD uses some of the SFG to fund six Native American and tribal providers who offer a range of behavioral health prevention and treatment services. During FY 12, BHSD and OHNM established traditional services definitions for



excel-based “workbooks” with each of the providers to assist in their recording of services and generating monthly invoices.

- Native American Services Fund (B600) - \$212,606
 - Dine Council of Elders \$ 18,523
 - First Nations Community Healthsource - \$33,398
 - The Life Link - \$10,740
 - PMS – Totah Behavioral Health Authority - \$119,928
 - Pueblo of Isleta - \$5,017
 - Pueblo of Zuni - \$25,000
- Other programs serving Native Americans receiving Non-Medicaid funding are:
 - SGF-Mental Health, Native American Program Fund (BA90) - \$53,000
 - First Nations Community Healthsource - \$53,000
 - Supportive Housing Fund (BB20) - \$21,600
 - First Nations Community Healthsource - \$21,600
 - Veteran’s Programs through The Life Link - \$10,000
 - Kewa Veteran Outreach - \$10,000
- **Native American Suicide Prevention Legislative Appropriation**

\$100,000 was appropriated in the 2016 Legislative Session to the Behavioral Health Services Division (BHSD) for Native American Suicide Prevention. BHSD will be collaborating with the University of New Mexico Health Sciences Center Honoring Native Life (HNL) program. This program, established in 2011 through the passing of Senate Bill 417, created a statewide Clearinghouse and has subsequently been funded to maintain the NM Suicide Prevention Clearinghouse for Native Americans. The Clearinghouse is a central repository that provides tribal suicide prevention/intervention/post-intervention information, data, training, and support.
- **The PAX Good Behavior Game (GBG)**

This program has demonstrated to increase students’ self-regulation, self-control, and self-management to increase collaboration with others for peace, productivity, health, and happiness. PAX GBG 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 additions, serious violent crime, suicide contemplations and attempts, and initiation of sexual activity with increases in high school graduation rates and college attendance. This initiative is currently in the negotiation process so that a 2-3 day training of the teaching staff in the approximately 31 Bureau of Indian Education schools located within the tribal communities of New Mexico can occur.

- **Certified Peer Support Workers (CPSWs)**

BHSD oversees certification of peer support specialists through the Office of Peer Recovery & Engagement (OPRE). Certified Peer Support Worker training is being scheduled for the Pueblo of San Felipe per the request of the Pueblo of San Felipe Behavioral Health Services Director. It is anticipated approximately 15 tribal community members will be trained.

- **Certified Community Behavioral Health Clinics (CCBHC)**

A CCBHC supports the training of direct-care staff in strategies for the prevention and elimination of seclusion and restraint both physical and chemical, in the treatment of people with serious mental illness or children with serious emotional disturbances and use approaches focused on consumer well-being. Individuals receiving services through the CCBHC will achieve a state of recovery through sort-term or on-going medical and other treatment for symptoms of their conditions, based on an appropriate and timely assessment of needs, and through counseling, psychosocial or on-going recovery support services that may change over time as their recovery progresses. The sites identified are:

- PMS Rio Rancho
- PMS Farmington
- La Clinica; Hidalgo County
- University of New Mexico Hospital
- Leah County Guidance Center
- Jemez Pueblo



BEHAVIORAL HEALTH SERVICES DIVISION (BHSD)

BHSD Committees

- **Native American Sub-Committee (NASC) – Co-Chairs: Secretary Kelly Zunie**

The NASC shall assure behavioral health services to all Native American people in New Mexico. The NASC has representation from the Pueblos, Mescalero Tribe, Jicarilla Nation, Navajo Nation, and the Urban Native American populations. **Meetings – 4th Thursday of each month.**

- **Adult/Substance Abuse/Medicaid Sub-Committee (ASAM) – Co-Chairs: Carol Luna-Anderson/Cathi Valdes**

Advocates for adults with serious mental illness, severe emotional, neurobiological and behavioral disorders, substance abuse and co-occurring disorders. The committee educates & advises the Council in NM Medicaid programs. They assist with on-going development of a system that recognizes substance abuse dependence as a preventable and treatable illness for which high quality services are available. **Meetings – 3rd Tuesday of each month.**

- **Children’ s/Adolescents Sub-Committee (CASC) – Co-Chairs: Michael Ruble/Gail Falconer**

Advocate for children, youth, adolescents and young adults who are transitioning to adult services with or at risk emotional, neurobiological and behavioral disorders, including substance abuse and co-occurring disorders. **Meetings – 3rd Tuesday of each month.**

- **Local Collaborative Alliance (LCA) – Co-Chairs: Governor Rick Vigil/Rebecca Ballentine**

Their mission is to support the active participation of the communities of New Mexico regarding Behavioral Health Services; and to forge a relationship between the Behavioral Health Collaborative and the local communities to enhance and protect their voice through providing and creating community.

