# 2026 State-Tribal Collaboration Report
# New Mexico Health Care Authority

The New Mexico Health Care Authority (HCA) is pleased to present this summary of State Fiscal Year (SFY) 2026 budget, legislative, and policy priorities that have a direct impact on Tribal communities throughout New Mexico. This report highlights key initiatives across all HCA divisions and reflects the agency's continued commitment to fostering meaningful collaboration with New Mexico's 24 Tribal Nations.

Consistent with the State-Tribal Collaboration Act of 2009, HCA is dedicated to honoring Tribal sovereignty, promoting transparent communication, and strengthening government-to-government relationships through ongoing consultation, partnership, and shared decision-making to improve the health and well-being of American Indian communities across the state.

Final approval on July 28, 2026

# Contents

## Agency Overview

In Fiscal Year 2026, the New Mexico Health Care Authority demonstrated its commitment to prioritizing the health and well-being of every citizen, leveraging its 15 divisions to optimize safety net services, maximize health care purchasing power, set effective policy, and oversee compliance and regulation. Under Cabinet Secretary Kari Armijo, HCA strives to implement a variety of innovations to increase the delivery of and access to services for all our customers, who in total represent over 40% of the state's population.

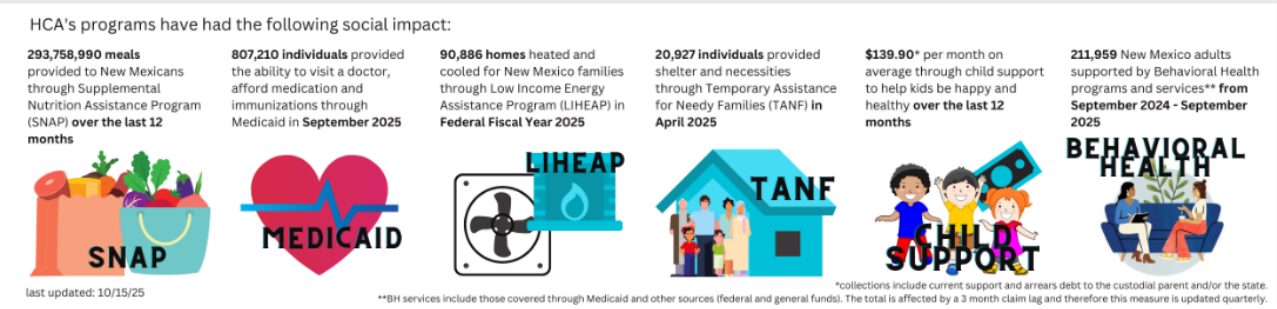
*Figure 1: Behavioral Health Conference 2026*

### Mission, Vision and Goals

| VISION | | MISSION | |
|---|---|---|---|
| Our vision is that every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system. | | 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. | |
| GOALS | | | |
| **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 | **Achieve** health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives. | **Implement** innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information. | **Build** the best team in state government by supporting employees' continuous growth and wellness. |

### Social Impact

As of June 2026, HCA served **846,793** unique customers through the administration of Medicaid, Supplemental Nutrition Assistance Program (SNAP), Behavioral Health, Child Support, and additional safety net programs. Of the customers served by these programs, 13.1%, or **131,390** people, were Native American.




## Four Pillars of Strengthening Relationships with Nations, Pueblos, and Tribes

| Prioritize | Promote | Build | Provide |
|---|---|---|---|
| Nations, Pueblos, and Tribes 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 Nations, Pueblos, and Tribes. | Trusting relationships with Nations, Pueblos, and Tribes by being visible in communities and connecting with individuals to offer available HCA resources | Agency-wide training about the unique government-to-government relationship for a better understanding of State and Federal obligation to Nations, Pueblos, and Tribes. |

### Native American Demographics in New Mexico

New Mexico is home to approximately 245,000 Native American individuals, representing 24 Nations, Pueblos, and Tribes. Of that population, more than **125,669** Native Americans are enrolled in Turquoise Care, which includes both Fee-for-Service and Managed Care health plans including Blue Cross Blue Shield of New Mexico, Molina Healthcare of New Mexico, Presbyterian Health Plan, and United Healthcare (Figure 2).

*Figure 2: Native American Medicaid Enrollment (6/2026)*

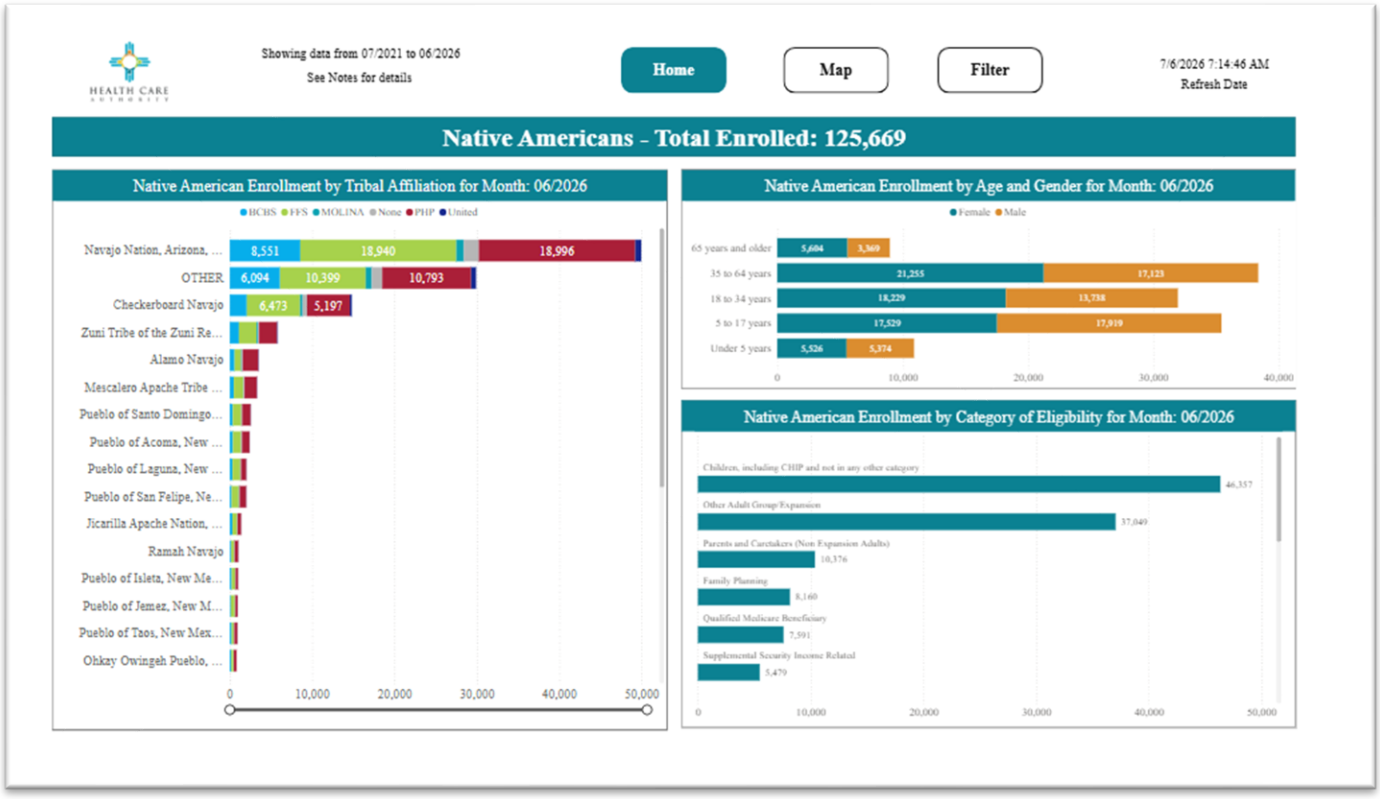
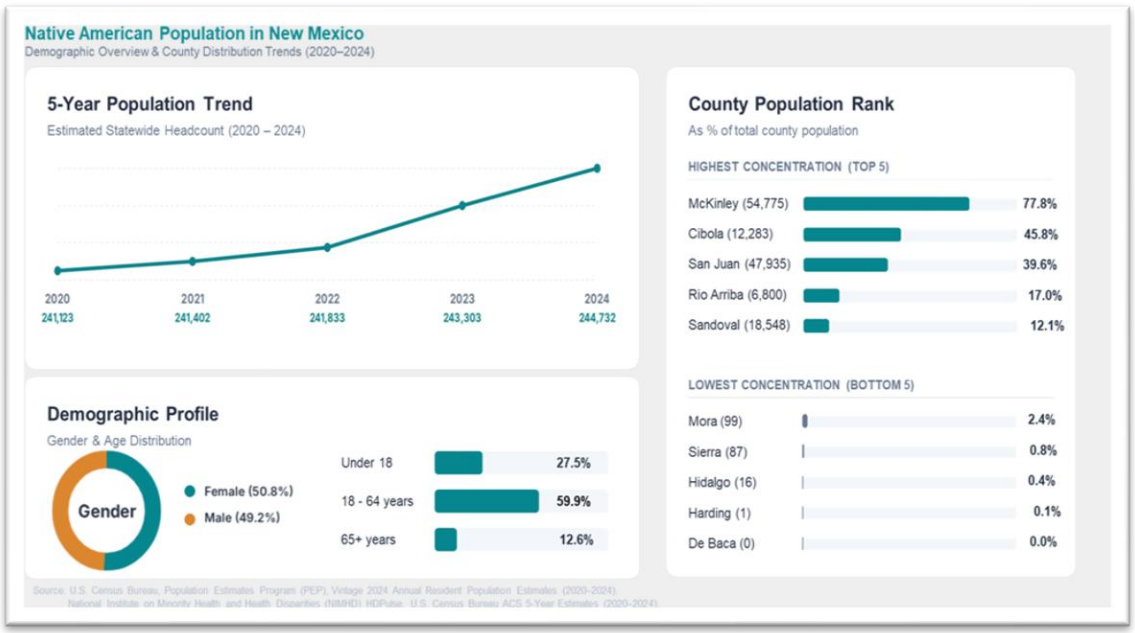


