



The Health Care Authority (HCA) presents a synopsis of Fiscal Year 2025 top budget, legislative, and policy issues and priorities that have tribal impact in the programs and services delivered by HCA divisions: Medical Assistance; Behavioral Health Services; Income Support; Child Support Services; Developmental Disabilities Supports Division; and the Division of Health Improvement. HCA continues its commitment to uphold the principles of the State-Tribal Collaboration Act of 2009 by building upon the priority of a healthy government-to-government relationship with the 23 tribes of New Mexico.

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Agency Overview

With the official launch of the newly created [Health Care Authority](#) in Fiscal Year 2025, New Mexico demonstrated its commitment to prioritizing the health and well-being of every citizen, consolidating efforts to optimize safety net services, health care purchasing, policy, and regulation under one umbrella.

The New Mexico Health Care Authority's fifteen divisions uniquely contribute to the agency's vision and mission.

Vision: Our vision is that every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

Mission: We ensure New Mexicans attain their highest level of health by providing whole person, cost effective, accessible, and high-quality health care and safety net services.

The HCA's goals are to:

- 1. Leverage purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.*
- 2. Achieve health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.*
- 3. Implement innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.*
- 4. Build the best team in state government by supporting employees' continuous growth and wellness.*

HCA's programs have had the following social impact:

250,223,729 meals provided to New Mexicans through Supplemental Nutrition Assistance Program (SNAP) **over the last 12 months**



last updated: 5/5/25

832,176 individuals provided the ability to visit a doctor, afford medication and immunizations through Medicaid in **February 2025**



30,219 homes heated and cooled for New Mexico families through Low Income Energy Assistance Program (LIEAP) in **Federal Fiscal Year 2024**



7,397 families provided shelter and necessities through Temporary Assistance for Needy Families (TANF) in **March 2025**



\$133.36* per month on average through child support to help kids be happy and healthy **over the last 12 months**



211,959 New Mexico adults supported by Behavioral Health programs and services** **from March 2024 - March 2025**



*collections include current support and arrears debt to the custodial parent and/or the state. The total is affected by a 3 month claim lag and therefore this measure is updated quarterly.

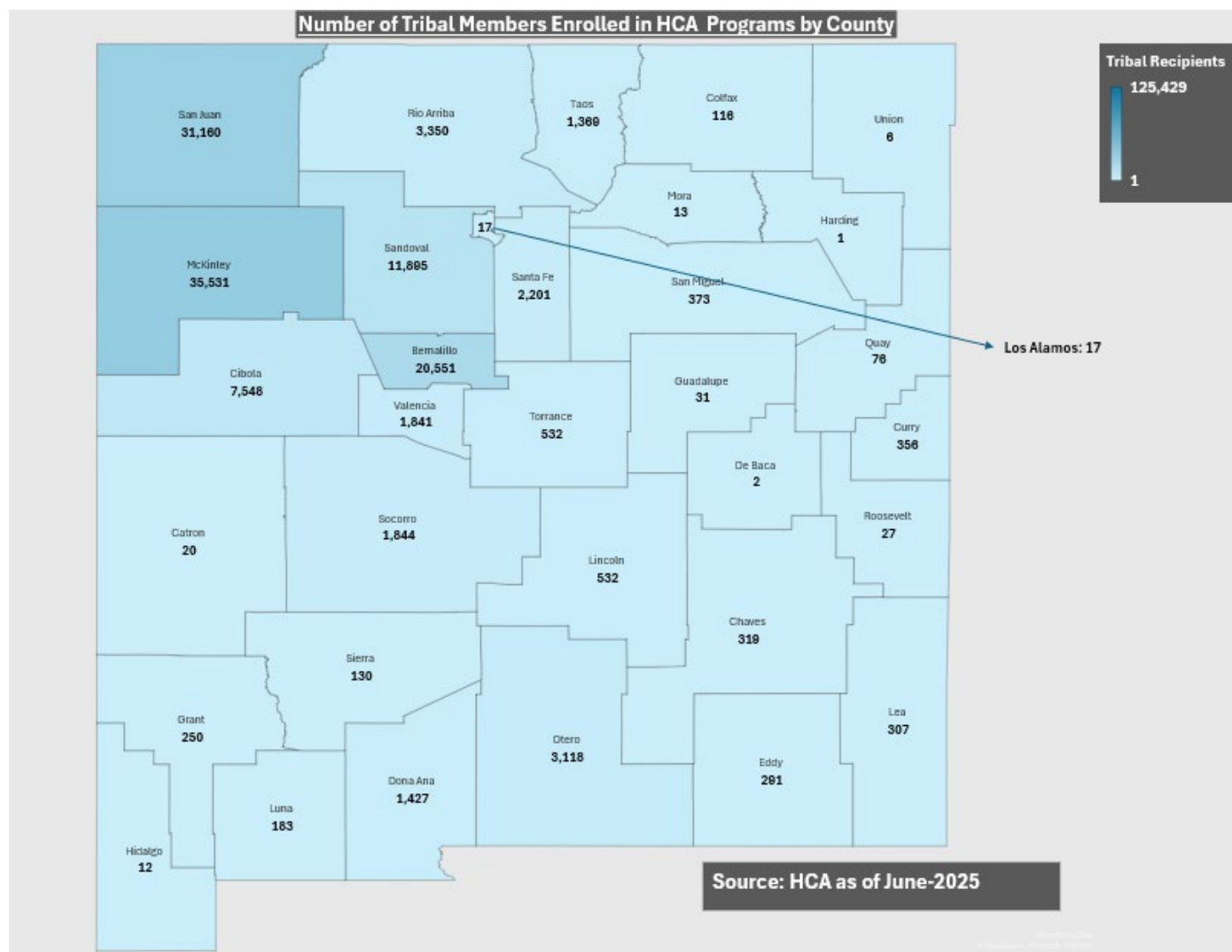
Under the leadership of Cabinet Secretary Kari Armijo, HCA strives to implement a variety of innovations to increase the delivery and access to services for all our customers, who in total represent over 40% of the state's population.

As of June 2025, HCA served 844,941 unique customers through the administration of a variety of programs such as Medicaid, Supplemental Nutrition Assistance Program (SNAP), Behavioral Health, Child Support, and additional safety net programs. Of the customers served by these programs, 15.35%, or 125,429 people, were Native American.

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Unique Number of Native American Customers by Region

Figure 1: Tribal Members Enrolled in HCA Programs by County



Four Pillars of Strengthening Relationships with Tribes

Core to our overall mission is HCA's intent to serve, be a collaborative resource, and be a good partner to New Mexico's 23 tribal leaders, constituents, and communities. There are four pillars that support our goal of strengthening relationships with tribes:

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Prioritize	Promote	Build	Provide
Tribes, Nations, and Pueblos regarding available and upcoming state funding opportunities—i.e., communication and sustainability of such funding.	tribal health equity by recognizing and respecting self-determination in tribal health and safety net concerns as prioritized by Tribes, Nations, and Pueblos.	trusting relationships with Tribes, Nations, and Pueblos by being visible in communities and connecting with individuals to offer available HSD resources.	agency-wide training of the unique government-to-government relationship for a better understanding of State and Federal obligation to Tribes, Nations, and Pueblos.

HCA Legislative Updates for State Fiscal Year 2025

The HCA is responsible for administering the following bills as passed by the legislature and signed by the Governor.

House & Senate Bills

Senate Bill 1 - Establishes the Behavioral Health Trust Fund, a non-reverting fund in state treasury dedicated to the expansion of behavioral health services. SB1 consists of distributions, appropriations, gifts, grants, donations and income from investment in the fund. Five percent of the trust fund will be made available to the Behavioral Health program fund, which allows for expenditure on IT and workforce related costs, to support the delivery of behavioral health services and programs.

Senate Bill 3 - Establishes the Behavioral Health Reform and Investment Act, which takes a regional approach to behavioral health care involving all three branches of the government. Each region, established by the Administrative Office of the Courts, will identify up to five behavioral health priorities and request funding to implement a four-year plan. SB3 requires local organizations, healthcare agencies, and government officials work together to support the expansion of behavioral health services in New Mexico.

Senate Bill 53 - Prescribing Psychologist and Psychotropics amends the Professional Psychologist Act to include prescribing psychologists with at least four years of independent experience to the definition of “independently licensed prescribing clinician.”

Senate Bill 120 - No Behavioral Health Cost Sharing amends part of the Health Care Purchasing Act and New Mexico Insurance Code to permanently extend the elimination of cost sharing (previously set to expire January 1, 2027). SB120 only applies to in-network services and private health insurance plans, and not supplemental plans. Services include inpatient, detoxification, residential treatment and partial hospitalization, intensive outpatient therapy, outpatient therapy, and all medications.

Senate Bill 252 - Social Work Telehealth Services expands telehealth use for providers, helping to make

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telehealth services more accessible for clients. SB252 allows for all licensed social workers, certified peer support workers, and any other practitioner licensed by Medicaid to provide telehealth services.

Senate Bill 535 - 988 Lifeline, which establishes a 988 Lifeline Fund by increasing the telecommunications relay service surcharge and transferring money to fund telecommunications access, as well as a new 988 Lifeline Fund. The new 988 Lifeline Fund will support current efforts by providing oversight and support for 988 and the crisis continuum of care.