- **Recovery Communities of New Mexico (RCNM) – Co-Chairs: Lawrence Medina/Theresa Turietta**

To support local recovery advocates to improve, empower, and attract their communities to implement recovery initiatives. The vision is to improve quality of life through recovery. **Meetings – 3rd Friday of each month.**

- **Behavioral Health Planning Council (BHPC) – Co-Chairs: Jane Jackson-Bear/Carol Luna-Anderson**

Advocate for adults, children and adolescents with serious mental illness or severe emotional, neurobiological and behavioral disorders including substance abuse and co-occurring disorders. They report annually to the governor and the legislature on the adequacy and allocation of mental health services throughout the state. They also advise state agencies responsible for behavioral health services for children and adults. **Meetings – 2nd Thursday of each quarter.**



BEHAVIORAL HEALTH SERVICES DIVISION (BHSD)

BHSD Consultation

• **Detoxification Center – Gallup, New Mexico**

Two meetings were held regarding the management, oversight and funding of the Detoxification Center in Gallup. The initial meeting was attended by President Russell Begaye, Navajo Nation; Lorenzo Bates, Speaker for Navajo Nation Council; Gallup Mayor Jackie McKinney; Rehobeth McKinley Christian Health Care Services Director; NM Indian Affairs Department Cabinet Secretary Kelly Zumie; Dr. Wayne Lindstrom, Director, NM HSD Behavioral Health Services Division; Congressman Ben Ray Lujan; and Dr. Kevin Foley, Na’ Nizhoozhi, Inc. (NCI) Executive Director.

BHSD Trainings

• **2016 Behavioral Health Summit – “Inspiring Unity within Our Communities” January 29, 2016**

The Summit was to motivate people to live happy, productive and comfortable lives regardless of their mental diagnosis and/or their history of substance abuse. This year’s Summit was held on Friday, January 29, 2016 the day prior to the scheduled 2016 Behavioral Health at the Legislature.

• **Certified Peer Support Worker (CPSW) Training**

The Office of Peer Recovery & Engagement (OPRE) conducts Peer Support Specialist Trainings across the state; Native American and tribal peers from across the state have completed these trainings. Certified Peer Support Worker training is currently being scheduled for the Pueblo of San Felipe per the request of the Pueblo of San Felipe Behavioral Health Services Director. It is anticipated approximately 15 tribal community members will be trained.

• **Clinical Reasoning Workshop (Navajo Nation Department of Behavioral Health Services)**

A two-day Clinical Reasoning Workshop was held on April 19-20, 2016 for the Navajo Nation Department of Behavioral Health Services. The workshops were conducted in Gallup, New Mexico and Window Rock, Arizona. The workshop was designed to highlight key concepts, organizing tools, and clinical reasoning processes. Areas covered in the training included:

- Foundational Concepts: Principles and Organizers used in Clinical Reasoning
- Logic Threads of Clinical Reasoning that Link Assessment, Case Formulation, Planning Noting, Adjustment
- Using Bio=- Psycho-Social Assessment Framework & Answering Clinical Questions
- Building a Clinical Case Formulation & Applying Logic to Goals for Action
- Working from a Case Formulation into Planning Goals & Interventions



BEHAVIORAL HEALTH SERVICES DIVISION (BHSD)

- o Working from Intervention Episodes into Case Notes (clinically sufficient & compliant)
- o Reflection on Actions & Results for Updating Assessments & Plans

Additional trainings in May and June were offered that provided additional opportunities to increase skills in clinical reasoning and case formulation in youth and family situations as well as offering new skills and tools for the integration of primary health and behavioral care.

Other BHSD Activities

- **Network of Care (NoC)**

The Network of Care is a resource for individuals, families and agencies concerned with behavioral health. It provides information about behavioral health services, laws, and related news, as well as communication tools and other features. Regardless of where you begin your search for assistance with behavioral health issues, the Network of Care helps you find what you need – it helps ensure that there is “No Wrong Door” for those who need services.

- **Behavioral Health Investment Zones**

The Investment Zones have been established based on the highest composite NM death rates due to drug overdoses, alcoholism, and suicide. The two counties that have been identified are Rio Arriba and McKinley counties.



SECTION V

TRAINING AND EMPLOYEE NOTIFICATION

Cultural Competency Training

The HSD encourages employees to attend the Cultural Competency Training (CCT) offered through the State Personnel Office (SPO) and the IAD. In SFY 2016 the Department worked collaboratively with SPO and IAD to offer CCT to staff in the ISD field offices utilizing the HSD teleconference equipment. Onsite and teleconferencing enabled **233** HSD employees to participate in the Cultural Competency Training in SFY2016.

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 Blackboard training website. In SFY2016, **97** managers completed this training.

This year HSD purchase the DVD film *Canes of Power* and the copyright permission to place the film on Blackboard. *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 on Blackboard. Periodic announcements are placed on 'The Wire' the Department's SharePoint, and in the 'HotSpot' a weekly publication of HSD.



SECTION VI

STATE – TRIBAL CONSULTATION, COLLABORATION, AND COMMUNICATION POLICY (STCA)

The HSD State-Tribal Consultation, Collaboration, and Communication Policy (STCA) can be found at http://www.hsd.state.nm.us/Native_American_Liaison.aspx

See Attachment I



STCA Report Closing Statement

The New Mexico Human Services Department submits to the New Mexico Department of Indian Affairs, the 2016 HSD State – Tribal Collaboration Report.

Brent Earnest, Secretary

Human Services Department

7/29/16
Date





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.

Section XI. Closing Statement

The New Mexico Human Services Department hereby endorses the HSD State-Tribal Consultation, Collaboration and Communication Policy first enacted in 2009.


Brent Earnest, Cabinet Secretary
Human Services Department

7/23/16 Date

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.