



HUMAN SERVICES
DEPARTMENT



STATE-TRIBAL COLLABORATION ACT
2015
ANNUAL REPORT



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SECTION I. EXECUTIVE SUMMARY

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.

Overview of the Department

The New Mexico Human Services Department (HSD) strives to address the concerns that impact all New Mexicans. This includes the state's Native American population, living both on and off tribal lands. HSD's priorities include providing access for individuals to our programs and to strengthen our relationships and partnerships with New Mexico Indian Tribes, Nations and Pueblos.

HSD manages a \$5.82 billion dollar budget of state and federal funds and administers services to more than 800,000 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:

[Medical Assistance Division \(MAD\)](#)

[Income Support Division \(ISD\)](#)

[Child Support Enforcement Division \(CSED\)](#)

[Behavioral Health Services Division \(BHSD\)](#)

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

Human Services Department Tribal Liaisons

To promote collaboration and communication between the Department and the Tribes, in 2009 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. Tribal Liaisons interact closely with tribal communities, facilitate consultations and collaborations, and are a direct resource to tribal leadership, Indian Health Service, tribal programs and urban Indian programs. Liaisons strive to improve communication and strengthen collaborations that lead to more effective government-to-government consultations.

HSD OFFICE OF THE SECRETARY

Brent Earnest, Cabinet Secretary
Sean Pearson, Deputy Secretary
Michael Nelson, Deputy Secretary

2009 So. Pacheco
PO Box 2348
Santa Fe, NM 87504
Office: 505-827-7750
Fax: 505-827-6286

DIVISION DIRECTORS

Nancy Smith-Leslie, Medical Assistance Division
Wayne Lindstrom, Behavioral Health Services Division
Steven Smith, Child Support Enforcement Division
Marilyn Martinez, Income Support Division

NATIVE AMERICAN LIAISONS

HSD Office of the Secretary
Priscilla Caverly, Native American Liaison
Office: 505-476-4203
Fax: 505-827-6286

Medical Assistance Division
Theresa Belanger, Native American Liaison
Office: 505-827-3122
Fax: 505-827-3195

HSD Behavioral Health Services Division
Barbara Alvarez, Native American Liaison
Office: 505-476-9258
Fax: 505-476-9277

Addendum A - Organizational Chart

SECTION III. AGENCY POLICY PROMOTING STATE-TRIBAL RELATIONS

In 2009 Senate Bill 196 was signed into law, thus enacting the State-Tribal Collaboration Act (STCA). The STCA is a statutory commitment of New Mexico state government to work with Tribes on a government-to-government basis to better collaborate and communicate on issues of mutual concern. These state agencies and others subsequently created the Healthy New Mexico Tribal-State Workgroup to develop its State-Tribal Collaboration Policy. In 2009 the HSD Cabinet Secretary, and all succeeding Secretaries, have signed the HSD STC Policy into effect on behalf of the Department. The Policy provides direction to employees in developing effective and positive state-tribal relationships through training and orientation to the STCA. HSD has instituted department-wide training required for management staff on the HSD Consultation, Collaboration and Communication Policy and the State-Tribal Collaboration Act.

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



SECTION IV. PROGRAMS AND SERVICES

MEDICAL ASSISTANCE DIVISION (MAD), CENTENNIAL CARE

On January 1, 2014 new health coverage options became available to qualifying Native Americans through Centennial Care and Medicaid Expansion. For Native Americans in New Mexico, the Medicaid program works hand-in-hand with the Indian Health Service and Tribal and Urban (ITU) health clinics to provide access to medical services. Most Native Americans currently on Medicaid are not required, but can choose, to be in Centennial Care. They may stay in Fee-for-Service Medicaid, depending on their current Medicaid services, or choose a managed care organization (MCO) with Centennial Care. Native Americans can always go to ITU clinics and hospitals for healthcare services whether they are in Fee-for-Service Medicaid or whether they choose Centennial Care. In July 2015 there were 117,049 Native Americans enrolled in Medicaid. *Addendum C - Native American Enrollment Data*

BEHAVIORAL HEALTH SERVICES DIVISION (BHSD)

The purpose of the Behavioral Health Services Division (BHSD) is to lead the management of the public behavioral health service system through its role as the state mental health and substance abuse authority, through its role in the New Mexico Behavioral Health Collaborative (Collaborative), and through the purchase of adult behavioral health services in the state managed health care system.

