



HUMAN SERVICES  
DEPARTMENT

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2014 State-Tribal Collaboration Act  
Annual Report



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HSD Organizational Chart

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



## SECTION I. EXECUTIVE SUMMARY

### Human Services Department Agency Overview

The New Mexico Human Services Department (HSD) is continuously striving 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:

1. [Medical Assistance Division \(MAD\)](#)
2. [Income Support Division \(ISD\)](#)
3. [Child Support Enforcement Division \(CSED\)](#)
4. [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.

### 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 II. CONTACT INFORMATION**

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.

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**NATIVE AMERICAN LIAISONS**

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*Organizational Chart - Appendix A*

**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. This Policy has been posted on the HSD website at <http://www.hsd.state.nm.us/> and remains a key implementation mechanism for the Policy.

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



#### **SECTION IV. PROGRAMS AND SERVICES**

In 2014 HSD's priority initiatives and programs available to tribal communities are reported by HSD Division as follows.

##### **MEDICAL ASSISTANCE DIVISION (MAD), CENTENNIAL CARE**

The Human Services Department's Medical Assistance Division (MAD) is the direct administrator of the New Mexico Centennial Care program.

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 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 2014 there were 93,396 Native Americans enrolled in Medicaid.

The New Mexico Human Services Department (HSD) has established a strong foundation for promoting and monitoring access to quality health care by promoting early intervention, preventive care, and attainment of improved clinical outcomes (HSD FY14 Strategic Plan). MAD recognizes that the Native American population has unique health care needs and that a large portion of health care services is provided by the federally-funded ITUs. In response, MAD maintains consistent dialogue with Tribal leaders, Native American Medicaid recipients, and their health care delivery system providers.

MAD provides on-going assistance to Native American Medicaid recipients and Tribal providers through multiple methods, including but not limited to: technical assistance and clarification to ITUs as part of regular meetings on topics that include Medicaid provider policy, application process, provider reimbursement, and provider participation agreements; consumer advocacy and outreach events; and collaboration with other programs such as federal, Tribal and state programs. In addition, MAD continues to promote Presumptive Eligibility/Medicaid On-Site Application Assistance (PE/MOSSA) activities and provide training to become a certified Presumptive Eligibility Determiner (PED).



The agency is committed to working with Native American Medicaid recipients, ITUs and other stakeholders to meet the growing demands of providing quality health care to Medicaid-eligible Native Americans in New Mexico, whether it be through the new Medicaid managed care program, Centennial Care, or through Fee For Service. Prior to the implementation of Centennial Care on January 1st, the MAD presented information about Centennial Care at 50 Tribal outreach events statewide, from Mescalero to Farmington, and from Taos to Zuni Pueblo. Many Chapter Houses and Indian Health Service facilities hosted outreach events as well. The Tribal Liaison at MAD collaborated with the four Centennial Care managed care organizations to attend outreach events in Native American communities throughout New Mexico as requested by Tribes.

#### Native American Technical Advisory Committee (NATAC)

The Native American Technical Advisory Committee (NATAC) facilitated by the New Mexico Medicaid Director, Ms. Julie Weinberg, continues to meet on a bimonthly basis. Each year, Ms. Weinberg sends a letter to the current 22 Tribal leaders requesting that they appoint a representative to this committee. To date, 12 representatives from Tribes and ITUs are participating in this committee.

The primary goal of the NATAC is to advise the Medicaid Director about Medicaid issues impacting Indian country. The focus of NATAC for 2014 is:

- Overview of NATAC for new members
- Orientation about the Medical Assistance Division
- Behavioral health services under Medicaid
- Access to Care
- Payment for services

#### Tribal Consultation Training To Medical Assistance Division Staff

One of the goals of the HSD FY14 Strategic Plan is to encourage HSD managerial employees to participate in Tribal Collaboration Training, provided by the State Personnel and Indian Affairs Department to improve collaboration with Tribal counterparts. New MAD employees continue to be trained on SB 196, the STCA and the organizational policy that HSD adopted in 2009.