House Bill 8 - Criminal Competency and Treatment significantly amends the Criminal Code relating to areas of determination, commitment, and treatment within criminal competency procedures. HB8 retains the current individual procedures which state that a defendant's competency will be evaluated by a psychologist, psychiatrist, or other qualified professional. HB8 dictates that if the individual is determined not competent to stand trial, then the evaluation shall include whether the individual satisfies criteria for involuntary commitment. HB8 also extensively expands the list of crimes for which a defendant may be criminally committed.

Key Accomplishments in State Fiscal Year 2025

HCA received federal approval for new Medicaid programs aimed at addressing individual health-related social needs. These programs will allow New Mexico to offer services that have not traditionally been covered by Medicaid, including:

- **Nutrition and Food Is Medicine** - Starting July 2025, food-insecure pregnant members with any diabetes diagnosis will be eligible to receive nutritious prepared meals or healthy groceries to support their health and improve maternal outcomes in New Mexico. Older adults and adults with disabilities, including Native Americans, will be eligible for home-delivered meals to support their ability to remain in their homes and communities rather than entering institutional care.
- **Medical Respite** - Medical respite offers recuperative housing for individuals at risk of homelessness following illness or injury. The first center, the Gateway Medical Respite Center, opened in Albuquerque in January 2025. Medicaid covered services began June 1, 2025.
- **JUST Health Plus (re-entry services for adults and youth)** - New Mexico will launch a pilot program July 1, 2025, to provide youth and adults with 90 days of Medicaid-covered services prior to release from prison or jail. Subsequent phases will expand the facilities and the available services throughout the 5-year demonstration project. Called JUST Health Plus, the program strives to connect eligible adults and youth to behavioral health, substance use treatment, and case management and other services to ensure successful return to the community and to reduce emergency department visits, overdose-related deaths, and inpatient hospitalizations.
- **Traditional Health Care Practices for Native American Members** - Approved by CMS in October 2024. New Mexico is one of only four states approved for this 1115 demonstration waiver program to support traditional healing practices as reimbursable Medicaid services for Native American providers. A workgroup primarily comprised of Navajo practitioners and health care staff has been convening since January 1, 2025, to design the program, expected to be implemented this calendar year.

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- **New Beneficiary Advisory Council** - New Mexico Medicaid is establishing a 15-member Beneficiary Advisory Council to represent the voice of Medicaid members in policy and programmatic decision making. The Council will meet online quarterly to provide input on Medicaid programs, policies and services, barriers to care, and suggestions for practical improvement and initiatives to increase access, quality and equity. MAD seeks to include current or former Medicaid members, parents, guardians, or caregivers of Medicaid members, as well as people with disabilities, individuals with behavioral health conditions, and people from diverse racial and ethnic backgrounds and members of Tribes, Pueblos and Nations.
- **The Rural Health Care Delivery Fund (RHCDF)** - RHCDF was championed by the Governor and legislature during the 2024 legislative session and continued in the 2025 legislative session. This year, the legislature awarded \$46m to RHCDF. This initiative aims to tackle the unique challenges rural health providers face, including geographic isolation and financial barriers. The following are Tribal RHCDF grantees:
 - **Santo Domingo Pueblo – \$2,100,955** - To expand behavioral health and primary care services for tribal communities in Sandoval County.
 - **First Nations Community Health Source – \$240,000** - To provide mobile health services in McKinley and Rio Arriba counties.
 - **Changing Women’s Initiative – Estimated \$988,970** - To open maternal and child health clinics in Cibola and McKinley counties and in multiple tribal communities.
 - **To’Hajiilee Navajo Chapter – Estimated \$2,542,235** - To expand dental, behavioral health, mobile health, and traditional healing services within the Navajo Nation.
 - **Breath of My Heart Birthplace – \$2,500,000** - To provide midwifery services in Taos, Los Alamos, and Rio Arriba counties.
 - **Laguna Healthcare Corp – \$1,097,512** - To expand primary care, pharmacy, laboratory, and radiology services in Cibola County.
 - **Jicarilla Apache Nation – \$1,284,153** - To create a pediatric specialty clinic in Dulce, New Mexico.
 - **Pueblo of Picuris – \$4,975,903** - To expand primary care, behavioral health, dental, and emergency transportation services.
- **HCA secured funding for the following Governor’s Food Initiatives:**
 - **Gro Funds** - a \$30,000,000 investment in food and capacity building over the next three years that will help address food insecurity for all New Mexicans including Native Americans across New Mexico. The funds will help build and strengthen regional food hubs and allow for food purchases and infrastructure. Regional food banks can use this funding to procure food for hundreds of distribution partners across the state. Additionally, infrastructure funds will support upgrades to

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aging facilities and help partner locations acquire equipment necessary for food distribution. This capacity-building support will allow local sites to expand the variety of foods they receive from regional food banks and improve their ability to capture unsold or “rescued” food from industry partners—a cost-effective strategy to increase food donations.

- **Increase to the State SNAP Supplement** - An additional \$14 million dollars in State General Funds allowed HCA to significantly increase the State SNAP Supplement. Prior to October 1, 2024, the State SNAP supplement was an additional \$9 benefit to allow those under \$32 of SNAP benefits to receive the additional supplement. With securing additional funding, the State SNAP Supplement was extended to those elderly and/or disabled households who are not receiving SNAP benefits up to \$100, were supplemented to increase their benefits to the \$100. This increase took effect on October 1, 2024, and has resulted in increased elderly and disabled participation by an average of 17,948 households to be eligible. Of these, 6,249 households had a tribal affiliation.
- **Increase the Broad-Based Categorical Eligibility (BBCE) Federal Poverty Guidelines (FPG) from 165% to 200%** - This increase in FPG allowed more households to access SNAP benefits. The increase in SNAP eligibility led to an additional 645 additional Native Americans being eligible for SNAP benefits in June 2025. BBCE is extended to all households to include those who have submitted applications who have a tribal affiliation.
- **Implementation of SUN Bucks** - HCA worked collaboratively with New Mexico Public Education Department to implement SUN Bucks for the school year 2023-2024. During the first year of implementation. The SUN Bucks team identified an opportunity to expand and streamline the process for direct certification for those school-aged children who are participating in the Food Distribution Program on Indian Reservations (FDPIR). HCA met with FDPIR sites to provide education about SUN Bucks and the opportunity to automatically approve FDPIR-participating school aged children so they could receive SUN Bucks without an application. For school year 2025-2026, ISD will work closely with the FDPIR sites to establish a process that allows this population to receive SUN Bucks without an application.
- **One-time Supplement Issuance for Elderly or disabled-only households.** In collaboration with the Aging and Long-Term Services Department (ALTSD), HCA issued an additional \$68 to 29,444 elderly or disabled households statewide. The issuance occurred June 3, 2025. An estimated 4,519 Native American households received the benefit as of June 2025.
- **Disaster Supplemental Nutrition Assistance Program (D-SNAP).** HCA administered D-SNAP in three different instances due to wildfires and severe storms and flooding. The impacted areas were Lincoln County, San Juan County, Rio Arriba County, and Chaves County. Mescalero Apache Reservation was also impacted during the Salt and South Fork Fires. The D-SNAP that was issued to those in the Mescalero Apache Reservation totaled \$11,879 for a total of 24 households. Thanks to our past efforts to create readiness plans for potential disaster scenarios affecting tribal communities within New Mexico, these implementations were seamless and successful. As part of the D-SNAP State Plan of Operations policy, it is required that a Tribal Consultation is provided prior to submittal of the D-SNAP State Plan, and this was also completed.
- **Income Support Division Tribal Charter.** A Tribal Charter was created to help maintain our partnerships

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with tribal leaders and communities. The team has implemented a requirement to hold a quarterly Tribal Charter meeting which consists of Tribal Partners, HCA staff, Tribal Liaisons, and other key stakeholders. These meetings are used as a means for everyone to come together, set goals and build upon relationships. We provide updates on ongoing projects, discuss upcoming changes, and answer any questions or concerns attendees may have. Our intention is to enhance the value and range of services offered to ISD and Tribal community beneficiaries. To date, we have held two quarterly meetings.

- **HCA's Child Support Services Division received the National Child Support Engagement Association (NCSEA) 2024 Program Awareness Award** for its Modern Child Support Family campaign. The campaign started in August 2021 with public service announcements on TV and radio in English, Spanish, and Diné.

Health Care Authority Divisions

The Health Care Authority is comprised of all original divisions in the former Human Services Department (including the key supporting divisions, Administrative Services, Human Resources, Office of General Council, Information Technology, and Office of Inspector General) as well as, in FY25, the new additions to HCA of the Developmental Disabilities Supports Division, the Division of Health Improvement, the Health Care Affordability Fund, and State of New Mexico Employee Benefits.