Addendum D - Native American Programs Funding Allocations

INCOME SUPPORT DIVISION (ISD)

The Income Support Division (ISD) assists eligible low-income families through cash, food, medical, energy assistance, and supportive services so they can achieve self-sufficiency. ISD determines and maintains eligibility for New Mexico Native American participants and enters into agreements to better serve the Native American population nearest their location. *Addendum E - Native American Recipients by Program*

CHILD SUPPORT ENFORCEMENT DIVISION (CSED)

CSED administers the Child Support Enforcement Program (CSEP) for New Mexico; CSEP is a federal-state partnership created to establish and enforce the support obligations owed by parents to their children. CSED helps locate missing parents, establishes legal paternity, and oversees child support orders. CSED is in full support of tribes and pueblos wishing to develop and operate their own Tribal Child Support IV-D Programs and will provide technical assistance. CSED also provides child support services to tribes and pueblos across New Mexico upon request. *Addendum F - Child Support Collections*



MAD	BHSD	ISD	CSED
<p>For Native Americans in New Mexico, the Medicaid program works hand-in-hand with the Indian Health Service and Tribal and Urban (ITU) health clinics to provide access to medical services. Most Native Americans currently on Medicaid are not required, but can choose, to be in Centennial Care.</p> <p>NA Enrollment FFS – 87,731 MCO – 30,396 TOTAL ENROLLED NA = 118,127* <i>*Of this total, 30,795 are newly eligible through Medicaid Expansion.</i></p> <p>Communication/Collaboration</p> <ul style="list-style-type: none"> Native American Technical Assistance Committee (NATAC) - began in 2012 as an opportunity for the NM Medicaid Director to meet directly with Tribal representatives on a bimonthly basis to identify concerns and best practices for Tribes to make recommendations to the Medicaid director 20 Tribal Health Fairs to talk with communities about Medicaid and Centennial Care 16 Native American Advisory Board (NAAB) meetings were held with the four Centennial Care MCOs. Meetings are held quarterly in tribal communities. Business Office Manager Meetings are held regularly with the Albuquerque Area and Navajo Area Business Office meetings to 	<p>The purpose of the Behavioral Health Services Division (BHSD) is to lead the management of the public behavioral health service system through its role as the state mental health and substance abuse authority, through its role in the New Mexico Behavioral Health Collaborative (Collaborative), and through the purchase of adult behavioral health services in the state managed health care system.</p> <p>Funding for NA Programs TOTAL: \$3,417,157.00</p> <p>Total Amount per funding category: State General Fund (SGF) --Mental Health (B500) - \$40,000 Native American Services Fund (B600) - \$362,606 Substance Abuse Prevention Treatment (SAPT) -Block Grant Fund (B800) - \$1,410,155 SGF -Mental Health-jail Diversion Fund (BA80) - \$94,935 SGF -Mental Health-Native American Program Fund (BA90) - \$53,164 SGF-Substance Abuse Fund (BB10) - \$781,419 Supportive Housing Fund (BB20) - \$24,000 Total Community Approach -All Services Fund (BC60) - \$154,000 SAPT - Block Grant-Prevention Fund (BD30) – \$478,298 Veteran & Family Services - \$18,580</p>	<p>The Income Support Division (ISD) assists eligible low-income families through cash, food, medical, energy assistance, and supportive services so they can achieve self-sufficiency. ISD determines and maintains eligibility for New Mexico Native American participants and enters into agreements to better serve the Native American population nearest their location.</p> <p>Memorandum of Understanding (MOU) ISD workers provide application assistance for eligible low-income families and individuals for financial assistance, food assistance, employment assistance and training services. ISD MOU's to place out-stationed workers at:</p> <ul style="list-style-type: none"> Zuni Acoma, Canoncito, Laguna Indian Health Service (IHS) Mescalero IHS Albuquerque IHS Southwestern Indian Polytechnic Institute (SIPI) <p><u>ISD MOUs for Food Distribution Program on Indian Reservation (FDPIR)</u> FDPIR is a Federal program that provides commodity foods to low-income households, including the elderly, living on Indian reservations, and to Native American families residing in designated areas near reservations. ISD, Indian Tribal Organizations (ITO's), FDPIR sites, and the Navajo Nation communicate to reduce concurrent receipt of FDPIR commodities and SNAP.</p> <ul style="list-style-type: none"> Eight Northern Indian Pueblos, Inc. Five Sandoval Indian Pueblos Council Zuni Acoma Navajo Nation (5 sites) <p><u>ISD MOU with Tribal TANF programs:</u></p> <ul style="list-style-type: none"> Zuni Navajo Kewa (Pending.) <p><u>Food and Nutrition Services Bureau (FANS)</u> FANS Bureau is the food distribution agency for the USDA Food Program. The Program provides USDA Food to eligible schools participating in the National School Lunch Program (NSLP). In school year 2014-2015, USDA Food was delivered by the FANS Bureau trucks to Acoma,</p>	<p>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 to tribes and pueblos across New Mexico upon request.</p> <p>Governmental Service Agreements Title IV-D Programs</p> <ul style="list-style-type: none"> CSED has a JPA with Navajo Nation to provide assistance, in the same manner as provided to its own offices, to the Navajo Nation in order that the Navajo Nation might provide full child support services under the IV-D program. Mescalero Apache Zuni Pueblo <p>CSED continues to work with Isleta, Acoma, and Laguna Pueblo Courts, who each now establish paternity, child and medical support orders, as well as enforce existing court orders – additionally, Isleta Pueblo also withholds tribal payments for child support arrears.</p>