#### Tribal Consultation

A formal Tribal Consultation was held August 29, 2013, at the Albuquerque Balloon Museum about the Affordable Care Act. Over 80 Tribal leaders, their designees, Tribal members and the general public attended this event. Additionally, during 2013-14 there were numerous rule changes within the New



Mexico Administrative Code (NMAC) and to the Medicaid State Plan. As required by SB 196, the New Mexico Medicaid program provided written notification to Tribes and ITUs more than 20 times and solicited comments/questions on the changes to the Medicaid program.

#### Collaboration with Native American Committees

- Participation in quarterly MCO Native American Advisory Board meetings with the MCOs
- Bi-monthly attendance at the Albuquerque Area IHS RAM (business office) meetings
- Attendance at the Navajo Area IHS BOM (business office) meetings
- Monthly attendance at the Native American Subcommittee on Behavioral Health (NASC)
- Quarterly Tribal Liaison meetings under the Indian Affairs Department
- Monthly Native American Technical Advisory Committee (NATAC)

Primary goals of MAD's Native American Liaison in 2014-15 are to continue building strong relationships between MAD, the Tribes, and ITUs; to increase knowledge and understanding of the Centennial Care program and Medicaid reimbursement; and to address any issues related to access to care. MAD also plans to continue to provide education at health fairs, Chapter Houses, Tribal communities and IHS facilities about the Medicaid program



# 2014 HSD State-Tribal Collaboration Act Annual Report

Susana Martinez, Governor

Sidonie Squier, HSD Cabinet Secretary

## Enrollment in MCO's and Fee for Service Medicaid

Looking ahead, MAD is committed to working with Native American Medicaid recipients, IHS, Tribal 638 programs and other stakeholders to meet the growing demands of providing quality health care to the Medicaid eligible Native Americans in New Mexico. **Total number of Native Americans enrolled in Medicaid July, 2014: 93,396**

MEDICAID PROGRAM	PROGRAM DESCRIPTION	FFS	MCO
Medicaid Fee-for-Service (FFS) Program	The Medicaid FFS Program is the portion of Medicaid that pays for services directly to providers rather than through a risk-based managed care plan such as Centennial Care. The Medicaid FFS Program includes Native Americans who have not chosen to participate in a managed care program. Of the total enrollment of 93,396 Native Americans in Medicaid, 21,796 have selected to OPT IN to an MCO. Below is the total number of Native Americans who have selected a Centennial Care MCO:	70,222 (75%)	N/A
Centennial Care	Centennial Care is the new name of the New Mexico Medicaid program. Centennial Care began on January 1, 2014 with services provided by four managed care organizations (MCOs) listed below. MCO services include physical health, behavioral health, long-term care and community benefits. <ul style="list-style-type: none"> <li>• Blue Cross Blue Shield of New Mexico</li> <li>• Molina Health Care of New Mexico, Inc.</li> <li>• Presbyterian Health Plan, Inc.</li> <li>• UnitedHealthcare Community Plan of New Mexico</li> </ul>	N/A	23,174 (25%)
Medicaid Behavioral Health Services	All Medicaid behavioral health services are now provided through either Fee for Service or one of the four MCOs under Centennial Care. Native American Medicaid recipients have the option of receiving behavioral health services through FFS or through one of the MCOs.	Behavioral health services are available in FFS or if you are enrolled in an MCO. FFS – 70,222. MCO – 23,174	
<b>Total NA Enrollment</b>			<b>93,396</b>





**INCOME SUPPORT DIVISION (ISD)**

The purpose of the Income Support Division (ISD) is to assist eligible low-income families through cash, food, medical, energy assistance, and supportive services so they can achieve self-sufficiency. Currently ISD determines and maintains eligibility for over 800,000 New Mexico participants.

The Human Services Department (HSD) also recognizes the importance of developing work readiness in the populations served through public assistance. To do this, HSD has developed programs geared towards the training and placement of individuals into career positions to help make the future a little brighter. To learn more about these programs, please visit the HSD website at <http://www.hsd.state.nm.us>