Four HCA Divisions directly support health care and behavioral health delivery for New Mexicans:

- **Medical Assistance Division (MAD)** – Oversees New Mexico’s Medicaid program, Turquoise Care, and supports the Medicaid Advisory Committee, which includes diverse groups of stakeholders contributing to policy and program administration.
- **Behavioral Health Services Division (BHSD)** – Manages adult behavioral health and substance use care in New Mexico and collaborates on making policies and strategies with the New Mexico Behavioral Health Collaborative.
- **Health Care Affordability Fund (HCAF)** – Lowers health care costs and premiums for eligible individuals, small businesses, and uninsured New Mexicans.
- **State Health Benefits (SHB)** – Provides comprehensive and competitive benefits to employees of the State of New Mexico and participating Local Public Bodies, including their qualified family members.

Four HCA Divisions offer programs that contribute to both health care and safety-net services:

- **Developmental Disabilities Supports Division (DDSD)** – Oversees community support and Medicaid waiver programs for individuals with intellectual developmental disabilities, promoting a life of respect, empowerment, and safety.
- **Division of Health Improvement (DHI)** – Ensures regulatory compliance in health services through licensing, investigations, background checks, nurse aid programs, and lab certifications for safety and

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health standards.

- **Income Support Division (ISD)** – Connects eligible New Mexicans to health and safety net programs, improving security and promoting independence for New Mexicans in their communities.
- **Child Support Services Division (CSSD)** – Aids children by ensuring they receive financial and medical support, thereby enhancing their overall well-being and stability.

Division Summaries and Updates for State Fiscal Year 2025

Medical Assistance Division (MAD)

https://www.hca.nm.gov/about_the_department/medical_assistance_division

The federal and state governments jointly fund New Mexico Medicaid, with the federal government covering about **70%** of the cost and the state covering **30%**. Currently for every **\$1** the state spends from its general fund on Medicaid, New Mexico receives **\$3.47** in federal funding.

Approximately **56%** of Native Americans who receive Medicaid are enrolled with a managed care organization (MCO), or health plan. Native Americans have the option to join a health plan or remain on Fee-for-Service (FFS) Medicaid, which does not involve an MCO. About **44%** of Native Americans choose FFS Medicaid.

NM Medicaid offers around **40 categories of eligibility (COE)**, covering children, families, pregnant people, individuals with brain injuries, adults, long-term care patients, dual eligibles (Medicare and Medicaid), individuals with disabilities, people leaving incarceration, children in state custody, medically fragile individuals, and others.

- NM Medicaid covered **125,246** Native Americans (as of May 31, 2025).
- NM Medicaid covered **4 out of every 7** children in the state and **70%** of all children **under age 1**. Once enrolled at birth, these children stay continuously covered until their **6th birthday**.
- Medicaid reinstated coverage for **21,000** NM children, including Native American children, at the end of July 2024, retroactively restoring their coverage back to May 1, 2023.
- Over **2,700** Native Americans were enrolled in Agency Based Community Benefits, and **81** participated in Self Directed Community Benefits. This program provides long-term services and support in the home, keeping members out of long-term care facilities.
- Approximately **4,000** Native American Medicaid members are “dual eligible” — enrolled in both Medicare and Medicaid. Medicaid also pays co-pays and premiums for low-income **Medicare** beneficiaries.

Initiatives in the 1115 Waiver (Turquoise Care)

HCA is in year two of its five-year 1115 Demonstration Waiver, effective January 1, 2024, through December 31, 2028. Four managed care organizations (MCOs) operate under the 1115 Waiver:

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- Blue Cross Blue Shield of New Mexico,
- Molina Healthcare of New Mexico,
- Presbyterian Health Plan, and
- United Healthcare Community Plan of New Mexico

Turquoise Care has three goals:

Goal 1: Build a New Mexico health care delivery system where every Medicaid member has a dedicated health care team that is accessible for both preventive and emergency care that supports the whole person.

Goal 2: Strengthen the New Mexico health care delivery system through the expansion of innovative payment reforms and value-based initiatives.

Goal 3: Identify groups that have been historically and intentionally disenfranchised and address health disparities through strategic program changes to enable an equitable chance at living healthy lives.

Turquoise Care held statewide outreach events March 2024 through May 2024 with over 10 Tribal outreach events held in the following communities: Santo Domingo Pueblo, Laguna Pueblo, Taos Pueblo, Zuni Pueblo, Nambe Pueblo, Jicarilla Apache Nation, Gallup, Crownpoint, Pine Hill and Shiprock.

1115 Medicaid Waiver Updates

Approved Services

- **Ensuring New Mexico children have continuous Medicaid coverage up to age six.** For children up to the age of 6 years, there will be continuous Medicaid enrollment. Parents of eligible children under the age of 6 will no longer have to reapply for Medicaid on a yearly basis.
- **New Mexico Medicaid home visiting program expanded statewide to support parents of children from prenatal to age 5.** This program expanded statewide and serves 299 families. Tiwa Babies, a Taos Pueblo program, is the only tribal community home visiting (CHV) provider in the state. Tiwa Babies provides service to both Native American and non-Native American families.
- **Permanently allow State authorized relatives, guardians, and/or legally responsible individuals (LRI) to render Community Benefit Personal Care Services (Community Benefit PCS).** This service authorizes the state to support unpaid caregivers and ensure that individuals eligible for Home and Community Based Services (HCBS) get their needs met in the community. This approval will allow more qualified providers and ensure that relatives/guardians and other LRI's to be compensated for caregiving.
- **Medicaid coverage to justice involved individuals up to 90 days prior to release** – This program supports the justice-involved population prior to release (incarcerated persons in state prisons, local jails, youth correctional facilities, tribal holding facilities or tribal jails). MAD was approved to create a justice re-entry program to provide benefits to any Medicaid-eligible adult or juvenile 90 days prior to leaving incarceration or detention. Benefits include, at a minimum, case management,

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Medication Assisted Treatment, and 30-days prescription refill.

- **Expanded access to supportive housing by providing safe and stable housing to individuals with more at-risk of adverse health outcomes** – Under Turquoise Care, the Supportive Housing Program provides pre-tenancy and tenancy support activities to members with SMI that are part of the Linkages Supportive Housing Program. For individuals that are financially ineligible for full benefit Medicaid programs, they may qualify for subsidized healthcare coverage through BeWellnm. The Legislature authorized the Office of Superintendent of Insurance (OSI) to use funds from the Health Care Affordability Fund to provide premium help to those transitioning from Medicaid to coverage on BeWellnm. This fund will pay the first month's premium for enrollees who meet certain criteria.
- **Medicaid Traditional Health Care Practices 1115 Waiver** – New Mexico was chosen to be 1 of 4 states (Oregon, California, Arizona, New Mexico) to take part in a groundbreaking demonstration to broaden the health coverage for American Indian/Alaskan Natives accessing traditional health care practices (THCP). This Medicaid demonstration will promote access to care for American Indian and Alaskan Native Medicaid beneficiaries to improve their access of coverage of culturally appropriate health care for individuals with physical or behavioral health care needs. The Health Care Authority continues to honor, welcome and respect the guidance received from our Tribes, Nations and Pueblos. We would like to thank the Navajo Nation for participating in this reimbursement model for the care provided to their community members. Coverage is to improve access to culturally appropriate care, maintain and sustain health, improve health outcomes and the quality and experience of care, and reduce existing health disparities. Features include:
 - Authority to provide reimbursement for THCP through IHS facilities, facilities operated by Tribes and Tribal organizations under ISDEAA
 - Facilities operated by Urban Indian Organizations (UIOs under Title V of the Indian Health Care Improvement Act - IHCA) will be included based on budget availability
 - This benefit is available to NM Medicaid beneficiaries (FFS and MCO)
 - Tribal nations will decide what constitutes appropriate THCP provided to their communities and populations
 - Physical and behavioral health needs are included in this THCP benefit
 - Services can be provided outside the four walls of the facility. There is no requirement that THCP must be provided within the 4 walls of the qualifying facility.

HCA is currently setting up the framework for implementation beginning with defining priorities for what areas to focus on through workgroups (i.e., defining the scope of THCP reimbursement for behavioral and physical health, defining the qualifications of a practitioner/healer who can provide THCP, defining who is eligible for THCP, etc.). These priorities will be workshopped through biweekly workgroup meetings.

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Behavioral Health Services Division (BHSD)

https://www.hca.nm.gov/about_the_department/behavioral_health_services_division/

BHSD serves as the Mental Health and Substance Abuse State Authority for New Mexico with a responsibility to address the need, planning, monitoring, and continuous quality for services across the state. BHSD focuses on strategies for mental health promotion, substance abuse prevention, and treatment for individuals in New Mexico.

BHSD works in partnership with the Medical Assistance Division (MAD) to oversee contracts with the Medicaid Managed Care Organizations (MCO) to ensure the provision of Medicaid behavioral health benefits. BHSD is actively engaged in projects that include collaboration with the Children, Youth, and Families Department (CYFD), the Department of Health (DOH), the Indian Affairs Department (IAD), the Department of Corrections (DOC), the Department of Veteran Services (DVS), and the Behavioral Health Planning Council (BHPC) inclusive of the local collaboratives, as well as providers and consumers within the state.