MAD	BHSD	ISD	CSED
<ul style="list-style-type: none"> • discuss Medicaid billing. • MAD has submitted 25 State Plan Amendments (SPAs) for Tribal/ITU comment. • Ongoing input is being gathered from ITUs on the redesign of Medicaid Management Information System (MMIS) to share data, maximize service and capacity of Medicaid information • Four IHS/ISD meetings to resolve issues related to Medicaid applications and improve coordination of services • Agreements between MCOs/Tribes for transportation, behavioral health, translation services, optical, audiology, medical supplies, and home health • Participated in Secretary's meeting with All Pueblo Council of Governors. • State Innovations Model (SIM) Native American Stakeholders Committee 	<p>Communication / Collaboration</p> <ul style="list-style-type: none"> • Native American Subcommittee • Adult, Substance Abuse, Medicaid Subcommittee • Children & Adolescent Subcommittee • Annual Native American Behavioral Health Summit • NA behavioral health programs technical assistance, monitoring and compliance • Inter-Tribal Behavioral Health Committee • Native American Local Collaborative monthly meetings • Native American Advisory Board meetings • Health Home initiative • Participated in Secretary's meeting with All Pueblo Council of Governors. • State Innovations Model (SIM) Native American Stakeholders Committee 	<p>Cochiti, Isleta, Jemez, Jicarilla Apache, Kewa, Laguna, Mescalero Apache, Nambé, 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 16-20% of their food costs. These schools received \$1,621,684 in USDA Food this past year.</p> <p>Communication / Collaboration</p> <ul style="list-style-type: none"> • ISD field offices in McKinley and San Juan Counties hold quarterly meetings with IHS Patient Benefits Coordinators • May 12, 2015-Discussion on Proposed Policy Re-Implementation of Work Program Requirements for the Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) and Able-Bodied Adults Without Dependents (ABAWD). • Friday, June 19, 2015-Continuing Discussion on the Proposed Policy Re-Implementation of Work Program Requirements for SNAP E&T and ABAWD. • Collaborative meetings between McKinley County ISD office and the Patient Benefits Coordinators to resolve concerns and improve services. • Pueblo of Zuni and IHS; and • San Juan County ISD office and the Navajo Area IHS • July 30 meeting on ISD FDPPIR and SNAP with tribal FDPPIR programs. • Participated in Secretary's meeting with All Pueblo Council of Governors. 	<p>CSED has a dedicated attorney from the Albuquerque North Office that is licensed to practice in Acoma, Isleta, and Laguna Pueblos and has a dedicated Child Support Legal Assistant that handles a total of 334 active cases for Acoma, Isleta, and Laguna Pueblos.</p> <p>General Service Agreements or MOU's are in the process of negotiation with the Pueblo of Zia and the Pueblo of Laguna.</p>
<p>HSD CULTURAL COMPETENCY TRAINING</p>			
<p>Cultural Competency Training (CCT) FY 2015</p> <ul style="list-style-type: none"> • Over 250 HSD employees have taken the Cultural Competency Training this year. • HSD has instituted department-wide training required for management staff on the HSD Consultation, Collaboration and Communication Policy and the State-Tribal Collaboration Act. • ISD allocated \$6000 for on-site Cultural Competency Training. • The Cabinet Secretary and his executive management team have taken the Cultural Competency Training. • CCT was provided to all ISD staff in these county offices: <ul style="list-style-type: none"> McKinley County Sandoval Rio Arriba Taos <p>San Juan Bernalillo Santa Fe</p> <p>Los Lunas Anthony</p> <p>And to the Customer Call Center staff in:</p>			



SECTION V.