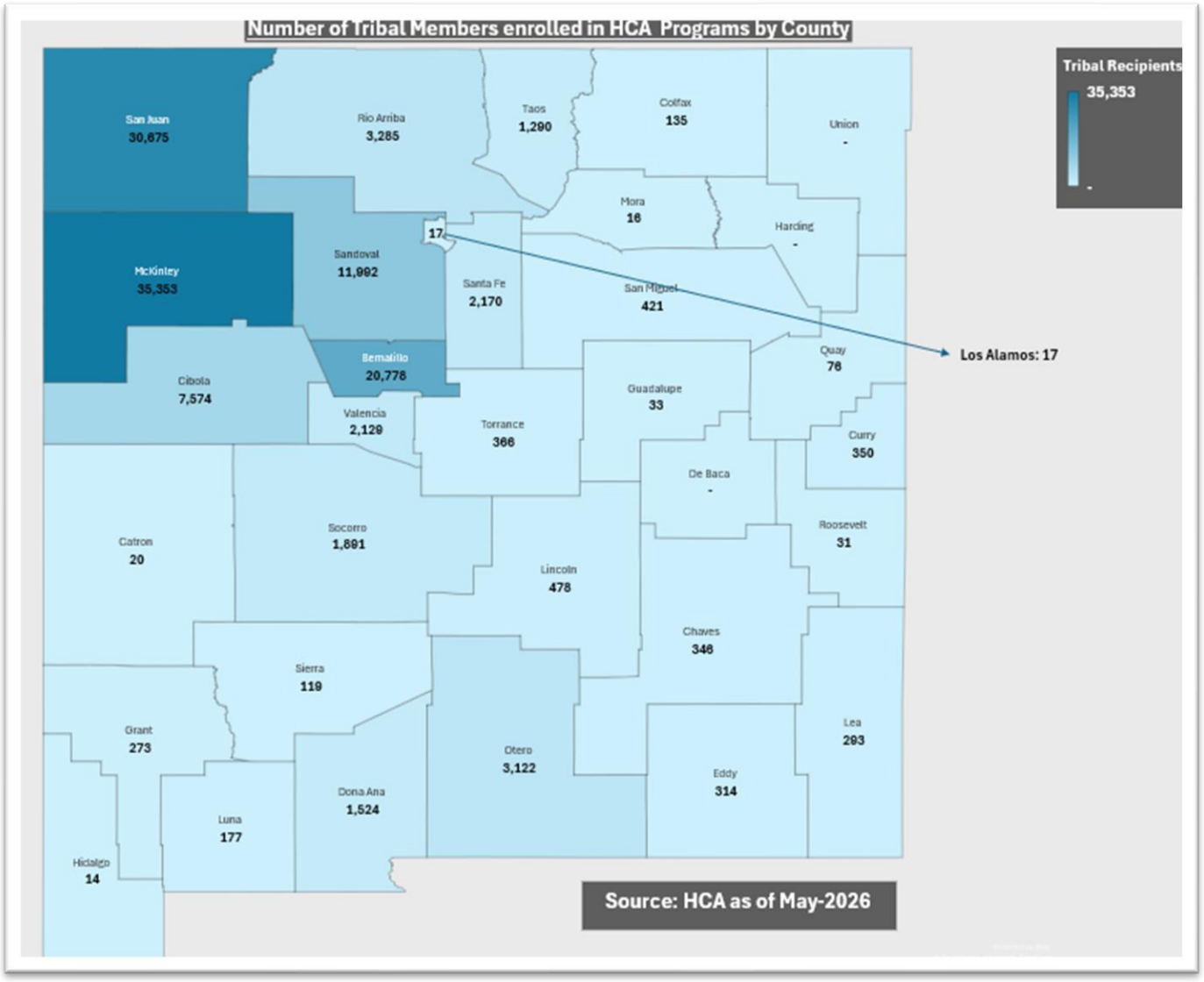

*Figure 3: Native American Population in NM*



## Unique Number of Native American Customers by County

Figure 4 indicates the the number of Tribal members enrolled in HCA programs in May 2026 by county, with darker shades indicating higher numbers of Tribal recipients.