Program/Service Overview & Native American Initiatives/Updates

McKinley County had one of the largest decreases in alcohol-related deaths between 2021 and 2023, with a drop of 38%. This decline demonstrates the importance of sustained prevention efforts. In McKinley County, substance use has been addressed through a collaboration among multiple stakeholders including the City of Gallup, McKinley County prevention programs, and the Gallup Indian Medical Center. Partners provide behavioral health services and case management to high-risk and unsheltered populations and implement environmental strategies such as limiting the hours that alcohol can be sold. Alcohol-related deaths declined in New Mexico for two years (2023 -2024) in a row, showing progress in the state's efforts to combat alcohol misuse.

Local Collaboratives (LC) Local Collaboratives have a voice to contribute, and advocate for Behavioral Health Services to NM leadership, Behavioral Health Planning Council, and legislators.

The following are Tribal LCs:

LC14—Acoma, Isleta, Jicarilla, Laguna, Mescalero, Zuni.

LC15—Navajo Nation.

LC16 —Cochiti, Jemez, Sandia, San Ildefonso, Santa Ana, and Zia.

LC18—Nambe, Ohkay Owingeh, Picuris, Pojoaque, Santa Clara, Taos, Tesuque.

Behavioral Health Services Division: Native American Services (NAS)

NAS is a state general funded grant program. Behavioral Health agencies that provide Traditional Healing practices can apply for this grant. The definition of Traditional Healing for this grant is “the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement, or treatment of physical and mental illness.”

Current Services include equine therapy, support groups, traditional arts and crafts, sweat lodges,

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talking circles, youth prevention work. Current recipients are:

- Hozho Center for Personal Enhancement (Gallup)
- Zuni Youth Enrichment Program (south of Gallup)
- Other providers - Albuquerque Area Southwest Tribal Epidemiology Center/Albuquerque Area Indian Health Board (AASTEC/AAIHB), 2E Consults, First Nations Community Health Source, Five Sandoval Indian Pueblos, Jemez Pueblo, and Totah Behavioral Health

ReCAST NM (SAMHSA Grant)

The purpose of ReCAST project in the City of Gallup is to promote resilience, trauma-informed approaches, and equity with a particular focus on high-risk youth and families by building community foundations of resilience, increasing equitable access to behavioral health resources and ensuring cultural competence.

First points of contact after a trauma, such as police and other first responders, are receiving clinical trauma therapy services. Currently 5 first responders are receiving EMDR (eye movement desensitization and reprocessing) and RTM (Reconsolidation of Traumatic Memories) therapy to support them in their work.

Community members who received training on how to do Acudetox via seeding are now out in the community recruiting more individuals to train, with a focus on recruiting more of the youth population through a youth ambassador who is certified to do seeding.

ISTAT (Increasing Skills to Address Trauma) program participants were chosen to participate in this 10-month intensive program geared towards clinical professionals to learn more about skills to address trauma in both group and individual therapy sessions

Housing Programs/Services

The Linkages Program provides rental assistance for individual with a serious mental illness diagnoses who are homeless or at-risk of becoming homeless. Linkages reserve at least 10% of vouchers for Native American populations. FY25 shows 12.8% of vouchers were issued to the Native American population.

The Set Aside Housing Program (SAHP)/Local Lead Agencies (LLA) is designed to provide supportive housing for individuals with special needs, while offering resources for justice programs and services. There are 12 LLAs that serve 19 New Mexico counties and/or tribal lands, two of which are tribal LLAS—i.e., Pueblo Zuni and Pueblo of Acoma.

Justice Programs

Reach, Intervene, Support, and Engage (RISE) program mission is to deliver targeted public health intervention services to individuals incarcerated within county and tribal detention centers. Intervention services may include case-management, peer services, individual/group therapeutic interventions, and other psychosocial interventions. For FY25 Lincoln County Detention Center and Socorro County Detention Center have provided Indigenous culturally sensitive programming to RISE program participants. In October 2025, HCA/BHSD and Lincoln County RISE staff met with the Executive Council of the Mescalero Apache Tribal Council to discuss the RISE program and ways it can continue to support the Mescalero Apache Tribe and tribal detainees that are detained

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at the Lincoln County Adult Detention Center. In FY25, 14 counties continue to participate in RISE.

Clinical Programs/Services

Adult Accredited Residential Treatment Centers (AARTCs) provide diagnostic and therapeutic services for inpatient/outpatient facilities. Services provided are reimbursable by Medicaid. Three AARTC's provide services specifically to Native Americans: Four Corners Recovery Center, Hoy Recovery, and Cenikor. Four Corners Detox Center opened a new Intensive Outpatient services location in Gallup NM. Ten NA providers attended a series of American Society of Addiction Medicine (ASAM) trainings.

Comprehensive Community Support Services (CCSS) provides services for adults and children with Serious Mental Illness (SMI) or Severe Emotional Disturbance (SED) diagnoses, moderate to severe substance use disorder (SUD), co-occurring disorders, or an eligible recipient with a diagnosis that does not meet the criteria for SMI, but for whom time limited CCSS would support their recovery and resiliency process. Services provided by CCSS are reimbursable by Medicaid. CCSS is provided statewide in 25 counties where there are high populations of Native Americans.

Assertive Community Treatment (ACT) is an intensive and highly integrated approach for community mental health service delivery. Services are provided by a transdisciplinary team, mental health clinicians, clinicians with a specialty in SUD, employment specialists, a psychiatric provider, registered nurses (RNs), and often housing or general case management specialists. ACT hosted several training courses: ACT Foundations, ACT Foundations, Enhanced-Illness Management and Recovery, Motivational Interviewing, and Individual Placement and Support.

Veteran Services and Family Service Program provides services to Veterans and their family members who do not qualify for VA benefits or who do not wish to access VA benefits. Services include emergency housing for homeless veterans and their widows and children, rental and utility assistance, employment opportunities and training, retreats to handle PTSD, and counseling/therapy. Shorter wait periods and expanded mental health resources are crucial for addressing PTSD, depression, anxiety, and other service-related conditions. With this veterans grant, the providers have been able to serve 42 Native American veterans in FY 2025. Services included emergency housing, case management, job training and placement, and Retreats focused on treating the mental and behavioral health of veterans.

Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+ (LGBTQIA+) programming is available to individuals' providing education and a safe space for LGBTQIA. Behavioral Health Services Department (BHSD)-funded programs play a vital role in improving the quality of and access to behavioral health services for the LGBTQIA+ community and their families. These programs address longstanding disparities and barriers by offering culturally competent, affirming care that meets the unique needs of LGBTQIA+ individuals. These LGBTQIA+ providers were able to serve 70 Native Americans with these vital services in FY 2025.

Sexual Assault Program the Sexual Assault Services Program provides two types of services – Direct Services and Advocacy and Training and Technical Assistance. Direct Services include case

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management, therapeutic services, crisis intervention, and prevention and outreach services and Advocacy in court proceedings to prosecute offenders. Training and Technical Assistance supports professionals across the state who are responsible for working with sexual assault survivors, and to track, verify, and pay for medical expenses (medical treatment and forensic medical exams) incurred as a result of sexual assault. The seven Sexual Assault providers were able to serve 320 Native Americans in FY 2025.

Women's Services Program provide intensive outpatient and inpatient services that will prevent and/or reduce mental health and substance use problems in women through the provision of intensive support services. There are 2 providers that offer services in the Santa Fe and Albuquerque areas (they do accept clients statewide at these residential centers). These residential treatment programs served 81 Native Americans in FY 2025. Thirty-six (36) received detoxification services, twenty-six (26) received residential treatment services, three (3) received intensive outpatient services and 16 received transitional living program services.

State Opioid Treatment Authority (SOTA) manages service delivery by Opioid Treatment Providers (OTP's) for adults over the age of 18 with Opiate Use Disorder (OUD). There are OTP clinics near Isleta Pueblo, Albuquerque Health Services and Recovery Services of NM. New Mexico Treatment Services of Farmington offers Medical Assisted Treatment (MAT) services in surrounding communities that border the Navajo Nation. Two Santa Fe Clinics (Santa Fe Health Services and NM Treatment Services of Santa Fe) and two Espanola Clinics (Espanola Health Services and NM Treatment Services of Espanola) are in proximity of the following Pueblo communities: San Juan (Ohkay Owingeh), Cochiti, Nambe, Picuris, Pojoaque, San Felipe, San Ildefonso, Santa Clara, Kewa (Santo Domingo), Taos and Tesuque.

SOTA Community Reinforcement and Family Training (CRAFT) is a skills-based approach to empower families to effectively influence the behavior of a person struggling with substance use and other addictions. Serna Solutions has directed CRAFT training to behavioral health providers and others in Native American communities, including Gallup, Farmington, Ramah Navajo/Pine Hill Reservation, Ohkay Owingeh, Pojoaque, and Santo Domingo.

Office of Peer Recovery and Engagement (OPRE) provides training to be Certified Peer Support Workers (CPSW) and practical assistance to people who have or are receiving services to help regain control over their lives in their own unique recovery process. OPRE has 3 Native American CPSW Trainers for the program. OPRE continues funding two peer run Native American Wellness Centers that provide cultural and behavioral health education supporting eligible adults and, as appropriate, their family members, other professionals, and the community at large: Hozho Center in Gallup and Healing Circle in Shiprock. We have a local Tribal Liaison with SAMHSA for Region 6.