**Native American Program Participation**

<b>Program</b>	<b>Description</b>	<b>NA FY Participation</b>
Supplemental Nutrition Assistance Program (SNAP)	The Supplemental Nutrition Assistance Program (SNAP) helps many low-income households buy the food they need to stay healthy, productive members of society. Applications for assistance are available through a local HSD ISD office, ISD tribal out-stationed worker offices, and the YES-NM web portal: <a href="https://www.yes.state.nm.us/">https://www.yes.state.nm.us/</a> .	June 2014 – 71,571 (16.3% of total) June 2013 - 59,242 (13.3% of total) June 2012 - 58,115 (13.2% of Total) June 2011 – 54,751
The Temporary Assistance to Needy Families (TANF)	TANF is a \$110 million block grant administered by the US Department of Health and Human Services (HHS). TANF provides cash assistance and work opportunities to needy families. The TANF program in New Mexico is referred to as the New Mexico Works (NMW) program.	June 2014 – 2,765 (7.9% of total) June 2013—2,107 (6.3% of total) June 2012 – 2,820 (6.8% of Total) June 2011 – 3,187 Zuni Pueblo and Navajo Nation run their own TANF Programs
General Assistance	General Assistance provides limited state-funded cash assistance to adults (without dependent children) who are determined disabled and who are not eligible for assistance under a federally matched cash assistance program, such as Supplemental Security Income (SSI). General Assistance also provides limited state-funded cash assistance to children residing in the homes of unrelated adult caretakers who are not eligible for assistance under a federally matched cash assistance program, such as TANF.	June 2014 – 167 (6.3% of total) June 2013—216 NA Participating (6.1% of total) June 2012 – 184 NA Participating (6.0% of Total) 2011 – NA Participating 178
LIHEAP	The Low Income Home Energy Assistance Program (LIHEAP) assists low income households, particularly those with the lowest incomes that pay high proportion of household income for home energy, primarily in meeting their immediate home energy needs.	June 2014 – 4227 Native Americans Participating (6.5% of total)
Medical Assistance	<i>See Medical Assistance Division (MAD) participation report.</i>	<i>Page 8</i>



ISD Out-Stationed Workers

In FY2014 HSD maintained its services to Native Americans by continued support of out-stationed Workers who assist with applications for services at Zuni Pueblo.

ISD also has an active governmental service agreement (GSA) with the Albuquerque Area IHS (AA IHS). ISD out-stationed workers are located at the IHS Units in Santa Fe, Albuquerque and at Southwestern Indian Polytechnic Institute (SIPI). ISD workers are available to assist low income New Mexicans with various programs including SNAP (formerly, Food Stamps), General Assistance, Temporary Cash Assistance and Medicaid.

GOVERNMENTAL SERVICE AGREEMENTS FOR ON-SITE PLACEMENT OF HSD/ISD ELEGIBILITY WORKERS				
Tribe	Agency	Activity	Agreement Name	Current Status
Multiple-ABQ Area IHS Acoma-Cañoncito-Laguna Hospital Mescalero Albuquerque (IHS and SIPI)	HSD/ISD	Provide trained, full time HSD Family Assistance Analyst employees to work on location at AAIHS for the purpose of accepting and processing applications for all HSD programs	Collaborative Agreement	In effect
Zuni Pueblo Zuni Income Support Office, 203 B-State Hwy 53 in Zuni Pueblo	HSD/ISD	Provide trained, full time HSD Family Assistance Analyst employees to work on location for the purpose of accepting and processing applications for all HSD programs	Governmental Services Agreement	In effect
Multiple - Navajo Area IHS	HSD/ISD	Provide trained, full time HSD Family Assistance Analyst employees to work on location at NAIHS for the purpose of accepting and processing applications for all HSD programs.	Governmental Services Agreement	Expired. No longer in effect as of March, 2013.

Food Distribution Program on Indian Reservations (FDPIR)

FDPIR is a Federal program that provides benefits to low-income households, including the elderly, living on Indian reservations, and to Native American families residing within a 15 mile radius of specific Pueblos. ISD and FDPIR sites, which include Indian Tribal Organizations and the Navajo Nation, perform cross-program checks to reduce instances of dual participation and to ensure individuals with Intentional Program Violations (IPV's) are correctly determined if eligible for benefits.



MOA's, finalized in January 2014, are intact with Eight Northern Indian Pueblos Council, Inc., Zuni Pueblo, Pueblos of Acoma, Five Sandoval Pueblos, Inc., and the Navajo Nation in conjunction with the Food Distribution Program on Indian Reservations (FDPIR) sites. These MOA's are legal binding agreements signed by Tribal Governors, the President of the Navajo Nation as well as the Cabinet Secretary and General Counsel of the NM Human Services Department and exist for the purposes as stated above. Technology updates continue to improve methods for the distribution and exchange of mandated information between ISD and FDPIR sites.