*Figure 4: Tribal Members Enrolled in HCA Programs by County*

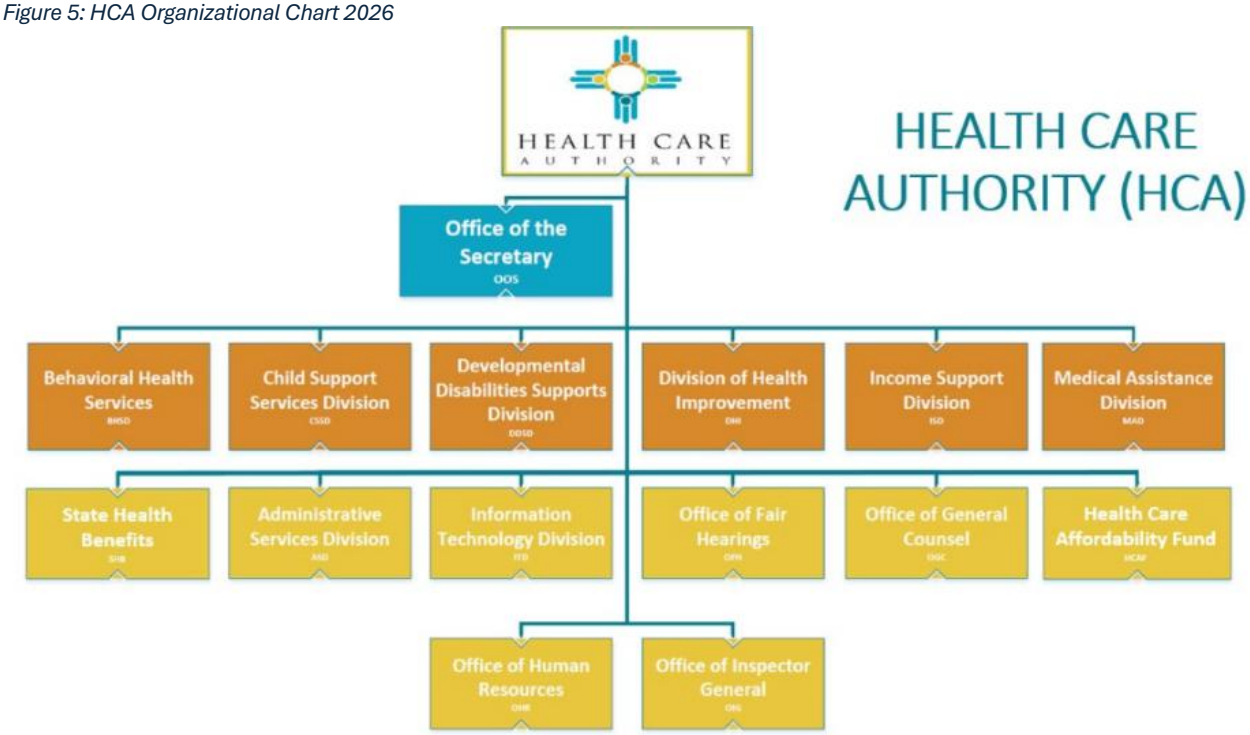


## HCA Organizational Structure

The Health Care Authority was established in July 2024 as a single, unified agency responsible for health care purchasing, policy, regulation, and the delivery of key safety-net services. By bringing these functions together under one agency, the State of New Mexico is better able to coordinate care, address health inequities, and create a more streamlined and responsive health system for the people we serve, including our Nations, Pueblos, and Tribes.

The HCA divisions responsible for health care and safety net service delivery and oversight include Behavioral Health Services Division (BHSD), Child Support Service Division (CSSD), Developmental Disabilities Supports Division (DDSD), Division of Health Improvement (DHI), Income Support Division (ISD), and Medical Assistance Division (MAD). Together, they provide a wide range of services and support that touch more than half of New Mexico's population, including our Nations, Pueblos, and Tribes.

*Figure 5: HCA Organizational Chart 2026*



## HCA Legislative Updates for State Fiscal Year 2027

HCA is responsible for administering the following House & Senate Bills as passed by the legislature and signed by the Governor.

- **HB0004 HCS Health Care Affordability Fund Distributions**
  This bill revises the distribution of health insurance premium surtax revenues by directing an increasing share to the Health Care Affordability Fund through 2028, while establishing a permanent 5% allocation to the Behavioral Health Program Fund beginning September 1, 2028. It also requires any unexpended balance in the Behavioral Health Program Fund at the end of each fiscal year to revert to the Health Care Affordability Fund.
- **HB0038HCS Wheelchair Insurance Coverage**
  This bill expands health insurance coverage requirements for prosthetic devices, custom orthotic devices, and complex rehabilitation technology (CRT) devices by requiring health plans to provide medically necessary equipment, related services, repairs, and replacements using evidence-based clinical standards. It also strengthens consumer protections by prohibiting discriminatory coverage denials based on disability and classifying certain denials of CRT devices as unfair and deceptive insurance practices.
- **HB0047 Group Insurance Contributions & Sustainability for Public Schools: (***HB47 is School Employee Insurance Program)*
  This bill strengthens public employee health insurance by increasing minimum employer contributions for school district and charter school employees, requiring most school districts and charter schools to participate in the Public-School Insurance Authority (PSIA) health plans beginning July 1, 2027, and establishing reference-based pricing to help control hospital costs. It also requires a comprehensive study on the long-term sustainability and potential integration of public-school employee health insurance programs with other state employee health benefit programs.
- **HB0306 Prohibit Certain Health Care Facility Fees**
  This bill prohibits hospitals and health systems from charging patients' facility fees for routine outpatient preventive care, vaccinations, and telehealth services in most non-rural settings, while preserving the ability to bill insurers for those fees. It also increases price transparency by requiring advanced disclosure, itemized billing, and reporting of facility fee data to the state's All-Payer Claims Database.
- **HM0004 LFC Study, Expanded Health Insurance Access for Higher Ed Employees**
  This memorial requests that the Legislative Finance Committee study options to expand employer-sponsored health insurance for faculty, part-time faculty, and graduate student employees across New Mexico's public higher education institutions. The study will

assess coverage gaps, fiscal impacts, funding options, and workforce implications, with recommendations for improving access and affordability due by October 1, 2026.

- **HM0035 Pediatric Palliative Care Benefit**
  This memorial requests that the Health Care Authority submit a Medicaid State Plan Amendment to establish a pediatric palliative care benefit that allows children with serious illnesses to receive palliative care alongside curative treatment without requiring hospice enrollment. It also encourages stakeholder collaboration, exploration of expanded pediatric hospice services, and progress reporting to the Legislature by October 1, 2026.
- **SB0021 Open Enrollment for Medicare Supplement Policies**
  This bill requires insurers offering Medicare Supplement (Medigap) policies to provide an annual 60-day open enrollment period during a beneficiary's birthday month, allowing eligible policyholders to switch to equal or lesser-value plans without medical underwriting. It also prohibits discrimination based on health status, preserves coverage for preexisting conditions, and requires advance notice of enrollment opportunities and policy changes.
- **SM0021 Overdose Prevention Center Study**
  This memorial requests that the Department of Health study the feasibility and effectiveness of establishing overdose prevention centers in New Mexico, including the statutory and regulatory changes needed for implementation. The department is requested to report its findings and recommendations to the Legislative Health and Human Services Committee and the Legislative Finance Committee by November 1, 2026.

## Key Accomplishments in State Fiscal Year 2026

- Increased the Medicaid provider network by nearly 17%.
- Modernized State Health Benefits by clearing fund deficiencies and prioritizing access and customer experience.
- Implemented SB 376 state employee health benefit improvements, including the state covering at least 80% of medical, dental and vision premiums and creating a Premium Assistance Program for lower-income workers.
- Launched SB 3 behavioral health initiatives.
- Responded to the federal shutdown by issuing $30 million in state-led SNAP funding to 232,138 households.

- Launched Certified Community Behavioral Health Clinics (CCBHCs) in seven counties: Bernalillo, Santa Fe, McKinley, San Juan, Doña Ana, Eddy and Sandoval.
- Managed a $15 billion FY25 operating budget across 10 divisions with clean audits and no deficiency requests.
- Launched JUST Health Plus pilot services in three New Mexico Corrections Department facilities to provide Medicaid services up to 90 days prior to release.
- Received $211 million in federal funding for the Rural Health Transformation Program grant.

## 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 new additions in FY25 of the Developmental Disabilities Supports Divisions, the Divisions of Health Improvement, the Health Care Affordability Fund, and the State of New Mexico Employee Benefits. In FY27, Licensing and Certification Authority (LCA) Bureau.