Office of Substance Abuse Prevention (OSAP) manages the various grant programs that provide substance abuse prevention programming, currently 13 programs are funded in 11 counties across the state; 3 programs are in two (2) tribal communities and one (1) school for Native American students. Overdose prevention and harm reduction services are provided to 23 New Mexico Pueblos, Tribes and Nations.

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OSAP PAX Good Behavior Game (GBG) collaborates with tribal communities to address prevention initiatives for underage drinking, adult drinking and driving, prescription drug use, illicit drug use. Implemented in 28 tribal schools in New Mexico.

Crisis Programs/Services

Since the launch in July 2022, the 988 Lifeline for mental, emotional, and substance use supports in New Mexico has been a vital resource for thousands of individuals in need of mental health support. The 988-call center is clinically staffed and provides crisis intervention capabilities through phone, text and chat 24/7/365hours, days of the week, and days in the year.

To date, 988 achieved:

- 96,513 connections since its inception on July 16, 2022
- 89% of connections did not require a higher level of intervention
- Average call length: 15 minutes and 12 seconds
- Counties with the highest connections per 1,000 residents: Lincoln (96.35), Sierra (45.53), Bernalillo (37.33), McKinley (34.90), San Juan (27.45)
- Of the total 988 connections between July 2022 through today, 4,573 people identified as Indigenous/Native American, with 66% identifying as male
- 988 may have saved the lives of 32,859 New Mexicans who experienced suicidal ideation since its inception in New Mexico
- 988 and the Continuum of Care continues to partner with Poston & Associates to provide Native American specific 988 marketing, education, and outreach throughout the State of New Mexico.

Opioid Use Disorder Prevention Team: Created a multimedia campaign that included information about overdose and response training, and distribution of nasal naloxone to reduce risk of overdose.

FY25:

- Total Reach: 13.3 M New Mexicans (social engagements, ad clicks or website visits) this also includes 1,679 radio spots
- Technical assistance and trainings for first responders, communities, and providers (including Native American, rural and frontier communities) expands access to resources and information.
- 2,301 individuals trained and 9,647 Naloxone kits distributed.
- 36 trainings and Naloxone kits distributed to tribal partners.
- Naloxone distribution expansion to 4 large county providers (Doña Ana, Rio Arriba, Santa Fe and Bernalillo).

Comprehensive Community Behavioral Health Clinics:

A CCBHC is a specialty designated clinic that provides a comprehensive range of community based and outpatient mental health, substance use disorder, and primary care screening services, serving all ages regardless of ability to pay. New Mexico applied and was awarded a SAMHSA CCBHC Planning Grant in March 2023. BHCA led planning for CCBHC implementation in

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partnership with several state agencies and community stakeholders – including the New Mexico Tribal Behavioral Health Provider Association, the Native American Suicide Prevention Workgroup, the Native American Tribal Advisory Council (NATAC), the Albuquerque Area Tribal Epidemiology Center (AASTEC) and the Albuquerque Area Indian Health Board (AAIHB). New Mexico was awarded the demonstration and went live 1/1/2025, when they certified five CCBHC's in communities throughout New Mexico. Five agencies have been certified by the HCA and Children, Youth and Families Department to begin providing CCBHC services in January 2025:

- University of New Mexico Health System (serving Bernalillo and Sandoval Counties)
- Carlsbad LIFE House (serving Eddy County)
- Families & Youth Innovations Plus (serving Doña Ana County)
- Santa Fe Recovery Center (serving Santa Fe and McKinley Counties)
- Presbyterian Medical Services – Farmington Community Health Clinic (serving San Juan County)

Six providers have applied for CCBHC Certification in the Demonstration Year 2 cohort, who, if certified, could potentially open an additional 8 CCBHC locations throughout New Mexico starting January of 2026.

Crisis Triage Centers

988 continues to collaborate with tribal communities and has been making referrals to the Comprehensive Community Behavioral Health Clinics which serve indigenous populations such as UNM Sandoval working with 5 Sandoval and Santa Fe Recovery Center (SFRC) in Gallup who have both been accepting referrals for consumers who are members of the indigenous population. SFRC continues to focus on serving Indigenous populations in Gallup. SFRC in SF has promoted a peer who specializes in serving the indigenous population as a project director for their Comprehensive Behavioral Health Center (CCBHC) in Santa Fe.

Income Support Division (ISD)

https://www.hsd.state.nm.us/lookingforassistance/income_support/

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

HCA also recognizes the importance of developing work readiness in the populations served through public assistance. To do this, HCA has developed programs geared towards the training and placement of individuals into career positions. To learn more about these programs, please visit the [Build Your Future](#) link at the Income Support Division website.

Tribal Charter

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During SFY 25, a Tribal Charter was created to help maintain our partnerships with tribal leaders and communities. We have implemented a requirement to hold a quarterly Tribal Charter meeting. These meetings consist of Tribal Partners, HCA staff, Tribal Liaisons and other key stakeholders. These meetings are used as a means for everyone to come together to one place to set goals and build upon relationships. We provide updates on projects going on, talk about any upcoming changes and answer any questions or concerns attendees may have. Our intention is to improve on the value and range of services provided to beneficiaries of ISD and Tribal communities. As of today, we have held two quarterly meetings.

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The following data represents the number of Native American beneficiaries' self-attesting to **tribal affiliation** and receiving benefits from the Health Care Authority.

Tribal Affiliation	Me dica id	SN AP	TA NF	Gen eral Assi stan ce	LIHEA P	Edu cati on Wo rks
Alamo Navajo	2,416	1,712	43	2	175	0
Checkerboard Navajo	20,319	13,628	263	35	1190	4
Jicarilla Apache	1,699	1,095	35	0	61	0
Main Reservation Navajo	35,974	24,014	658	74	2020	3
Mescalero Apache Tribe	2,512	1,749	134	8	356	1
Ohkay Owingeh	843	562	31	2	100	0
Pueblo of Acoma	1,926	1,201	61	6	222	0
Pueblo of Cochiti	359	169	20	2	21	0
Pueblo of Isleta	1,264	700	45	3	114	0
Pueblo of Jemez	1,137	673	50	5	54	0
Pueblo of Laguna	2,455	1,458	74	7	136	0
Pueblo of Nambe	289	178	12	0	33	0
Pueblo of Picuris	135	76	5	0	11	0
Pueblo of Pojoaque	188	103	10	0	13	0
Pueblo of San Felipe	1,792	1,124	62	5	150	0
Pueblo of San Ildefonso	212	120	10	0	9	0
Pueblo of Sandia	86	55	4	0	5	0
Pueblo of Santa Ana	249	133	14	0	17	0
Pueblo of Santa Clara	364	229	27	1	41	0
Pueblo of Santo Domingo	2,206	1,420	60	4	264	0
Pueblo of Taos	902	547	27	2	148	0
Pueblo of Tesuque	129	76	8	0	16	0

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Pueblo of Zia	355	178	9	0	12	0
Pueblo of Zuni	5,045	3,296	91	5	119	0
Ramah Navajo	908	653	22	0	38	2
Southern Ute Tribe	32	25	0	0	6	0
To'Hajiilee Navajo	1,103	774	14	4	60	0
Ute Mountain Ute Tribe	23	14	1	0	1	0
Total	84,922	55,962	1,790	165	5,392	10

Source: NM HCA ASPEN Database July 2024 – May 2025

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Program/Service Overview & Native American Initiatives/Updates

The Supplemental Nutrition Assistance Program (SNAP) provides monthly food security to approximately 444,238 New Mexicans, of which 112,771 are recipients with tribal affiliation. The Income Support Division (ISD) has improved the efficiency of processing new, renewal and emergency SNAP applications to meet the federal timeliness standard of 95 percent.

Low Income Home Energy Assistance Program (LIHEAP). HCA provided LIHEAP disaster payments to 367 qualified households in Lincoln County in the amount of \$3,000 per household. 136 households from Mescalero Apache Tribal members received the LIHEAP disaster payments.

Temporary Assistance for Needy Families (TANF). We created a tool to better identify the Tribal TANF service delivery areas to ensure that TANF eligibility is determined correctly. ISD conducted collaborative meetings with the Tribal TANF administrators on July 12, 2024, and September 19, 2024. During these meetings, a new process was created to streamline the verification process along with creating tools for ISD staff to enhance communication to verify dual participation. Since the implementation of the streamline process ISD has verified 1,300 Tribal TANF dual participation requests.