NMHSB recently implemented a telephonic validation for ITO FDPIR sites via the Policy and Program Development Bureau (PPDB) located at the Central Office in Santa Fe, NM. PPDB staff is able to validate receipt or non-receipt of SNAP benefits and identify possible incidences of dual participation in more quickly. Implementation of this method ensures data provided is accurate and up-to-date thereby reducing the number of dual participation.

Exchange of mandated information from the FDPIR sites to NM ISD County Offices is completed via hard-copy listings provided by FDPIR sites prior to the 6<sup>th</sup> of every month. NM ISD is in the process of establishing a telephonic process whereby ISD staff members will contact the FDPIR site located within their service areas to validate receipt or non-receipt of FDPIR benefits in a timelier, more accurate manner.

Utilization of all avenues of communication available increases the ability of both FDPIR sites and ISD County Offices to decrease dual participation. PPDB encourages and maintains open lines of communication with ITO's and FDPIR sites to alleviate instances of dual participation and provision of benefits to individuals with IPV's.

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)				
Tribe	Agency	Broad Activity	Agreement Name	Current Status
Zuni	HSD/ISD	Exchange of Information; Cross-program checks;	Memorandum of Agreement (MOA)	In effect
Five Sandoval Indian Council	HSD/ISD	Exchange of Information; Cross-program checks;	MOA	In effect
Zuni/Acoma / Laguna	HSD/ISD	Exchange of Information; Cross-program checks;	MOA	In effect
Eight Northern Pueblos Indian Council	HSD/ISD	Exchange of Information; Cross-program checks;	MOA	In effect
Navajo Nation: Crownpoint, Mexican Springs, Kirtland, Ft. Defiance, Teec Nospos	HSD/ISD	Exchange of Information; Cross-program checks;	MOA	In effect



#### 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.

In school year 2013-2014, commodity food was delivered by the FANS Bureau trucks 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 27,224 Native American children each school day covering approximately 20% of their food costs. These schools received \$1,396,424 in commodity food this past year.

In 2013, 3,363 Native American children and adults received nutrition education services throughout the state. In 2014, HSD contracted with the Institute of American Indian Art Center for Lifelong Education (IAIA CLE) to pilot nutrition and physical activity after school programs at Nambe, San Ildefonso and Santa Clara Pueblos.

#### Automated System Program and Eligibility Network (ASPEN)

For the last few years, the Income Support Division has been in the process of replacing the 25+ year old income eligibility system known as ISD2. The new replacement system, known as ASPEN, was implemented in four phases across the State beginning July 22, 2013, with all phases completed in January 2014.

ASPEN improves public access to income support services and provides customers with additional avenues to apply for benefits. In addition to Income Support Division's traditional service delivery model (Fax, Mail, Walk-in to offices), customers are able to apply for assistance through the use of a self-service online portal called YES NM from a computer at an ISD office, at home, or at a community partner site (I/T/U, library, meal site, etc.). HSD will continue to provide training on YES NM in 2015 to ITUs.



### **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 has had a long collaborative relationship with the Navajo Nation that dates back to 1993, when the two entered into its first Joint Powers Agreement (JPA) for operation of child support enforcement on the Navajo Nation, one of the first agreements of its kind in the United States.

Services provided by CSED to the Navajo Nation include, but are not limited to:

- Access to and the use of the NM Child Support Enforcement System (CSES);
- Centrally located services providing access to state & federal case registries, including the Federal Parent Locator Services (FPLS);
- Timely responses to referrals from Constituent Services;
- Central receipt and disbursement services through the CSED State Disbursement Unit (SDU);
- 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. 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 the child lives off-reservation);
- Registering state court orders in tribal courts when appropriate (when the 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; and
- Providing data and reports to Navajo Nation.