Four HCA Divisions directly support health care and behavioral health delivery:

| Medical Assistance Division (MAD) | Behavioral Health Service Division (BHSD): | Health Care Affordability Fund (HCAF) | State Health Benefits (SHB) |
|---|---|---|---|
| Oversees New Mexico's Medicaid Program, Turquoise Care, and support the Medicaid Advisory Committee, which includes diverse groups of stakeholders contributing to the t0 policy and program administration. | Manages adult behavioral health and substance use care in New Mexico and collaborates with state partners to develop policies and strategies that support the behavioral health system. | Lowers health care costs and premiums for eligible individuals, small businesses, and uninsured New Mexicans. | 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) | Division of Health Improvement (DHI): | Income Support Division (ISD): | Child Support Service Division (CSSD): |
|---|---|---|---|
| Oversees community support and Medicaid waiver programs for individuals with intellectual developmental disabilities, promoting a life of respect, empowerment, and safety | Ensures regulatory compliance in health services through licensing, investigations, background checks, nurse aid programs, and lab certifications for safety and health standards. | Connects eligible New Mexicans to health and safety net programs, improving security and promoting independence for New Mexicans in their communities | Aids children by ensuring they receive financial and medical support, thereby enhancing their overall well-being and stability |

### Medical Assistance Division (MAD)

The federal and state governments jointly fund New Mexico Medicaid, with the federal government covering about 77.89% of the cost and the State covering 22.11%. Currently for every $1 of State General Fund spent, New Mexico receives $3.52 in federal funding.

*Figure 6: MAD & BHSD Staff at Native American Day Feb 2026*

- Medicaid covered 818,698 New Mexicans (as of July 2026 including 125,295 Native Americans).
- 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 age 6.
- 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, reducing the need for members to live in 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 Demonstration Waiver (Turquoise Care)

MAD is entering year three 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: Blue Cross Blue Shield of New Mexico, Molina Healthcare of New Mexico, Presbyterian Health Plan, and United Healthcare.

Turquoise Care has three overarching 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.

### 1115 Medicaid Waiver Approved Services

- New Mexico children have continuous Medicaid coverage up to age six. Parents of eligible children under the age of 6 will no longer have to reapply for Medicaid on a yearly basis. This benefit is scheduled to end December 31, 2029.
- 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). By supporting unpaid caregivers and ensuring that individuals eligible for Home and Community Based Services (HCBS) meet their needs in the community, this approval allows more qualified providers and ensures that relatives/guardians and other LRI's to be compensated for caregiving.

- JUST Health Plus program provides Medicaid services to incarcerated beneficiaries up to 90 days prior to release from jails or prisons (including state prisons, local jails, youth correctional facilities, tribal holding facilities or tribal jails). Launched July 1, 2025, the New Mexico Corrections Department (NMCD) runs pilot programs in three facilities to provide case management, Medication Assisted Treatment, and 30-days of medications in hand as a member leaves the facility. CYFD Juvenile Justice division is enrolled as a Medicaid provider to ensure targeted case management and other Medicaid-covered services are available to youth in detention.
- Expanded access to supportive housing by providing safe and stable housing to individuals with more at-risk of adverse health outcomes. The Supportive Housing Program provides pre-tenancy and tenancy support activities to members with Serious Mental Illness through the Linkages Supportive Housing Program.
- New Mexico was 1 of 4 states (Oregon, California, Arizona, New Mexico) authorized to launch Traditional Health Care Practices as a covered benefit for Native Americans. The benefit launched Oct. 1, 2025, and the Navajo Nation is currently participating. Traditional health care practice coverage is intended 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:
    - Reimbursement for THCP through IHS facilities, facilities operated by Tribes and Tribal organizations.
    - Facilities operated by Urban Indian Organizations (UIOs under Title V of the Indian Health Care Improvement Act - IHCIA) will be included based on budget availability.
    - Available to NM Medicaid beneficiaries (FFS and MCO).
    - Tribal nations will decide what constitutes appropriate THCP provided to their communities and populations.
    - 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.

### Behavioral Health Services Division (BHSD)

BHSD is responsible for the planning, oversight, and funding of mental health and substance use disorder treatment services in the State of New Mexico. The division is dedicated to strengthening the mental health and wellbeing of all New Mexicans. BHSD helps people access mental health, substance use,

Figure 7: Native American Day at the Capitol, Feb 2026

prevention, recovery, and crisis services—collaborating with behavioral health providers; local communities; Nations, Pueblos, and Tribes; state agencies; and other stakeholders.

BHSD strengthens New Mexico's behavioral health system by expanding access to care, supporting providers, and improving services statewide. Responsibilities include developing and managing behavioral health programs; overseeing community-based services; supporting prevention, treatment, recovery, and crisis response; coordinating with state, local, and Native American partners; and ensuring services meet state and federal requirements.

BHSD works in partnership with the Medical Assistance Division (MAD) to oversee contracts with the Medicaid Managed Care Organizations 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.

Under the Behavioral Health Reform & Investment Act (SB3, 2025), BHSD successfully established a coordinated statewide planning structure with the Administrative Office of the Courts (AOC), the Legislative Finance Committee (LFC), regional partners, and Nations, Pueblos, and Tribes. This collaboration marks a major milestone in aligning behavioral health planning and funding across New Mexico, helping regions set priorities, coordinate services, and improve outcomes for people seeking behavioral health support.

While BHSD oversees adult behavioral health, the Children, Youth, and Families Department (CYFD) oversees children's behavioral health.

BHSD continues to support statewide behavioral health efforts through prevention, treatment, recovery, and crisis services, including initiatives focused on Native American communities. Recent statewide data released by the New Mexico Department of Health on January 17, 2025, show meaningful progress in reducing alcohol-related harms. For example, McKinley County experienced one of the largest decreases in alcohol-related deaths between 2021 and 2023—a 38% drop—highlighting the impact of sustained prevention and cross-agency collaboration. In McKinley County, partners such as the City of Gallup, McKinley County prevention programs, and the Gallup Indian Medical Center provide behavioral health services, case management for

high-risk and unsheltered populations, and environmental strategies like limiting alcohol sales hours. Statewide, alcohol-related deaths declined for two consecutive years (2023–2024), demonstrating progress in New Mexico's efforts to reduce alcohol misuse.

### Behavioral Health Local Collaboratives

New Mexico's Behavioral Health Local Collaboratives (LCs) provide a vital community voice in behavioral health planning and service department. Founded on a grassroots ideology, they bring together consumers, families, advocates, providers, and other stakeholders to build meaningful partnerships. Over the past 22 years, the LCs have identified local behavioral health needs, recommended strategies to strengthen community capacity, and supported the creation of resources that promote wellness and recovery across the state. The following are Tribal LCs:

- LC14—Acoma, Isleta, Laguna, Mescalero Apache, Zuni, Jicarilla Apache, Ramah (Navajo), and To'Hajiilee (Navajo).
- LC15—Navajo Nation (except those in LC 14).
- LC16 —Cochiti, Jemez, Sandia, Santa Ana, and Zia.
- LC18—Nambe, Ohkay Owingeh, Picuris, Pojoaque, Santa Clara, Taos, Tesuque, and San Ildefonso.

### Native American Services (NAS)

In FY25–26, BHSD supported the NAS state-funded grant program, which expanded access to Traditional Healing services across New Mexico. 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, talking circles, pottery making therapy class, and 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, Kewa Family Wellness Center, Five Sandoval Indian Pueblos, Jemez Pueblo, and Totah Behavioral Health.