Supplemental Nutrition Assistance Program (SNAP) Initiatives and Programs

SNAP Outreach. FY2025 marked significant progress in addressing food insecurity through targeted outreach efforts, particularly among historically underserved populations. Federal fiscal year 2024, which overlaps with state fiscal year 2025, marked a pivotal year for New Mexico's SNAP Outreach efforts with the successful launch of the state's first formal SNAP Outreach Plan. This initiative has laid the groundwork for the formalization of a comprehensive outreach infrastructure at HCA, setting the stage for long-term capacity-building and expanded collaboration with community-based organizations (CBOs) and tribal partners. Over the course of FFY 2024, the HCA, in partnership with Roadrunner Food Bank assisted 371 households (24 who self-identified as Native American) with SNAP applications. Based on Feeding America's 2024 SNAP Impact Calculator estimates adjusted using live HCA data, the 24 applications submitted equaled approximately 18,432 meals, \$68,384 in estimated benefits, and \$105,311 in local economic impact. For FFY 2025, HCA brought on an additional outreach contractor, ECHO Food Bank in San Juan County. ECHO Inc. has actively educated and provided SNAP assistance to households across the Navajo Nation. The organization has already partnered with schools and several chapter houses. ECHO set up information tables about SNAP at the Sheep Spring, Nageezi, and Beclabito Chapter Houses and Senior Centers, located on the Navajo Reservation. For FFY 2025, Roadrunner Food Bank has made three dedicated visits to the Checkerboard reservation area to support SNAP outreach and enrollment. In collaboration with tribal partners, Roadrunner also conducted two SNAP outreach events in the Jemez Pueblo — on 11/21/24 and 3/27/25 — fostering relationships and increasing awareness of available nutrition assistance programs. A major highlight of Roadrunner's tribal engagement was its participation in Navajo Technical University's Benefits Palooza, where they provided on-site SNAP education and successfully scheduled 11 follow-up appointments for phone-based application assistance. These outreach efforts reflect HCA's continued commitment to

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deepening partnerships with tribal communities and ensuring equitable access to SNAP benefits across rural and sovereign tribal lands.

Federal Work Requirement Changes

Effective January 1, 2025, ISD implemented federally mandated time limit requirements for food benefits in four New Mexican counties. Two of the four counties selected for the reinstatement of work requirements for Able Bodied Adults Without Dependents (ABAWD). ABAWD time limit requirements include areas where Tribal lands overlap county boundaries, potentially impacting Tribal members residing in those regions. Specifically, the Pueblo of San Ildefonso, Pueblo of Pojoaque, and Santa Clara Pueblo each have land that extends into Santa Fe County, while the Pueblo of Laguna extends into Bernalillo County. A total of 114 Tribal members were identified as being mandatory to the ABAWD work time limit requirements.

To ensure transparency and collaboration, Tribal communities were formally notified of the potential impacts. Additionally, information was shared and discussed during the following key engagement events:

- August 27, 2024 – Tribal Engagement Meeting in Gallup, NM.
- November 19, 2024 – Tribal Leader Call hosted by the Indian Affairs Department.

To ensure those who were impacted by the ABAWD Time Limit requirements were notified, ISD took action to inform these individuals by issuing notices to all individuals identified as a mandatory ABAWD. These notices included information on what customer work requirements were, how they could remain compliant, how they could report if an exception from the work requirement applied to their situation, as well as a description of the result of non-compliance with these work requirements.

ISD also issued press releases and social media updates, and provided a link to an ABAWD Question and Answer document which was also included within the notice sent to ABAWDs residing in one of the four mandatory counties.

The Elderly/Disabled Simplified Application Project (ESAP) is a demonstration project implemented on October 1, 2024 designed to reduce administrative burden and improve access to SNAP for elderly (age 60 and over) and disabled individuals who have no earned income. About 6,245 households with a Tribal Affiliation are participating in ESAP. Details of ESAP and EASP implementation in New Mexico were shared with Tribal Charter attendees at the August 27, 2024, Tribal Charter meeting (see below for a description of the Tribal Charter). The key features of ESAP are: An extended certification period of 36 months and no recertification interview required.

Disaster Supplemental Nutrition Assistance Program (D-SNAP). During a major disaster declaration by the president or by the United States Department of Agriculture (USDA), disaster relief provisions will be implemented in those areas declared in need of disaster relief. D-SNAP is only administered after a federally declared disaster and after the State of New Mexico receives approval from the USDA, Food and Nutrition Services to activate D-SNAP services. If a D-SNAP is authorized, eligibility for benefits will be based on the applicant's household income, resources and disaster-related expenses.

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During FY2025, HCA administered D-SNAP in three different instances due to wildfires and severe storms and flooding. The areas that D-SNAP was administered was in Lincoln County, San Juan County, Rio Arriba County, and Chaves County. Mescalero Apache Reservation was impacted during the Salt and South Fork Fires. The D-SNAP that was issued to those in the Mescalero Apache was \$11,879 for a total of 24 households. Due to our past efforts that focused on preparing and coordinating readiness plans for potential disaster scenarios affecting tribal communities within New Mexico, these implementations were successful. As part of the D-SNAP State Plan of Operations policy it is required that a Tribal Consultation is provided prior to submittal of the D-SNAP State Plan.

Employment and Training Program (SNAP E&T)

The goal of the SNAP E&T program is to assist SNAP recipients to gain skills, receive training and experience that will increase their ability to obtain regular employment. By participating in the SNAP E&T program, individuals are offered support services to make the completion of the E&T program a reality.

SNAP E&T is collaborating with tribal liaisons to provide services to tribal communities and rural areas. Over the last year, the E&T program staff and tribal liaisons met once a month to discuss and plan outreach in tribal communities.

During SFY25, the SNAP E&T program attended two outreach events. The first event was on March 27, 2025, at the Alamo Health Fair. Although the health fair consisted of multiple health initiative-based organization presentations, it provided an opportunity for SNAP E&T team to present the benefits of the SNAP E&T program. During this event we spoke with twenty individuals to provide them with information and resources. The Alamo Health Fair is an annual event, and SNAP E&T team hopes to continue to be part of the event to expand their program and services to the community of Alamo.

The second event took place on June 20, 2025 in Pine Hill. During this event, not only was SNAP E&T in attendance, but the SNAP E&T contractor, EQUUS, was available to provide additional information about their services. During this event, the team partnered with the event organizer and Benefit Coordinator for Pine Hill. Through this connection the team was able to provide additional information and contacts to assist the Benefit Coordinator with the resources to share with the Pine Hill community.

Supplemental Nutrition Assistance Program Education (Snap Ed). The goal of SNAP-Ed is to improve the likelihood that people eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current DGA and the USDA food guidance.

SNAP-Ed works with the following implementing agencies to provide direct outreach and nutrition education supporting tribal initiatives for healthier food choice, nutrition, and dietary selections:

- New Mexico State University (NMSU) / ICAN (Ideas for Cooking and Nutrition)
- Department of Health (Obesity Nutrition and Physical Activity (DOH ONAPA)

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- Kids Cook! (KC!)
- Cooking with Kids (CWK)
- University of New Mexico PRC
 - CHILE Plus
 - Social Marketing

Through tribal outreach we establish new relationships and partnerships to expand collaboration with additional tribes throughout New Mexico. NMSU ICAN partnerships include Food Distribution Program on Indian Reservations (FDPIR) sites, Eight Northern Pueblos (ENIPC) via WIC, Pueblo of Acoma via Acoma senior center and Pueblo of Isleta Elder center “Seed to Supper” gardening series that is inclusive of all tribes and cultures in NM. Eagle Adventure, which is specifically designed to help prevent diabetes and encourage healthy eating for Native children, was successfully piloted and will be expanded to other tribal communities. Direct education provided to Naschetti Senior Center, Sheep Springs Senior Center, Pinehill FACE Program, Zuni Senior Center, Chichilatah Senior Center and the Office of Dine Youth in Crownpoint.

New Mexico Dept of Health (NMDOH) Obesity, Nutrition and Physical Activity Program (ONAPA) facilitated a healthy meal training using traditional and cultural ingredients for Kewa Pueblo and Navajo Nation senior centers. Partnership with Pueblo of Zuni (Zuni Youth Enrichment Project) to implement Healthy Kids Healthy Community (Pre-k through elementary). Partnership with NM Aging and Long-term services Farm to Senior Center and Pueblo of Zuni. Facilitated Healthy Universal meal training for Pueblo of Zuni and Shiprock (Central Consolidated school district).

Cooking with Kids Partnership with Ohkay Owingeh Tribal school and Santa Clara Tribal school Kha’p’o Community school.

Kids Cook! Partnership with Native Health Initiative Running Medicine, a health initiative in various Native Communities.

CHILE Plus is a nutrition and physical activity education program for preschool aged children and their families. Implemented in several Tribal Head Start programs.

HCA SNAP-Ed has joined the HCA Tribal Charter to enhance communication and collaboration with New Mexico Tribal communities. This initiative supports the development of a stronger government-to-government relationship grounded in respect, trust, accountability, and shared responsibility.

SNAP-Ed implementing agencies are committed to expanding partnerships and increasing the reach of SNAP-Ed programming within Tribal communities.

Emergency Food Assistance Program (TEFAP)

TEFAP is a federal program that helps supplement the diets of people with low income by providing them with emergency food assistance at no cost. USDA provides 100% American-grown USDA Foods and administrative funds to states to operate TEFAP.