In 2001, the Navajo Nation was the third Tribe to receive approval to have its own Child Support Enforcement Program. In 2002, CSED entered into another Joint Powers Agreement (JPA) with the Navajo Nation to provide support for the Navajo Nation in its efforts. The JPA includes:

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

The Navajo Nation has established two New Mexico child support offices in Shiprock and Crownpoint under the Tribal IV-D Program that provide a full array of services to its tribal members living within New Mexico state boundaries. CSED provides the Navajo Nation child support program full access to all automated functions of the CSED child support enforcement system (CSES), the State's Microsoft Outlook email system, the State Disbursement Unit (SDU), and the CSED customer service and constituent services centers; provides activity reports to assist in case management and federal reporting purposes; conducts IRS safeguard compliance inspections and training; conducts quality assurance reviews for data reliability; and provides central registry services for interstate/inter-jurisdictional cases.

The Farmington and Central CSED Offices communicate with the two Navajo Nation offices regularly regarding payment processing, audits, driver's license suspension, case transfers, jurisdictional concerns, and teleconferences with mutual non-custodial parents. The Albuquerque North CSED office also communicates with the Navajo Nation office regularly regarding mutual customers.

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



80%). The New Mexico Legislature appropriates \$40,000 each year to CSED to transfer to the Navajo Nation child support program to match with federal funds to help offset these costs.

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

The third Tribal Child Support Program in New Mexico is the Zuni Pueblo program. The Zuni program communicates with the Los Lunas office and the Santa Fe Central office. The Zuni program establishes, modifies, and enforces Orders entered in Tribal Court.

CSED and Tribal Child Support Programs have developed good reciprocal working relationships over the years; 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.

CSED has a dedicated attorney from the Los Lunas Office that is licensed to practice in Acoma, Isleta, and Laguna Pueblos. The CSED attorney appears before one of the tribal court judges from these Pueblos regularly. This attorney can file requests with the tribal court to order that a portion of annual per capita payments be withheld for child support. The attorney is often called upon by tribal judges, court staff, and parties when questions arise regarding child support cases that involve tribal members and/or basic child support matters. CSED also has a dedicated Child Support Legal Assistant that handles a total of 334 active cases for Acoma, Isleta, and Laguna Pueblos.

The largest barrier to providing child support services to tribal members remains jurisdiction, and resolving jurisdiction issues. A second barrier is that tribal programs must rely on state systems and/or manual case management methods. Thirdly, tribal court fees to file legal actions can prove unaffordable to custodial parents – but would be free in non-tribal (state) courts. Despite these barriers, CSED looks forward to continuing its progress with tribes and pueblos, as it delivers child support services to all constituents across New Mexico.



**CSED State Fiscal Year (SFY) 2014**

<b>CROWNPOINT</b>				<b>Total Collections SFY 2014</b>
<b>MONTH</b>	<b>Cases</b>	<b>% of Cases with Orders</b>	<b>Children</b>	
<b>June-14</b>	<b>1,335</b>	<b>39.8%</b>	<b>2,231</b>	<b>\$643,539</b>

<b>GALLUP</b>				<b>Total Collections SFY 2014</b>
<b>MONTH</b>	<b>CASES</b>	<b>% of Cases with Orders</b>	<b>Children</b>	
<b>June-14</b>	<b>3,542</b>	<b>22.7%</b>	<b>6,054</b>	<b>\$803,376</b>

<b>SHIPROCK</b>				<b>Total Collections SFY 2014</b>
<b>MONTH</b>	<b>CASES</b>	<b>% of Cases with Orders</b>	<b>Children</b>	
<b>June-14</b>	<b>1,735</b>	<b>55.7%</b>	<b>2,883</b>	<b>\$1,400,139</b>

<b>ACOMA</b>				<b>Total Collections SFY 2014</b>
<b>MONTH</b>	<b>CASES</b>	<b>% of Cases with Orders</b>	<b>Children</b>	
<b>June-14</b>	<b>88</b>	<b>83.0%</b>	<b>144</b>	<b>\$175,958</b>

<b>ISLETA</b>				<b>Total Collections SFY 2014</b>
<b>MONTH</b>	<b>CASES</b>	<b>% of Cases with Orders</b>	<b>Children</b>	
<b>June-14</b>	<b>62</b>	<b>74.2%</b>	<b>101</b>	<b>\$88,065</b>