STATE – TRIBAL CONSULTATION, COLLABORATION, AND COMMUNICATION POLICY

Attached is the HSD State-Tribal Consultation, Collaboration and Communication Policy. (See Addendum B.) This document can also be found at: http://www.hsd.state.nm.us/Native_American_Liaison.aspx

STCA Report Closing Statement

The Human Services Department hereby respectfully submits its State-Tribal Collaboration (STCA) Report for Fiscal Year 2015 to the Department of Indian Affairs.

Brent Earnest, Cabinet Secretary
Human Services Department

7/24/15
Date



2015 HSD State-Tribal Collaboration Act Annual Report

Susana Martinez, Governor

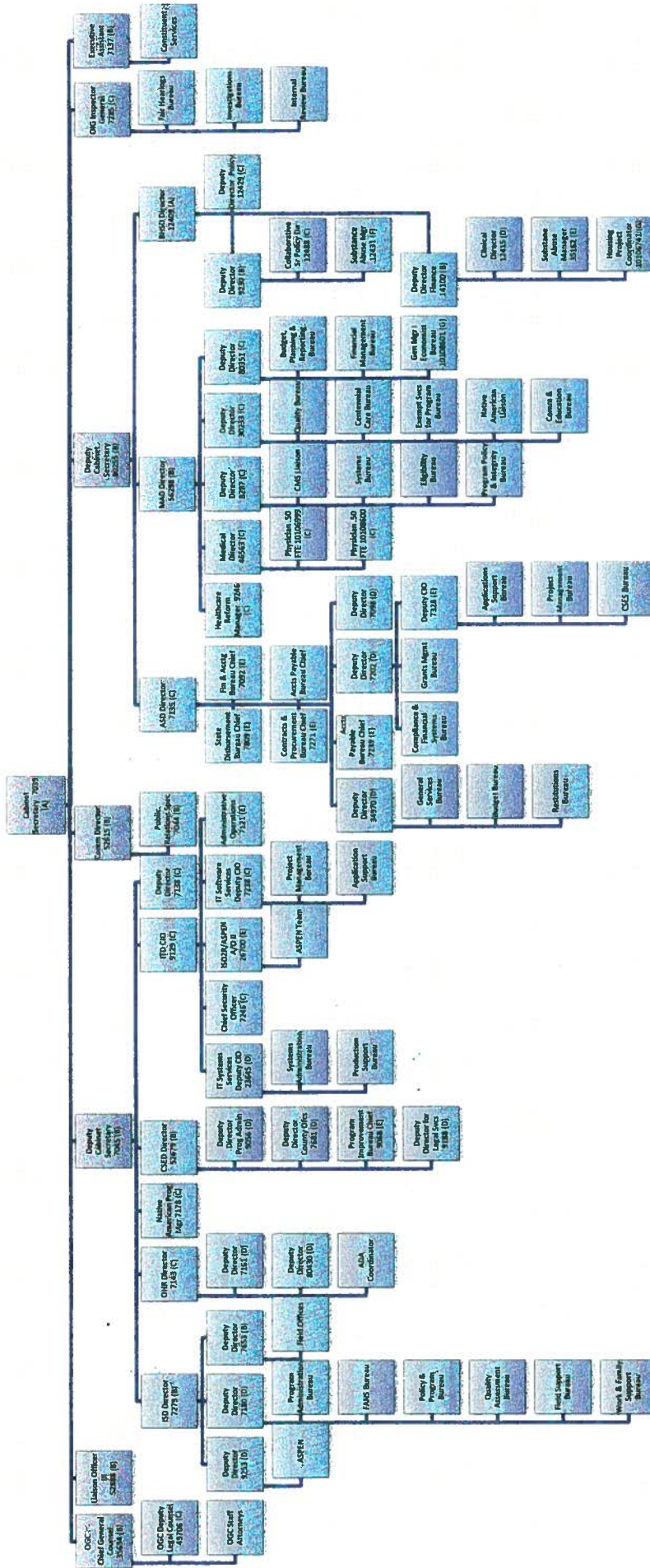
Brent Earnest, HSD Cabinet Secretary

ADDENDA

- *Addendum A* HSD Organizational Chart
 - *Addendum B* New Mexico Human Services Department State-Tribal Consultation, Collaboration and Communication Policy
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**HUMAN SERVICES
DEPARTMENT**





HUMAN SERVICES DEPARTMENT

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. **Lingulstic 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/Signatures

The New Mexico Human Services Department hereby adopts the State-Tribal Consultation, Collaboration and Communication Policy.