### ReCAST NM (SAMHSA Grant)

- **ReCAST purpose**—ReCAST strengthens community 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, ensuring cultural competence, trauma-informed approaches, and equity with a particular focus on high-risk youth and families.
- **Trauma therapy for first responders**—First responders such as police, firefighters, and peer support workers are receiving clinical trauma therapy services. The therapeutic services offered to both first responders and community members include EMDR (eye movement desensitization and reprocessing), RTM (Reconsolidation of Traumatic Memories), and talk therapy to support them in their work and wellbeing.
- **Acudetox and seeding services** — SBS Consultants train community members in Acudetox, enabling them to provide services locally and host weekly sessions at the City of Gallup Library. SBS also trains individuals to offer seeding services to peers and family members. Acudetox supports anxiety and stress reduction through a needling and seeding technique using an accudose device—most commonly auricular (ear) acupuncture paired with ear seeds, where fine needles stimulate specific points and tiny adhesive pellets provide continuous, measured pressure afterward.
- **The Increasing Skills to Address Trauma (ISTA)** program is a 10-month intensive program geared towards clinical professionals to learn more about skills to address trauma in both group and individual therapy sessions. Training on behavioral health is offered to the general public and to behavioral health professionals.
- **Community and youth initiatives** — Community members and youth are developing an almanac that highlights local strengths, gardening practices, cultural stories, and meals that represent McKinley County. Youth participants will also become Certified Peer Support Worker specialists. Local mini-grants will be offered to community members to spotlight and support the positive work taking place across the county.

### Supportive Housing

- **Linkages Permanent Supportive Housing Program** is a tenant-based voucher program that provides rental assistance and support services to eligible adult individuals. Eligibility includes a serious mental illness diagnosis, homeless or precariously housed, and extremely low-Income level. Linkages reserve 10% of vouchers for the Native American

population. FY25 data shows 16.4% 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 and offers resources for services for individuals with special needs. The Set Aside Housing Program includes rental units that are set aside for eligible adult individuals with special needs. Local Lead Agencies are responsible for screening for eligibility. There are 12 Local Lead Agencies, which includes two tribal LLAs (Pueblo of Acoma and Zuni), that serve 19 New Mexico counties and/or tribal lands.

### Justice Programs

- The **Reach, Intervene, Support, and Engage (RISE)** program's 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 FY26 Lincoln County Detention Center and Socorro County Detention Center have provided Indigenous culturally sensitive programming to RISE program participants. Capacity Builders supports San Juan and Mckinley Counties to ensure services are made available to indigenous communities within both counties.

  In FY26, BHSD worked with Lincoln County and the Mescalero Apache Tribe to initiate a program that provides pre-arrest and diversion interventions to its residents experiencing behavioral health and domestic violence concerns. Fourteen counties continue to participate in RISE.

### Clinical 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. AARTC recently approved Na'Nizhoozhi with the Hinnah Bits'os Society (Eagle Plume Society) who provide specifically Native American Practices. The AARTC for Mental Health Program is

ready and available to providers for application. LOCUS training is available to anyone needing to become certified.

- **Comprehensive Community Support Services (CCSS)** provides services for adults 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.

Behavioral Health Services for Special Populations

- **Veteran Services and Family Services** *provided to Veterans, and Veteran families, 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 veteran's grant, the providers have been able to serve 104 Native American veterans in FY 2026. 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+)** *services are 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 served 91 Native Americans with these vital services in FY 2026.*
- **Sexual Assault Services** *in New Mexico provide two types of services: Direct Services and Advocacy and Training and Technical Assistance. Direct Services included case 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 because of a sexual assault. The seven Sexual Assault providers were able to serve 207 Native Americans in FY 2026.*
- **Women's Services** provide intensive outpatient and inpatient services designed to prevent and reduce mental health and substance use challenges. Three providers offer residential treatment to women:
    - **Santa Fe Recovery Center** (Santa Fe), **Carlsbad LifeHouse** (Carlsbad), and **Four Winds Recovery Center** (Farmington), all of which accept clients statewide.
    - In FY 2026, these providers served **27 Native American women**:

- 27 received residential treatment.
- 18 received intensive outpatient services.
- 18 received transitional living program services.

### Substance Use & Prevention

- **Office of Substance Abuse Prevention (OSAP)** manages the various grant programs that provide substance misuse prevention programming and training as well as overdose prevention. Currently, there are 5 grants with various prevention efforts, including the State Opioid Response (SOR) Grant, Prescription Drug Overdose (PDO) Grant, SUPTRS Block Grant, Strategic Prevention Framework for Prescription Drugs (SPF Rx) Grant, and Partnerships for Success Grant. The SUPTRS Block Grant has thirteen (13) programs that are funded in 11 counties across the state; 3 programs are in two (2) tribal communities and one (1) school for Native American students. SOR has programs through the PAX Good Behavior Games, which is a classroom-based program that focuses on behaviors and interactions with youth to promote good behaviors and real-life coping skills to deal with difficult situations; Intertribal Connection Initiative (ICI), which focuses on connecting youth to cultural traditions and a sense of identity for youth 10-17 and young adults 18-28; and Law Enforcement Assisted Diversion (LEAD), which helps to provide individuals an alternative to arrest or jail, related to substance use, mental health, and poverty. For overdose prevention efforts and Narcan saturation within the state, there are eight (8) HUB partners who provide Narcan training and distribution to each of the regions across the state, which encompasses 23 New Mexico Pueblos, Tribes and Nations. Additionally, there are 21 vending machines placed in high-traffic locations within the state where high need for Narcan was identified through high overdose rates as well as high substance use.
- **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. The PAX GBG is a classroom-based, evidence-based intervention designed to help youth develop self-regulation, cooperation, and focused attention while reducing behaviors that are more aggressive, disruptive, shy, and withdrawn.
    - The program has different levels with the intent of working with youth, not only within the classroom setting, but also outside of the classroom at other interactions:
        - PAX Tools for Human Services - ideal for human service professionals who work directly with youth.

        - PAX Tools for Community Educators: Designed for health and community educators who work with parents and caregivers.
        - PAX Tools for Youth Development is for out-of-school time staff who work directly with youth.
        - PAX Tools for Youth Workers is for youth workers, volunteers, and part-time staff who work directly with youth.
        - PAX Tools for New Beginnings: This training is for women and staff in recovery settings. Strategies can be used both with adults and young people.
        - PAX Tools for Caregivers: Intended for parents, grandparents, and foster and kinship caregivers.
    - PAX GBG has had a wide reach since its implementation in 2022. To date, more than 22,336 indigenous youth have been reached through PAX implementation efforts. Additionally, this program currently includes 44 schools serving indigenous youth, along with 75 community organizations partnering to create safer, more nurturing, and trauma-informed environments.

### State Opioid Treatment Authority (SOTA)

- The SOTA manages service delivery and monitors compliance for methadone clinics, also known as Opioid Treatment Providers (OTPs), as well as their administration of methadone to patients, ensuring quality and regulatory compliance. The SOTA serves as the liaison between OTPs and federal agencies, provides technical assistance and recommendations, and educates partners about OTP services and medications to ensure the continuity of care for patients.
- The OTPs are the only non-hospital setting that may offer methadone in the use of addiction medicine while also offering additional services such as biopsychosocial assessments to identify co-occurring disorders, substance use disorder (SUD) counseling, various therapies by licensed therapists and staff, as well as referral sources to programs and treatment services.
- There are a total of 21 OTP clinics and 3 medication units across the state. There are various OTP clinics serving the Albuquerque metro area as well as locations near, reaching Isleta Pueblo, Santa Ana Pueblo, and Sandia Pueblo. 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.