For FY25, New Mexico TEFAP was awarded a Reach & Resiliency Grant Round #2 of \$924,895. New Mexico TEFAP distributes within the following tribal communities:

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- Jicarilla Apache
- Tohatchi Chapter House
- Pinehill Chapter House
- Thoreau Chapter House
- Acoma Pueblo
- Laguna Pueblo
- Breadsprings Chapter
- Chichiltah Chapter House
- Sheep Springs
- Santa Ana Pueblo
- Jemez Pueblo
- Kewa Pueblo
- Mescalero Apache
- Torreon Chapter House
- Ojo Encino Chapter House
- Counselor Chapter House
- Shiprock
- San Ildefonso Pueblo
- Picuris Pueblo
- Santa Clara Pueblo
- Taos Pueblo
- Isleta Pueblo
- PMS Cuba Clinic
- Torreon
- San Felipe Pueblo
- Nambe Pueblo
- Pojoaque Pueblo
- Ohkay Owingeh Pueblo
- Zuni Pueblo

Food Distribution for the School Breakfast Program (SBP) and National School Lunch Program (NSLP)

USDA designates the Health Care Authority (HCA), Income Support Division, Food and Nutrition Services Bureau (FANS) as the state distributing agency responsible for the distribution of USDA Foods to the School Food Authorities in New Mexico.

Foods available from the United States Department of Agriculture (USDA) are used to supplement a SBP and NSLP. The program has delivered USDA food to 155 schools statewide and feeds approximately 185,478 students a day for a total of 33,386,059 total lunches.

Food and Nutrition Services (FANS) provide USDA food monthly to the following partnering schools:

- | | | |
|---|---------------------------------------|---|
| ○ Alamo Navajo School | ○ Lake Valley Navajo School | Elementary School |
| ○ Baca Community School | ○ Mariano Lake Community School | ○ San Ildefonso Day School |
| ○ Beclabito Day School | ○ Mescalero Apache School | ○ Sanostee Day School |
| ○ Borrego Pass School | ○ Ninilchik Ji Olta School | ○ Khapo Community School (Santa Clara Pueblo) |
| ○ Bread Springs Day School | ○ Navajo Preparatory | ○ Santa Fe Indian School |
| ○ Chichiltah Jones Ranch Community School | ○ Nenahnezad Community School | ○ Shiprock Associated Schools, Inc. |
| ○ Chooshgai Community School | ○ Ohkay Owingeh Community School | ○ HAAK'U Community Academy (Sky City) |
| ○ Crownpoint Community School | ○ Ojo Encino Day School | ○ Taos Day School |
| ○ Crystal Boarding School | ○ Pine Hill Ramah Navajo School Board | ○ Tohajiilee Day School |
| ○ Dzilth na O Dith Hle Community School | ○ Pueblo Pintado School | ○ Tohaali Community School |
| ○ Isleta Elementary School | ○ San Felipe Pueblo | ○ Tse II Ahi Community TSIYA DAY SCHOOL |
| ○ Jemez Day School | | ○ Wingate Elementary School |
| | | ○ Wingate High School |

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Commodity Supplemental Food Program (CSFP)

CSFP provides supplemental USDA Foods to seniors (60+ years old) who are low-income (Federal Poverty Level at 150% or below). ISD is the implementing state agency responsible for managing CSFP. ISD contracts with the following agencies to provide monthly or bi-monthly food packages in 29 counties.

- ECHO, Inc. in Farmington, and Albuquerque
- Loaves & Fishes, Inc. in Las Cruces
- The Salvation Army Roswell Corps
- Food Bank of Eastern New Mexico

The monthly state caseload allotted by USDA is 9,999. CSFP currently serves an average of 10,076 individuals monthly. From July 2024 through April 2025, we provided 100,396 USDA Food packages.

CSFP has sites in the following tribal communities:

- Jemez Springs Senior Citizen Center
- Pena Blanca Community Center
- Pueblo de San Idelfonso Senior Center
- Farmington
- Aztec Senior Center
- Crownpoint Chapter House
- Lake Valley Senior Center
- Gallup Community Senior Center includes homebound distribution.
- Naschitti
- Chama Municipal Offices
- Jicarilla Apache Tribe CHR
- Beclabito Chapter House
- Huerfano Chapter House
- Nageezi Chapter House
- Sheep Springs Chapter House
- Two Grey Hills Chapter House
- Mescalero Senior Center

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Child Support Services Division (CSSD)

https://www.hca.nm.gov/lookingforassistance/child_support/

CSSD administers the state and federal program to establish parentage, establish child and medical support orders, and enforce those orders. Its primary role is to maximize the collection of child support for all eligible New Mexico children. CSSD is required by federal and state law to provide free child support services to families receiving TANF and Medicaid. In July 2024, CSSD eliminated program fees to all participants to remove a financial barrier to lower-income families seeking child support services. In FY25, there were 46,409 families with child support cases in New Mexico, approximately 2,087 were Native American.

CSSD completed a number of initiatives to increase the amount New Mexico's children receive in child support:

- Eliminated program fees associated with applying for child support services. This change removed a major barrier for lower-income parents seeking essential child support for their children.
- Began to cover the fees for parents making payments online through debit and credit card payments in order to make the payment process easy and efficient for paying parents.
- Presented to the NM Tribal-State Judicial Consortium in Jicarilla, taking advantage of this outreach opportunity to encourage more Tribal entities to partner with the NM Child Support program through the Native American Initiative (NAI) program.
- Launched a yearlong series of statewide outreach and education events to mark the 50th anniversary of the Child Support program. These events have resulted in an increase in newly opened cases, reaching parents who need assistance with the often-complicated legal process of child support.

Services for Tribes

CSSD provides child support services to Tribes, Nations and Pueblos across New Mexico by:

- Establishing and enforcing child support orders through tribal courts – based on the Tribe, Nation's or Pueblo's own laws and customs.
- Registering tribal court orders in state district courts as appropriate (when a child lives off-reservation).
- Registering state court orders in tribal courts when appropriate (when a child lives on- reservation).
- Submitting tribal court orders to other states for enforcement of child support court orders, requesting assistance from other states to establish parentage and support for tribal members.
- Providing services to custodial tribal members living on or off tribal lands – as long as the non-

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custodial parent lives off tribal lands.

Tribal Collaboration

CSSD is in full support of Tribes, Nations and Pueblos interested in developing and operating their own Tribal Child Support IV-D Programs and providing technical assistance upon request. CSSD entered into its first Joint Powers Agreement for operating the child support program on the Navajo Nation in 1993, the first of its kind in the nation. This agreement is renewed annually. This agreement provides assistance to the Navajo Nation IV-D program through services such as the use of the Child Support Enforcement System (CSES), the State Disbursement Unit (SDU), Information Technology, the Consolidated Customer Service Center (CCSC), and CSSD Training Unit.

There are two other Tribal IV-D programs in New Mexico, the Mescalero Apache Tribe, and the Zuni Tribe. The State CSSD works with the Zuni and Mescalero tribes on cases, but no agreement is in place such as the one with the Navajo Nation.

In addition to the work with the Tribal IV-D programs, CSSD has Memorandum of Understanding (MOU) agreements with several Pueblos through program called the Native American Initiative (NAI). The NAI program provides a dedicated attorney that is licensed to practice in Zia, Acoma, Isleta, Laguna, and Santa Ana Pueblos. The agreement with Santa Ana Pueblo is the most recent, which was negotiated during SFY23, and finalized in December 2022. The CSSD attorney appears before the tribal court judges from these Pueblos regularly.

Tribal judges, court staff, and parties often call upon the CSSD attorney when questions arise regarding child support cases involving Tribal members and/or basic child support matters.

CSSD also dedicates Child Support Legal Assistants (CSLA) to 259. active cases for Zia, Acoma, Isleta, Laguna, and Santa Ana Pueblos.

CSSD Native American Caseload by Tribe-State Fiscal Year 2025

Location	Cases	Cases w/orders (%)	Children	Total Collections (SFY2025)
Acoma	76	86.8%	113	\$155,797.13
Isleta	58	93.1%	103	\$189,128.33
Laguna	91	94.5%	139	\$224,630.26
Zia	3	66.7	5	\$634.91
Crownpoint Navajo	1263	53.4%	2114	\$998,217.17

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Nation IV-D				
Shiprock Navajo Nation IV-D	565	88.5%	954	\$1,073,587.72
Santa Ana	3	100	3	\$20,568.40
Mescalero	28	46.4%	36	\$21,695.70

Developmental Disabilities Supports Division (DDSD)

<https://www.hca.nm.gov/developmental-disabilities-supports-division/>

The mission and vision of the Developmental Disabilities Supports Division is to serve those with intellectual and developmental disabilities by providing a comprehensive system of person-centered community supports so that individuals live the lives they prefer, where they are respected, empowered, and free from abuse, neglect, and exploitation.

The New Mexico Legislature appropriated ongoing funding in the FY26 budget through House Bill 2 to sustain a “no wait list” policy. This funding ensures that all individuals seeking services now promptly receive allocations to the DD or Mi Via Waivers.

In FY25, in order to support DDSD’s initiative to keep people with intellectual and developmental disabilities (IDD) healthy and safe, and free from abuse, neglect and exploitation, the Developmental Disabilities Supports Division worked with nations, Pueblos and Tribes (NPTs) in developing agreements for DDSD staff to continue to conduct Health and Wellness Visits on tribal lands.

DDSD issued a Tribal Notification in April related to the upcoming Mi Via Waiver renewal with the Centers for Medicare and Medicaid Services (CMS).