Kathryn Falls

Kathryn Falls, Cabinet Secretary
Human Services Department

12/30/09

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 reinstate 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.



2015 HSD State-Tribal Collaboration Act Annual Report

Susana Martinez, Governor

Brent Earnest, HSD Cabinet Secretary

ADDENDA

- *Addendum C* MAD, Native American Enrollment Data
 - *Addendum D* BHSD, Native American Programs Funding Allocations
 - *Addendum E* ISD Native American Recipients by Program
 - *Addendum F* CSED Child Support Collections
-

HUMAN SERVICES DEPARTMENT, Medical Assistance Division (June 2015)

All Native Americans # of Unique enrollees	Manage Care 30,396	FFS 87,731	Grand Total 118,127			
# of Unique enrollees						
Expansion COEs Only	Manage Care	FFS	Grand Total			
COE Code						
100 Other adults	6,729	24,066	30,795			
200 Parent Caretaker	2,740	11,238	13,978			
300 Full Medicaid coverage for pregnant women	86	229	315			
301 Pregnancy related Medicaid	154	616	770			
400 Children's Medicaid 0-138% (0-5)	2,748	8,188	10,936			
401 Children's Medicaid 0-138% (6-18)	7,045	23,643	30,688			
402 Children's Medicaid 138-240% (0-5)	92	219	311			
403 Children's Medicaid 138-240% (6-18)	1,031	2,833	3,864			
420 Children's Medicaid 240-300% (0-5)	41	150	191			
421 Children's Medicaid 190-240% (6- 18)	495	1,346	1,841			
Grand Total	21,161	72,528	93,689			
# of Unique enrollees						
County	BLUE CROSS BLUE SHIELD OF NM	MOLINA HEALTHCARE	PRESBYTERIAN HEALTH PLAN	UNITEDHEALTHCARE COMMUNITY PLAN	FFS	Grand Total
Bernalillo	1,391	1,667	2,605	623	12,538	18,824
Catron	4	3	2	2	33	44
Chaves	29	39	26	19	100	213
Cibola	388	417	598	213	5,589	7,205
Colfax	11	6	17	4	33	71
Curry	16	35	33	7	61	152
De Baca		1			2	3
Dona Ana	113	183	118	47	451	912
Eddy	26	36	17	16	106	201
Grant	26	25	12	9	72	144
Guadalupe	1	2		1	10	14
Harding			2			2
Hidalgo	1	4	3	1	3	12
Lea	10	35	11	9	69	134
Lincoln	24	22	52	4	258	360
Los Alamos	4	2	3	1	24	34
Luna	13	4	25	5	81	128
McKinley	2,159	1,954	1,551	2,034	27,990	35,688
Mora	2	3	12	3	27	47
Otero	126	112	219	49	2,305	2,811
Quay		4	7	2	21	34
Rio Arriba	193	106	272	75	2,738	3,384
Roosevelt	14	13	12	6	90	135
San Juan	1,169	2,279	2,148	1,702	22,219	29,517
San Miguel	31	28	53	24	182	318
Sandoval	441	657	975	593	8,197	10,863
Santa Fe	155	160	273	66	1,519	2,173
Sierra	7	8	4	12	46	77
Socorro	159	46	211	351	1,216	1,983
Taos	96	95	122	51	757	1,121
Torrance	17	18	36	10	104	185
Union	1	6	1	1	5	14
Unknown	4	1	3		181	189
Valencia	70	105	198	58	704	1,135
Grand Total	6,701	8,076	9,621	5,998	87,731	118,127



NEW MEXICO BEHAVIORAL HEALTH SERVICES DIVISION
Fiscal Year 2015 Non-Medicaid Funding Program Allocations