*Figure 8: MMIP at All Pueblo Council*

- 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 & Engagement (OPRE)

- OPRE expanded peer support capacity in New Mexico by training community members to become Certified Peer Support Workers (CPSW) and providing practical assistance to people in recovery as they regain control over their lives. The program now includes three Native American CPSW Trainers. OPRE also continued funding two peer-run Native American Wellness Centers—Hozho Center in Gallup and Healing Circle in Shiprock—which provide cultural and behavioral health education for eligible adults, their families, other professionals, and the broader community. In addition, OPRE maintains coordination with a Tribal Liaison from SAMHSA for Region 6 to strengthen Tribal engagement and support.
- OPRE's Supported Peer Employment Project (SPEP) has placed CPSWs in organizations and communities across New Mexico. New placements now support communities in Truth or Consequences, Roswell, Farmington, Albuquerque, Hobbs, Ruidoso, and Chama, increasing the availability of culturally responsive recovery support statewide.

### New Mexico's 988 Suicide & Crisis Lifeline

Since launching in July 2022, **New Mexico's 988 Suicide & Crisis Lifelin**e (988 NM) for mental, emotional, and substance use supports has been a vital resource for thousands of individuals in need of mental health support. The clinically staffed 988 NM call center delivers 24/7 crisis intervention through phone, text, and chat, ensuring immediate access to trained professionals every day of the year.


*Figure 9: New Mexico 988 Suicide & Crisis Lifeline logo*

**To date, 988 NM achieved the following:**

As of June 2026, 988 NM has supported **265,977 connections** since its launch on July 16, 2022. This volume reflects the growing statewide reliance on 988 for immediate mental, emotional, and substance-use support, demonstrating both the accessibility of the service and the critical role it plays in connecting New Mexicans to trained crisis professionals.

- **Stabilization rate** — 90% of connections did not require a higher level of intervention
- **89.37%** of calls answered in **30 seconds.**
- **Average length of calls—**20 minutes and 10 seconds.
- **Highest connection rates** — Counties with the highest connections per 1,000 residents: Lincoln (302.97), Sierra (102.19), Bernalillo (95.38), Grant (84.48), Taos (78.31)
- **Indigenous/Native American connections** — 11,593 people identified as Indigenous/Native American, with 65% identifying as male; 32% identifying as female.
- **Lives potentially saved** — 988 NM may have saved the lives of 32,859 New Mexicans who experienced suicidal ideation since its inception
- **Native-specific outreach** — 988 NM and the Continuum of Care continue partnering with Poston & Associates, the State's contracted vendor for Native American–specific 988 marketing, education, and outreach, to provide culturally responsive materials and engagement throughout New Mexico

### Substance Abuse and Prevention

BHSD's Substance Abuse and Prevention program created a multimedia campaign focused on overdose prevention, response training, and distributing nasal naloxone to reduce overdose risk.

**In FY25, BHSD's Substance Abuse & Prevention program achieved the following:**

- **Total reach** — 13.3 million engagements across social media, digital ads, visits to DoseofReality.com, and 1,679 radio spots

- **Technical assistance** — Technical assistance and trainings for first responders, communities, and providers (including Native American, rural, and frontier communities) expanded access to resources and information
- **Training and naloxone distribution** — 2,301 individuals trained and 9,647 naloxone (Narcan) kits distributed
- **Tribal trainings** — 36 trainings and naloxone (Narcan) kits distributed to Tribal partners
- **County expansion** — Naloxone (Narcan) distribution expanded to four large county providers: Doña Ana, Rio Arriba, Santa Fe, and Bernalillo

### Certified 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 was awarded a SAMHSA CCBHC Planning Grant in March 2023. BHCA led planning for CCBHC implementation in 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.

- In **Demonstration Year 1,** five agencies were 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 McKinley Counties)
    - Presbyterian Medical Services – Farmington Community Health Clinic (serving San Juan County)
- In **Demonstration Year 2**, (January 2026) five new CCBHC's were certified:
    - New Mexico Solutions (serving Bernalillo and Sandoval Counties)
    - La Clinica de Familia (Doña Ana County)
    - Guidance Center of Lea County (Lea County)
    - Mental Health Resources (Santa Fe County)
    - Presbyterian Medical Services was certified for a new location

- In **Demonstration Year 3**, (January 2027):
    - Presbyterian Medical Services will work toward certification.
    - Carlsbad Lifehouse is in progress towards certification.

By adding the above referenced new agencies, these providers are expanding their respective catchment areas to serve more communities in New Mexico.

### Crisis Triage Centers

New Mexico's 988 Suicide & Crisis Lifeline continues to collaborate with Tribal communities and has been making referrals to Certified Community Behavioral Health Clinics (CCBHCs) that serve Indigenous populations, including UNM Sandoval working with Five Sandoval and Santa Fe Recovery Center (SFRC) in Gallup. Both agencies have been accepting referrals for consumers who are members of Indigenous communities. SFRC continues to focus on serving Indigenous populations in Gallup, and SFRC in Santa Fe has promoted a Certified Peer Support Worker (CPSW) specializing in Indigenous services as the project director for its CCBHC.

## Income Support Division (ISD)

The Supplemental Nutrition Assistance Program (SNAP) provides monthly food security to approximately 436,277 New Mexicans, of which 128,404 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). As of May 2026, HCA provided LIHEAP to **35,323** households, approximately **63,228** New Mexicans, of which **13,467** are recipients with tribal affiliation.
- Temporary Assistance for Needy Families (TANF). HCA provided TANF to **4,104** recipients with tribal affiliation as of May 2026.
- HCA also provided General Assistance to **379** recipients and Education Works Assistance to **29** recipients with tribal affiliation as of May 2026.

### 2025 State-Tribal Collaboration Report

Table 1 illustrates the number of Native American beneficiaries' self-attesting to tribal affiliation and receiving benefits from the Health Care Authority.

*Table 1: NM HCA ASPEN Database July 2025 – May 2026*

| Tribal Affiliation | Medicaid | SNAP | TANF | General Assistance | LIHEAP | Education Works |
|---|---|---|---|---|---|---|
| Alamo Navajo | 2,425 | 1,779 | 44 | 6 | 167 | 0 |
| Checkerboard Navajo | 18,279 | 12,977 | 257 | 29 | 1179 | 1 |
| Jicarilla Apache | 1,588 | 1,068 | 41 | 2 | 79 | 0 |
| Main Reservation Navajo | 34,979 | 24,148 | 627 | 74 | 2161 | 0 |
| Mescalero Apache Tribe | 2,386 | 1,632 | 137 | 7 | 315 | 0 |
| Ohkay Owingeh | 810 | 566 | 19 | 5 | 101 | 0 |
| Other State Tribe | 129,560 | 73,270 | 2,364 | 201 | 7971 | 25 |
| Pueblo of Acoma | 1,873 | 1,160 | 72 | 3 | 178 | 0 |
| Pueblo of Cochiti | 338 | 185 | 11 | 2 | 18 | 0 |
| Pueblo of Isleta | 1,214 | 719 | 46 | 8 | 125 | 0 |
| Pueblo of Jemez | 1,088 | 684 | 42 | 6 | 78 | 1 |
| Pueblo of Laguna | 2,386 | 1,471 | 88 | 7 | 127 | 0 |
| Pueblo of Nambe | 269 | 149 | 7 | 0 | 29 | 0 |
| Pueblo of Picuris | 121 | 81 |  | 0 | 14 | 0 |
| Pueblo of Pojoaque | 179 | 104 | 7 | 1 | 23 | 0 |
| Pueblo of San Felipe | 1,697 | 1,106 | 73 | 7 | 165 | 0 |
| Pueblo of San Ildefonso | 199 | 120 | 12 | 0 | 18 | 0 |
| Pueblo of Sandia | 75 | 39 | 3 | 0 | 5 | 0 |
| Pueblo of Santa Ana | 227 | 138 | 8 | 1 | 10 | 0 |
| Pueblo of Santa Clara | 342 | 219 | 22 | 0 | 33 | 0 |
| Pueblo of Santo Domingo | 2,118 | 1,451 | 60 | 8 | 259 | 1 |
| Pueblo of Taos | 849 | 528 | 25 | 3 | 128 | 0 |
| Pueblo of Tesuque | 125 | 67 | 8 | 0 | 18 | 0 |
| Pueblo of Zia | 334 | 177 | 11 | 0 | 23 | 0 |
| Pueblo of Zuni | 4,916 | 3,180 | 73 | 7 | 137 | 0 |
| Ramah Navajo | 920 | 646 | 19 | 1 | 42 | 1 |
| Southern Ute Tribe | 45 | 40 | 2 | 0 | 2 | 0 |
| To'Hajiilee Navajo | 942 | 680 | 25 | 1 | 61 | 0 |
| Ute Mountain Ute Tribe | 29 | 20 | 1 | 0 | 1 | 0 |