<b>LAGUNA</b>				<b>Total Collections SFY 2014</b>
<b>MONTH</b>	<b>CASES</b>	<b>% of Cases with Orders</b>	<b>Children</b>	
<b>June-14</b>	<b>110</b>	<b>79.1%</b>	<b>177</b>	<b>\$187,637</b>

<b>ZUNI</b>				<b>Total Collections SFY 2014</b>
<b>MONTH</b>	<b>CASES</b>	<b>% of Cases with Orders</b>	<b>Children</b>	
<b>June-14</b>	<b>74</b>	<b>64.9%</b>	<b>124</b>	<b>\$101,796</b>





## BEHAVIORAL HEALTH SERVICES DIVISION

### New Mexico Behavioral Health Collaborative

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

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

HSD Secretary Sidonie Squier and DOH Secretary Retta Ward co-chair the Behavioral Health Collaborative. CEO Wayne Lindstrom, Ph.D, Director, Behavioral Health Services Division is responsible for turning the Collaborative's vision into reality for New Mexicans.

The Collaborative, including HSD, contractually manages non-Medicaid public behavioral health services through a Behavioral Health Entity (BHE), OptumHealth New Mexico (OHNM). The current contractual agreement will run from January 1, 2014 to December 31, 2014. Among the key functions of the BHE are:

- Credential behavioral health providers throughout the system to ensure access and capacity to quality and culturally/linguistically competent services based on consumer and family need.
- Maintain accurate and current fiscal and client service data which can be utilized to effectively manage the service system and plan for emergent needs.
- Monitor the service system, including monitoring for both quality improvement and assurance and for program integrity.

Beginning January 1, 2014, Centennial Care, New Mexico's new Medicaid health plan, contracted with four Managed Care Organizations (MCO's) which are Blue Cross and Blue Shield of NM, Molina Healthcare, Presbyterian Health Plan, Inc., and United Healthcare Community Plan. For the past 6 months the MCO's have taken over the responsibility for the above identified functions for the behavioral health care of Medicaid enrollees, while OHNM continues to manage non-Medicaid supported service delivery. OHNM and the 4 MCO's are all committed to helping consumers and their families on the path to recovery and resiliency, to achieving the Collaborative vision of system transformation and to establishing a strong partnership with its network of providers.



Prior to the implementation of the OptumHealth contract, Native American Regional Provider Forums were conducted in Albuquerque and Farmington. OHNM created a senior management position entitled Director of Native American Affairs for Behavioral Health Solutions to provide leadership within the organization to be able to manage services in a culturally sensitive fashion for all 22 tribes and pueblos within the State of New Mexico. Concurrently, OHNM hired local Native American staff to work with Region 6 Native American providers.

#### New Mexico Behavioral Health Planning Council

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

Five seats on the Council are reserved for the five Native American Local Collaboratives representing 22 tribes and off-reservation Natives. The Executive Committee includes five private citizens who each represent behavioral health stakeholders for consumers, or providers, or family members, or advocates or Native Americans.

The Native American Subcommittee has statewide tribal and urban and rural frontier representation. Members include providers, consumers, advocates, family members and state and local tribal governments. The Subcommittee's strategic priorities focus on access to behavioral health services, transportation, supportive housing, crisis support, and suicide prevention.

#### Behavioral Health Local Collaborative Leads Alliance

The purpose of the Local Collaboratives (LC) has been to develop strong local voices to guide behavioral health planning and services, providing a community based conduit for communication and influence as communities of care develop around the State. LCs were developed for each of New Mexico's 13 judicial districts, as well as five LCs that represent the state's sovereign Tribes, Nations, Pueblos and off-reservation populations. An Alliance of leaders from each of the active local collaboratives has now been formed. This LC Alliance is a means for LCs to achieve independent sustainability, create a network to support one another, to share successes and learn from each other and to continue as local community voices under an umbrella of the Alliance.