Addendum D

Provider	B600 Native American Services Fund	Service Description
Dine' Council of Elders Thoreau Community Center	\$26,582	Dine' Council of Elders for Peace provides domestic violence services for Navajo couples. Traditional Education, Mentoring, Cultural education and traditional problems solving skills are provided through a mentor relationship with a tribal elder. This program emphasizes an understanding of healthy human development within the native community and family.
First Nations Community Healthsource (FNCH) 5608 Zuni SE Albuquerque, NM 87108	\$56,961	FNCH is comprised of Traditional Native Counseling involving culturally competent screening and intake services by a traditional counselor. The goal of the program is to enhance the quality and cultural appropriateness of BHS services to more American Indians.
The Life Link	\$9,683	Life Link provides ad-hoc invoicing based on actual cost reimbursement, on behalf of the Native American Subcommittee (NASC) of the Behavioral Health Planning Council.
PMS – Totah Behavioral Health Authority 1615 Ojo Court P.O. Box 5190 Farmington, NM 87401	\$195,758	Totah Behavioral Health intends to increase access to and availability of treatment that is culturally competent and clinically sound. Behavioral health models that encompass the complex treatment and support needs of the target population resulting in improved housing; job skills, employment status; reduced substance use/abuse; and improved positive re-integration of clients into family/clin/community are expected outcomes and transitional domains.
Pueblo of Isleta P.O. Box 580 Isleta Pueblo, NM 87022	\$39,257	The Isleta program is to prevent, reduce or delay the onset of substance abuse through the implementation of the Strategy Prevention Framework. Target populations are Native American adults with severe mental illness, or mental illness with developmental disability, or co-occurring disorders.
Pueblo of Zuni Zuni Recovery Center P.O. Box 339 Zuni, NM 87327	\$34,365	The Zuni Recovery Center offers behavioral health services to Native American consumers and their families. The Center provides holistic services including intensive outpatient Substance Abuse services, counseling for individuals, family, couples, and group therapy. The Center also provides services at the Zuni Detention Center for on-site support for the reentry needs of inmates.



NEW MEXICO BEHAVIORAL HEALTH SERVICES DIVISION
Fiscal Year 2015 Non-Medicaid Funding Program Allocations

Addendum D

Provider	B800 SAPT-Block Grant Fund	Service Description
Eight Northern Indian Pueblos Council, Inc. (ENIPC) <ul style="list-style-type: none"> • Circle of Life 1102 N. Paseo de Onate Espanola, NM 87532 • New Moon Lodge 579 White Swan Rd Ohkay Owingeh, 87566 	\$580,000	ENIPC admits individuals requesting or needing treatment for injection drug use within fourteen (14) days of the request or within 120 days of the request. Interim services are provided to all individuals who cannot be admitted with 14 days. <p align="right">BHSD: Shana Aldahl/BJA</p>
First Nations Community Healthsource (FNCH) 5608 Zuni SE Albuquerque, NM 87108	\$100,000	FNCH will give preference to admission to treatment centers to pregnant women, women with dependent children, and women who are tempting to regain custody of their children. Substance using pregnant women receiving interim services must be placed as "high priority" on the actively managed waiting list for program admission. All programs will treat the family as a unit and therefore will admit both women and their children into treatment services, if deemed appropriate.
Na Nizhoozhi Center, Inc. (NCI) 2205 E. Boyd Gallup, NM 87301	\$508,160	NCI will give preference in admission to treatment centers to pregnant women, women with dependent children, women who are attempting to regain custody of their children. Substance using pregnant women receiving interim service must be placed as "high priority" on the actively management waiting list for program admission. All programs will treat the family as a unity and therefore will admit both women and their children into treatment services, if deemed appropriate.
Navajo Nation DBHS P.O. Box 709 Window Rock, AZ 86515	\$238,995	Navajo Nation will give preference in admission to treatment centers to pregnant women, women with dependent children, women who are attempting to regain custody of their children. Substance using pregnant women receiving interim service must be placed as "high priority" on the actively management waiting list for program admission. All programs will treat the family as a unity and therefore will admit both women and their children into treatment services, if deemed appropriate.