Source: NM HCA ASPEN Database July 2025 – May 2026

## Key SNAP Accomplishments in State Fiscal Year 2026

- Continuation of SUN Bucks (Summer EBT)
  In the initial year of implementation, the SUN Bucks team recognized a chance to enhance and simplify the direct certification process for school-aged children involved in the Food Distribution Program on Indian Reservations (FDPIR). HCA engaged with FDPIR sites to educate them about SUN Bucks and the possibility of automatically approving children participating in FDPIR, enabling them to receive SUN Bucks without needing to submit an application. For the 2025-2026 school year, the HCA collaborated closely with the Pueblo of Acoma and the Pueblo of Zuni to establish a data-sharing process, making it easier for these children to access SUN Bucks.

- D-SNAP (Disaster Supplementation Nutrition Assistance Program)
  HCA administered D-SNAP in response to severe storms and flooding that impacted New Mexico during Federal Fiscal Year (FFY) 2026. USDA approved D-SNAP operations for Lincoln County in August 2025, with a subsequent expansion to portions of Doña Ana County in September 2025. These operations provided temporary food assistance to eligible households affected by the disaster who were not otherwise receiving SNAP benefits or whose disaster-related expenses created a need for assistance.

    - The disaster impact included areas within and surrounding the reservation of the Mescalero Apache Tribe, requiring coordination with tribal partners to ensure affected households were informed of available assistance. HCA leveraged established disaster readiness procedures and relationships with tribal governments, federal partners, and local agencies to support efficient implementation of D-SNAP operations. Based on our past efforts we focused on preparing and coordinating readiness plans for potential disaster scenarios affecting tribal communities within New Mexico, these implementations were successful. Consistent with the D-SNAP State Plan of Operations, HCA also completed required tribal consultation and coordination activities as part of its ongoing disaster preparedness efforts.

## Federal Work Requirement Changes

Effective January 1, 2026, ISD implemented federally mandated Able-Bodied Adults Without Dependents (ABAWD) time limit requirements for SNAP benefits throughout New Mexico, although these requirements were waived in Luna County and four Reservations: Laguna Pueblo

Reservation, San Felipe Reservation, Taos Pueblo, and Tesuque Pueblo. Along with these time limits came new exceptions to the requirements, and if a SNAP recipient reported meeting any of the following, they would be exempt from the time limit requirements:

- *An individual is an "Indian" as defined in 25 U.S.C. 1603(13),*
- *An individual is an "Urban Indian" as defined in 25 U.S.C. 1603(18), or*
- *An individual is a "California Indian" as defined in 25.U.S.C. 1679(a).*

### ISD Tribal Charter Consultation 2025-2026

Tribal communities were formally notified about the potential impacts to maintain transparency and support collaboration. This information was also shared and discussed during the ISD Tribal Charter Hybrid Meeting held on December 9, 2025.

To ensure those who were impacted by the ABAWD Time Limit requirements were notified, ISD only implemented these new time limit rules for existing SNAP recipients at their next renewal, otherwise, if it were a new SNAP recipient who applied on or after January 1, 2026, the new rules would go into effect immediately upon their application date. Participants would receive a notice if they were 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 remains available on the HCA website, along with resources for employment and volunteering opportunities.

### SNAP Outreach

FY26 represents the second official year of New Mexico's SNAP Outreach Plan and marks a significant expansion of the state's efforts to address food insecurity through targeted outreach and enrollment assistance. Building upon the foundation established during the inaugural year of implementation, FY26 reflects continued investment in reaching historically underserved populations through strategic partnerships with community-based organizations and tribal communities. During FY26, HCA expanded its SNAP Outreach network by adding the University of New Mexico and The Food Depot as outreach partners, strengthening statewide capacity to connect eligible households with nutrition assistance benefits. These partnerships continue to support the formalization of a comprehensive outreach infrastructure designed to increase

program access, build long-term community capacity, and foster meaningful collaboration with local organizations and tribal nations.

FY26 also marked the continued expansion of outreach activities through ECHO Food Bank, which serves households throughout San Juan County and the Navajo Nation. ECHO has conducted SNAP education and application assistance activities in partnership with schools, chapter houses, and senior centers, including outreach events at the Sheep Springs, Nageezi, and Beclabito Chapter Houses and Senior Centers located with the Navajo Nation.
Roadrunner Food Bank continued to expand its tribal outreach and food access initiatives throughout FY26, strengthening partnership with tribal communities across NM. Roadrunner currently distributes food through a network that includes 16 Navajo Nation Chapter Houses, 9 Pueblo communities, 1 Apache Tribe, 8 educational facilities and 1 church, providing critical nutrition support in areas that often face barriers to food access. Roadrunner regularly travels to tribal communities located in seven NM counties to deliver food and connect households with available nutrition assistance resources.

Since the launch of its tribal distribution program in June 2024, Roadrunner has experienced 400 percent overall growth, demonstrating the increasing demand for food assistance and the success of its outreach efforts. Between January 2026 and April 20, 2026, Roadrunner distributed more than 556,700 pounds of food to tribal communities throughout the state. To further strengthen relationships and support the unique needs of tribal partners, Roadrunner added a dedicated Tribal Liaison position to coordinate outreach activities, enhance collaboration, and provide direct support to tribal communities.

### SNAP E&T (Employment & Training Program)

NMHCA SNAP E&T has made substantial efforts to engage Tribal partners, share program information, and explore opportunities for collaboration. These efforts included:

- February 27, 2026: SNAP E&T met with representatives from Santo Domingo Pueblo to learn about employment and training services offered by the Pueblo and discuss potential opportunities for partnership, including the SNAP E&T 75/25 reimbursement model.
- March 10, 2026: SNAP E&T attended the quarterly Tribal Collaboration Meeting hosted on Mescalero Apache Nation land. Holding the meeting on Tribal land was intended to encourage broader Tribal participation and create opportunities for discussion regarding SNAP E&T and potential consultation activities in the future.

- March 16, 2026: SNAP E&T presented program information at the Native American Technical Assistance Committee meeting at the invitation of the NMHCA Tribal Liaison. The presentation focused on SNAP E&T services, participant support, and opportunities available through the 75/25 reimbursement model.
- May 2026: SNAP E&T provided program information for inclusion in materials presented at the State-Tribal Leaders Summit to increase awareness of SNAP E&T services and partnership opportunities.
- June 2026: SNAP E&T planned participation in the Pine Hill Health Fair at Ramah Navajo School to provide program outreach, answer questions regarding SNAP E&T services, and explore opportunities for future engagement with Tribal leadership and Tribal organizations.