DDSD Director and Deputy Director had multiple meetings and conversations with the Health Care Authority Native American Liaisons to discuss concerns related to a Developmental Disabilities (DD) Waiver Provider in the Gallup/Tohatchi area. During the meetings and subsequent conversations with the Native American Liaison Office, DDSD and the Native American Liaisons were able to have an open, honest, and respectful conversations regarding the perspectives from each of the state agencies. This is one example of how DDSD acts on our commitment to serve the best interest of the DDSD waiver recipients and their families of the Navajo Nation, and these collaborations resulted in numerous DD Waiver recipients being able to continue living in their community, as opposed to having to relocate.

DDSD routinely works with Indian Health Services (IHS) to make improvements related to requirements and documentation required in our programs. DDSD also partners with the Department of Vocational Rehabilitation and Partners for Employment to offer joint training and outreach with the Jemez Pueblo and the Navajo Nation.

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Developmental Disabilities Waiver

Services: A home and community-based services program that provides an array of residential, community, employment, therapies, respite, and behavior support services to people with intellectual and developmental disabilities.

FY25 Estimated Served: 480 Native Americans served

FY25 Native American Expenditures: \$47,140,944.26

Medically Fragile Waiver

Services: A home and community-based services program that serves people with a medically fragile condition and who are at risk for, or are diagnosed with, a developmental delay. This program provides nursing case management which coordinates private duty nursing, home health services, physical therapy, speech language pathology, occupational therapy, behavior support consultation, nutritional counseling, individual goods and services, specialized medical equipment, vehicle modification, customized community supports, specialized therapy, and respite care.

FY25 Estimated Served: 20 Native Americans served

***FY25 Native American Expenditures:** \$384,481.27

Mi Via Waiver

Services: A home and community-based program that provides an array of supports in the home, services in the community, employment, therapies, respite, and behavior support services to people with intellectual and developmental disabilities who self-direct their waiver supports.

FY25 Estimated Served: 225 Native Americans served

***FY25 Native American Expenditures:** \$14,198,439.92

*Estimated Served is based on Health Care Authority Data Systems as of May 26, 2025.

*Expenditures based on Health Care Authority's Claims Data as of May 26, 2025.

Division of Health Improvement (DHI)

<https://www.hca.nm.gov/division-of-health-improvement/>

The mission of the Division of Health Improvement is to assure safety and quality of care in New Mexico's health facilities and Home and Community Based Waiver (HCBW) community programs. DHI accomplishes its mission by conducting various oversight activities including regulatory surveys or inspections of health facilities and HCBW community programs, completing investigations regarding allegations or complaints of abuse, neglect, exploitations, injuries of unknown origin, environmental hazards and deaths in health facilities and HCBW community programs, coordinating the certified nurse aide registry and training program, and annually conducting 53,000+ caregiver criminal history screenings for newly hired caregivers working in New Mexico health facilities and HCBW community programs.

DHI is committed to providing culturally competent services and requires its surveyors and investigators to complete the State Personnel Office training "Working More Effectively with Tribes". This training has also

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been provided exclusively for DHI staff. In New Mexico, DHI licenses and certifies three healthcare facilities that receive Medicare or Medicaid funding including: Laguna Nursing Center, Mescalero Care Center, and Jicarilla Apache Nation Dialysis Center. DHI also provides oversight to several HCBW community providers including but not limited to, Coyote Canyon Rehabilitation Center, Tohatchi Area of Opportunity and Services, Zuni Entrepreneurial Enterprises/Empowerment Inc, the Tugland Corporation, Animas Valley Caring Hands, LLC-, Ramah Care Services, Presbyterian Medical Services dba Project Shield, Better Together Home and Community Services, Dungarvin, La Vida, and Su Vida. In addition, the following case management agencies provide services, Excel Case Mgt, Rio Puerco Case Mgt, Peak Case Mgt, Professional Case Coordination, and Vision Case Mgt.

Currently, an estimated 725 Native Americans are receiving services in various HCBW community programs throughout the state, as well as an undetermined number of Native Americans who are accessing health care at other licensed and certified health facilities around the state.

Agency Efforts to Implement the State-Tribal Collaboration Act (STCA)

In 2009 Senate Bill 196 was signed into law, enacting the State-Tribal Collaboration Act, also known as STCA. This is a statutory commitment by New Mexico State government to work with Tribes, Nations and Pueblos on a government-to-government basis on issues of mutual concern. HCA developed its own State-Tribal Consultation, Collaboration and Communication Policy that aligns with Indian Affairs Department and Senate Bill 196. Through this policy, HCA seeks to improve partnerships and communication with New Mexico tribes.

The HCA Tribal Liaisons, in partnership with the State Personnel Office and the HCA Training Department, offer training that focuses on the importance of building relationships with tribal communities and tribal entities. The State Personnel Office offers a training tool called “Building Cultural Equity with Native Nations.” In FY25, 86 staff completed the training, double the number from FY 24. Additionally, HCA completes a new hire orientation for all new employees to the agency. The Tribal Liaisons present STCA information to all new agency staff.

Native American Technical Advisory Committee (NATAC)

The Native American Technical Advisory Committee (NATAC) began in September 2012. It was designed to give Tribes, Pueblos, and Nations an opportunity to meet and discuss issues of mutual concern and interest on a quarterly basis. NATAC is comprised of appointees by Tribal leaders, Indian Health Service (IHS) and HCA representatives working on issues of common concern and policy making with the Medical Assistance Division (MAD), Behavioral Health Services Division (BHCA) and the Income Support Division (ISD). The following Tribes/Nations/Pueblos have a designated representative on the NATAC for 2025:

- Pueblo of Laguna
- Pueblo of Nambe
- Ohkay Owingeh
- Pueblo of Picuris
- Pueblo of San Felipe
- Pueblo of San Ildefonso

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- Pueblo of Santa Clara
- Zuni Pueblo
- Pueblo of Taos
- Navajo Nation
- Ft. Sill Apache Tribe
- Jicarilla Apache Nation
- Mescalero Apache Tribe
- Santo Domingo Pueblo

HCA held four NATAC meetings in FY2025 on September 16, 2024, December 16, 2024, March 17, 2025, and June 16, 2025. The meeting minutes and agenda can be found on the HCA website at: [Native American Technical Advisory Committee - New Mexico.](#)

NATAC schedules a pre-meeting two weeks prior to the NATAC meeting date to develop the agenda with maximum member participation and input. The Committee added two new agenda items for each meeting – “Billable Services for Tribes” and “Community Health Representative (CHR) Billing”. NATAC continues to receive Medicaid updates by the Medical Assistance Division Director and Behavioral Health Services Division as well as Income Support Division. The following goals are established by the NATAC committee and continue to be a priority moving in FY25:

- **Goal 1:** Increase Behavioral Health services for Native Americans including community-based services for adults and children.
- **Goal 2:** Increase Medicaid reimbursable provider types (e.g. case managers, community health representatives, care coordinators) and services for IHS and Tribal Clinics.
- **Goal 3:** Increase the number of long-term care options.
- **Goal 4:** Increase Native American enrollment in Medicaid.

Tribal Notifications

The Health Care Authority continues to be in compliance with the State-Tribal Collaboration Act by ensuring tribal notification and consultation are timely provided to tribal leaders. In FY25, the Health Care Authority held several tribal listening sessions on Traditional Health Care Practices (THCP). MAD also sent out 29 written tribal notifications to tribal leaders and announced the listening sessions and welcomed any opportunities to host a formal tribal consultation. The breakdown is as follows:

Behavioral Health	Long Term Services/Supports	Medicaid (Medicaid rates, services, rules)	Other (Medicaid audits, prescriptions)
6	9	11	3

To view a list of tribal notifications sent in FY25, click on the following link:

<https://www.hsd.hca.nm.gov/providers/written-tribal-consultations/>

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Department Summary

Since July 1, 2024, as one HCA unifying multiple divisions, the agency has worked toward our vision of providing health care and safety net services to all New Mexicans. It is the HCA's intent to be a respectful, transparent, and collaborative partner with all Tribes, Nations and Pueblos. Our "four pillars approach" to working with tribal partners is a testimony to our commitment to a brighter and healthier future for our tribal beneficiaries and communities.

- **Prioritize** Tribes, Nations, and Pueblos regarding available and upcoming state funding opportunities, i.e., communication and sustainability of such funding.
- **Promote** tribal health equity by recognizing and respecting self-determination in tribal health and safety net concerns as prioritized by Tribes, Nations, and Pueblos.
- **Build** trusting relationships with Tribes, Nations, and Pueblos by being visible in communities and connecting with individuals to offer available HCA resources.
- **Provide** agency-wide training of the unique government-to-government relationship for a better understanding of State and Federal obligation to Tribes, Nations, and Pueblos.

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Key Agency Contact Information

HCA's dedicated leaders are working diligently to administer and provide guidance to the 15 divisions within the Health Care Authority. Please contact division staff or the tribal liaisons with any questions or concerns. We value your input immensely and look forward to our continued collaboration.



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STCA Report Closing Statement and Signature

The Health Care Authority hereby respectfully submits its State-Tribal Collaboration (STCA) Report for Fiscal Year 2025 to the Department of Indian Affairs:

DocuSigned by:


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7/31/2025

Kyra Ochoa, Deputy Secretary for
Kari Armijo, Cabinet Secretary, Health Care Authority

Date