NEW MEXICO BEHAVIORAL HEALTH SERVICES DIVISION
Fiscal Year 2015 Non-Medicaid Funding Program Allocations

Addendum D

Provider	BA80 SGF-Mental Health-Jail Diversion Fund	Service Description
Pueblo of Jemez P.O. Box 100 Jemez Pueblo, NM 87024	\$94,935	The Jemez program provides specialized Veteran Services using Western and Traditional treatment intervention. Target population are veterans and adults 18 years and older referred by tribal courts for alcohol and substance abuse. BHSD: Barbara Alvarez
Provider	BA90 SGF-Mental Health-Native American Program Fund	Service Description BHSD: Barbara Alvarez
First Nations Community Healthsource (FNCH) 5608 Zuni SE Albuquerque, NM 87108	\$53,164	FNCH program is comprised of Traditional Native Counseling which involves conducting culturally competent screening and intake services by a traditional counselor. The goal of the program is to enhance the quality and cultural appropriateness of BHS services to more American Indians.
Provider	BB10 SGF-Substance Abuse Fund	Service Description BHSD: Barbara Alvarez
Five Sandoval Indian Pueblos, Inc. 1043 Highway 313 Bernalillo, NM 87004	\$62,000	FSIP implements a comprehensive data driven strategic plan that includes environmental, host and agent prevention strategies that will impact intervening variables associated with the selected population level indicator. FSIP will develop and deliver an evaluation system to track indicators and intervening variables linked with specific activities and interventions related to the identified evidence-based program and practices inclusive of environmental strategies. The reliable data will provide the foundation for needs assessment.
Four Winds Recovery Center, Inc. P.O. Box 1830 1313 Mission Avenue Farmington, NM 87499	\$693,329	Four Winds provides detoxification, variable lengths of stay, Residential, Day and Intensive Outpatient Treatment programs.
Navajo Nation DBHS P.O. Box 709 Window Rock, AZ 86515	\$51,084	Navajo Nation will give preference in admission to treatment centers to pregnant women, women with dependent children, women who are attempting to regain custody of their children. Substance using pregnant women receiving interim service must be placed as "high priority" on the actively management waiting list for program admission. All programs will treat the family as a unity and therefore will admit both women and their children into treatment services, if deemed appropriate.



HUMAN
SERVICES
of BERNALILLO

NEW MEXICO BEHAVIORAL HEALTH SERVICES DIVISION
Fiscal Year 2015 Non-Medicaid Funding Program Allocations

Addendum D

Provider	BB20 Supportive Housing Fund	Service Description
First Nations Community Healthsource (FNCH) 5608 Zuni SE Albuquerque, NM 87108	\$24,000	FNCH's services will include the provision of support services that enables consumers to access housing to prevent homelessness; to be a successful tenant; and to progress toward self-sufficiency. BHSD: Janie Davis/BJA
Provider	BS60 Total Community Approach (TCA)-All Services Fund	Service Description
Navajo Nation DBHS P.O. Box 709 Window Rock, AZ 86515	\$154,000	NNDBHS provides education that allows individuals to choose to increase years of healthy and productive lives; reduce the rate of chemical dependency and substance abuse; reduce the rate of untreated mental health disorders; and increase resources to decrease adolescent suicide attempts and completion. The target population is at-risk school age youth between 13-19 years focusing on prevention of substance abuse, prevention of suicide, bullying, cultural identity and education, substance abuse treatment and mental health counseling and/or referral. Patients 18 to 24 years will participate in the outpatient treatment services. BHSD: Cathi Valdes/BJA
Provider	BD30 SAPT Block Grant-Prevention Fund	Service Description
Five Sandoval Indian Pueblos, Inc. 1043 Highway 313 Bernalillo, NM 87004	\$121,025	FSIP Strategic Prevention Framework (SPF) will prevent, reduce, delay onset of substance abuse. Reliable data will provide the foundation for needs assessments and improve the capacity to impact intervening objectives associated with the consequence/goal. BHSD: Karen Cheman/ Rebecca Leppala/BJA
Pueblo of Laguna P.O. Box 194 Laguna Pueblo, NM 87026	\$114,425	Laguna will implement, evaluate, assess, increase capacity, and plan to support an inclusive community initiative to reduce the behaviors to decrease binge drinking, reduce underage and adult drinking, reduce prescription painkiller misuse and abuser among youth and adults, and reduce the sales of tobacco products to minors.
Mescalero Apache Tribe	\$64,612	Mescalero will develop a core team that will support an inclusive community initiative that plans and sustains a Strategic Prevention Framework. The core team will work to increase capacity to impact interventions, develop and deliver an evaluation plan to trace indicators linked with the intervention, and reduce the sale of tobacco products to youth less than 18 years of age.