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

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

BHSD PROGRAM	PROGRAM DESCRIPTION	Funding
Substance Abuse Prevention and Treatment (SAPT) Block Grant	SAPT is a SAMHSA block grant that funds planning, implementing and evaluating activities/services to prevent and treat substance abuse. The SAPT block grant is BHSD's largest services funding stream, funding an estimated \$5 to \$6 million annually, approximately 16% of which assists Native American and tribal providers. Community-based providers receive these funds through OptumHealth New Mexico to help support their substance abuse treatment services and primary prevention activities. BHSD supports reimbursements for Traditional Healing Services using (SAPT) Block Grant Funds.	<u>Prevention</u> \$210,565.00 Five Sandoval BH; Laguna BH Services. <u>Treatment</u> \$830,280.48 Eight Northern Indian Pueblo, Inc; First Nations; Nanizhoozhi Center; Navajo Nation.
Veterans First/Jail Diversion (VFJD) Grant	VFJD is a SAMHSA grant, in its fourth year of a 4-year term and is applying for a no cost extension for year 5. This grant serves adults with a history of trauma and prioritizes veterans, in partnership with the Veterans and Family Support Services (VFSS), Presbyterian Medical Services (PMS).  A key focus of this grant is providing services to Native American and tribal communities in Sandoval, San Juan and McKinley Counties. BHSD continues to strategize with its Native American and tribal partners in these counties on how to deliver veteran-specific services, including: <ul style="list-style-type: none"> <li>Funding Jemez Pueblo to support its new office for its Veterans Association. OHNM provides technical assistance in the development of new culturally appropriate jail diversion and behavioral health services ensure access to services and billing for services via invoice billing.</li> </ul>	\$100,000 Jemez Pueblo
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. BHSD teams up with local municipalities to target resources – from prevention to treatment, and direct them to the areas where they are most needed to deal with substance abuse and other behavioral health challenges.  LC 15 and Navajo Nation providers participate as a TCA project site to implement a case management model	\$78,853.41 Local Collaborative 15 and Navajo Nation RBHA



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BHSD PROGRAM	PROGRAM DESCRIPTION	Funding
Set -Aside Funds	<p>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 via technical assistance with development of new services and invoice billing for services provided within Eastern Navajo. Navajo Nation for the first time was able to draw down their entire allocation.</p> <p>BHSD sets aside some of its State General Funds to fund six Native American and tribal providers who offer a range of behavioral health prevention and treatment services. During FY12, BHSD 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. Providers continue to improve upon the scope of their services as a result.</p>	<p>\$224,276.18 Dine' Council of Elders; First Nation Community Healthcare; Life Link; Pueblo of Isleta; Totah Behavioral Health; Pueblo of Zuni.</p>
<b>BHSD Program</b>	<b>Program Description / Services</b>	
Comprehensive Community Support Services (CCSS)	<p>CCSS is a consumer-driven framework to providing behavioral health services, grounded in the principles of recovery and resiliency. Over the last few years, the Collaborative, BHSD and other partners have begun implementing CCSS into the statewide system of care. Tribal 638 agencies and Indian Health Service Facilities are also included in the CCSS Medicaid regulation as provider types. Thus, they may bill OMB reimbursement rates for CCSS services. BHSD and OHNM have continued to provide technical assistance to these agencies and facilities, at their request, to determine their target populations and explore any new billing opportunities.</p>	
Certified Peer Support Workers (CPSWs)	<p>BHSD oversees certification of peer support specialists through its Office of Consumer Affairs (OCA). HSD periodically conducts Peer Support Specialist Trainings across the state; Native American and tribal peers from across the state have completed these trainings.</p>	
State Epidemiological Outcomes Workgroup (SEOW)	<p>The OSAP oversees the SEOW, a multi-agency committee whose purpose is identify, collect, analyze and disseminate data describing the prevalence, severity, consumption, and consequence of alcohol, tobacco, and other drug use in New Mexico. It includes Native American and tribal representation.</p>	




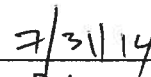
**SECTION V. STATE – TRIBAL CONSULTATION, COLLABORATION, AND COMMUNICATION POLICY**

Attached is the HSD State-Tribal Consultation, Collaboration and Communication Policy. This document can also be found at: [http://www.hsd.state.nm.us/Native\\_American\\_Liaison.aspx](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 2014 to the Department of Indian Affairs.

  
Sidonie Squier, Cabinet Secretary  
Human Services Department

  
Date

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**APPENDICES**

**Appendix A**

HSD Organizational Chart

**Appendix B**

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











## 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/Signatures**

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

  
\_\_\_\_\_  
Sidonie Squier, Cabinet Secretary  
Human Services Department

  
\_\_\_\_\_  
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.