NEW MEXICO BEHAVIORAL HEALTH SERVICES DIVISION
Fiscal Year 2015 Non-Medicaid Funding Program Allocations

Addendum D

Native American Community Academy (NACA)	\$57,212	NACA will develop a core team that will support an inclusive community initiative that plans and sustains a Strategic Prevention Framework. The core team will work to increase capacity to impact interventions, develop and deliver an evaluation plan to trace indicators linked with the intervention, and reduce the sale of tobacco products to youth less than 18 years of age.
Pueblo of Tesuque	\$60,712	Tesuque will develop a core team that will support an inclusive community initiative that plans and sustains a Strategic Prevention Framework. The core team will work to increase capacity to impact interventions, develop and deliver an evaluation plan to trace indicators linked with the intervention, and reduce the sale of tobacco products to youth less than 18 years of age.
Santo Domingo Tribe (Kewa Family Wellness Center)	\$60,312	Kewa Family Wellness Center will develop a core team that will support an inclusive community initiative that plans and sustains a Strategic Prevention Framework. The core team will work to increase capacity to impact interventions, develop and deliver an evaluation plan to trace indicators linked with the intervention, and reduce the sale of tobacco products to youth less than 18 years of age.
Provider	BHSD Veteran's & Family Services	Service Description
Kewa Veterans Outreach Local Collaborative 16	\$8,000.00	The Kewa Veterans do outreach primarily in Sandoval County but have also touched Veterans across the state. The youth annually hold a "Save a Life Sobriety Pow Wow" in May which is well attended by all ages. In March a Meet and Greet is held bringing to collaborate with veterans, state, tribal and county leadership. Kewa has also started a silversmith jewelry making program for veterans to learn a trade to help themselves and their community
Ohkay Owingeh Veterans Services Department	\$10,580.00	Ohkay Owingeh will collaborate with other Tribal Veteran services; complete a VSO handbook and training; continue to identify Veterans and Veterans families in the community; provide Native Traditional Healing Services with Cultural Leaders and provide outreach to inform other Veterans of the newly established Ohkay Owingeh Veterans Services Office

Native Americans Recipients by Program and Individual Tribal Affiliation - SFY 2015

New Mexico Human Services Department Income Support Division

Individual Tribal Affiliation	Education Works	General Assistance	TANF	LIHEAP	SNAP
Acoma	9	17	286	344	1,365
Alamo Navajo	-	9	51	235	1,698
Canoncito Navajo	1	2	17	16	218
Checkerboard Navajo	36	43	1,243	3,533	28,982
Cochiti	1	7	46	27	221
Isleta	-	6	113	132	537
Jemez	3	6	143	46	755
Jicarilla Apache	1	7	165	87	999
Laguna	8	33	328	127	1,675
Main Reservation Navajo	37	32	804	1,935	22,644
Mescalero Apache	6	52	498	574	2,070
Nambe	-	3	72	73	360
Ohkay Owingeh	-	-	23	24	77
Picuris	-	3	40	53	202
Pojoaque	-	3	33	47	225
Ramah Navajo	-	2	28	39	740
San Felipe	-	18	261	243	1,190
San Ildefonso	-	-	12	14	53
Sandia	-	1	6	9	70
Santa Ana	-	-	10	13	81
Santa Clara	-	2	28	49	143
Santo Domingo	2	19	263	401	1,487
Taos	2	3	59	114	288
Tesuque	-	1	11	11	37
Tohajiilee Navajo	-	6	14	11	59
Zia	-	2	27	4	159
Zuni	2	9	190	186	4,472
Unknown	67	177	2,442	3,250	17,157
Total	175	463	7,213	11,597	87,964



Susana Martinez, Governor

Brent Earnest, HSD Secretary

FY2015 CHILD SUPPORT ENFORCEMENT DIVISION (CSED)

CROWNPOINT & GALLUP				Total Collections SFY 2015
MONTH	Cases	% of Cases with Orders	Children	
June-15	4,667	27.6%	7,896	\$1,327,537

SHIPROCK				Total Collections SFY 2015
MONTH	CASES	% of Cases with Orders	Children	
June-15	1,632	57.7%	2,739	\$1,277,723

ACOMA				Total Collections SFY 2015
MONTH	CASES	% of Cases with Orders	Children	
June-15	100	72.0%	158	\$178,425

ISLETA				Total Collections SFY 2015
MONTH	CASES	% of Cases with Orders	Children	
June-15	96	64.6%	140	\$104,058

LAGUNA				Total Collections SFY 2015
MONTH	CASES	% of Cases with Orders	Children	
June-15	130	70.0%	198	\$212,731

ZUNI				Total Collections SFY 2015
MONTH	CASES	% of Cases with Orders	Children	
June-15	68	60.3%	121	\$81,414