Our State Plan is shared each year with all federally recognized Tribes. The program will continue to reach out to Tribes, participate in Tribal engagement activities, and build strong working relationships. These efforts help support open communication, trust, and teamwork. During FFY 2027, NMHCA will continue looking for opportunities to hold formal Tribal Consultation and develop partnerships with Tribal communities.

### Income Support Division Tribal Charter

A Tribal Charter was created to help maintain our partnerships 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 while providing updates on ongoing projects, discussing upcoming changes, and answering any questions or concerns. The intention is to enhance the value and range of services offered to ISD and Tribal community beneficiaries. Five quarterly meetings have been held; Mescalero Apache Tribe in Ruidoso, NM hosted the March 10, 2026, quarterly meeting.

### Temporary Assistance for Needy Families (TANF)

The TANF program expanded the Education Works Program (EWP) to include eligible participants residing on federally recognized tribal lands. This change allows Tribal TANF participants from the Kewa-Santo Domingo Tribe, Navajo Nation Department for Self-Reliance (DSR), and Pueblo of Zuni to access EWP educational benefits offered by HCA, provided they are currently enrolled in a two-year or four-year postsecondary, graduate, or postgraduate institution and are actively working toward a degree.

### Low Income Home Energy Assistance Program (LIHEAP)

Applicants who reside on tribal land are eligible to apply for State LIHEAP assistance if they have first applied through their Tribal Social Service office for assistance and have been denied.
Tribal members can apply:

- Once Tribal LIHEAP has been exhausted. If customer submits a letter stating that their tribe no longer has funds.
- Tribal LIHEAP is denied due to being over the FPL. Tribal LIHEAP FPL's can be different than State FPL's.

### 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. New Mexico TEFAP distributes within the following tribal communities:

- 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 188,813 students a day for a total of 33,986,314 total lunches.

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

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

### 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 9,991. CSFP currently serves an average of 9,738 individuals monthly. From July 2025 through May 2026, we provided 107,116 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

### Child Support Services Division (CSSD)

CSSD works to collaborate with New Mexico Tribes, Nations and Pueblos to cooperate and share resources and expertise in addressing child support services for New Mexico children, to facilitate the provision of these services, and to promote cooperation among agencies dedicated to providing such services. CSSD has a direct interest in protecting New Mexico's cultural diversity and preserving the unique value of Native American culture in New Mexico.

*Figure 9: Native American Day at the Capitol, February 2026*

The CSSD Native American Initiative (NAI) Program was started to enter into cooperative agreements with any New Mexico Tribe, Nation or Pueblo to assist in providing child support services within their respective Tribe, Nation or Pueblo. Currently, CSSD has cooperative agreements with five (5) Pueblos: Acoma, Isleta, Laguna, Santa Ana, and Zia. CSSD has dedicated attorneys licensed to practice in these Tribal Courts. Under these agreements, CSSD may provide locate services, establish parentage, establish and enforce support orders, modify support orders, and collect and distribute support payments.

Tribes, Nations and Pueblos have the option of running their own Title IV-D program. CSSD has a Joint Powers Agreement (JPA) with the Navajo Nation Title IV-D Child Support Program that allows the Navajo Nation to utilize CSSD's computer and automated services, and administrative training and support in exchange for payment of such expenses based on the percentage of Navajo Nation cases in comparison to total number of New Mexico CSSD cases. Currently, the Navajo Nation cases are comprised of 3.94% of the total number of CSSD cases.

Mescalero Apache Tribe and Zuni Pueblo are the only other tribes in New Mexico that have their own Title IV-D child support program. With the elimination of the Tribal non-federal share requirement, CSSD is seeking to get more tribes, Nations and Pueblos interested in running their own Title IV-D program.

### Developmental Disabilities Supports Division (DDSD)

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


*Figure 10: HCA at Pine Hill Community Health Fair, 2026*

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 Developmental Disabilities (DD) or Mi Via Waivers. DDSD now offers waiver services to those who have applied and are eligible each month.

In FY25, to support the Developmental Disabilities Supports Division's commitment to ensuring that individuals with intellectual and developmental disabilities (IDD) remain healthy, safe, and free from abuse, neglect, and exploitation, DDSD collaborated with Nations, Pueblos, and Tribes (NPTs) to establish agreements allowing DDSD staff to conduct Health and Wellness Visits on tribal lands. This important initiative continues in FY26, and DDSD seeks to engage and inform newly elected or appointed tribal leaders about the Health and Wellness Visit program and secure their partnership in supporting these visits for tribal members receiving DDSD services.

The Centers for Medicare and Medicaid Services (CMS) requires states to obtain public input during the development of a waiver, during renewal or amendment with substantive changes. As per the Centers for Medicare and Medicaid Services (CMS) Instructions, Technical and Review Criteria Guide states must seek advice from all Indian Health providers, Indian organizations, and federally recognized Tribal governments prior to submitting waiver renewals or amendments. Activities taken by states regarding tribal engagement, including any comment received, is written into the waiver application: Section Main, Additional Requirements, 6-I, Public Input.

The Health Care Authority also engages tribes during promulgation of New Mexico Administrative Code (NMAC). During the last fiscal year, DDSD has participated in the Tribal Notification process for the following activities:

DDSD Tribal Engagement FY26

| AUTHORITATIVE DOCUMENT/ACTIVITY | TRIBAL NOTIFICATION LETTER |
|---|---|
| Mi Via Waiver Renewal | Tribal Notification Letter 25-10 |
| HCBS NMAC Level of Care Updates | Tribal Notification Letter 25-11 |
| Supports Waiver: Repeal NMAC 8.314.7 | Tribal Notification Letter 25-18 |
| Developmental Disabilities Waiver Renewal | Tribal Notification Letter 26-01 |
| Medically Fragile Waiver Renewal | Tribal Notification Letter 26-02 |
| Intermediate Care Facilities and Related NMAC | Tribal Notification Letter 26-04 |

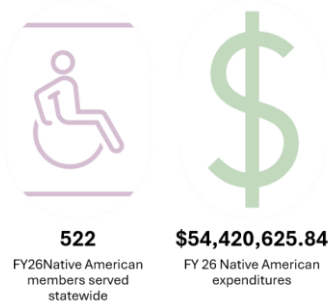
DDSD works with Medical Assistance Division to release a “Tribal Notification to Request Advice and Comments Letter” which outlines:

- Authoritative document is being amended (waiver, NMAC),
- Proposed amendments,
- Tribal impact of amendments,
- Timeline for response e.g. tribes and tribal healthcare providers to comment,
- Date of public hearing, and
- Includes a copy of the waiver application or NMAC.

At any time, tribes or tribal healthcare providers can request a meeting to review and discuss the proposed amendments. To date, DDSD has not received any requests to meet with tribes or tribal health providers. See Tribal Notifications on the Written Tribal Notification Letters web page.

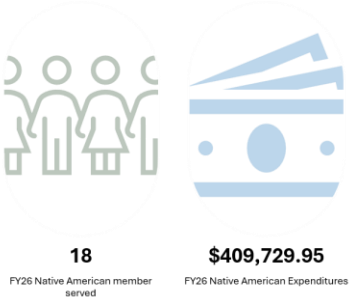
Additionally, DDSD played an integral role in the Second Annual Special Needs Dental Care in New Mexico Summit held in April 2026. DDSD dentists presented and engaged with dental, healthcare, and community professionals from across the state, including representatives from the Indian Health Service, to identify strategies for expanding access to dental services for New Mexicans with IDD. The summit provided a collaborative forum to advance best practices, strengthen partnerships, and improve the quality and availability of specialized dental care for individuals with special healthcare needs throughout New Mexico.

## Developmental Disabilities Waiver Services



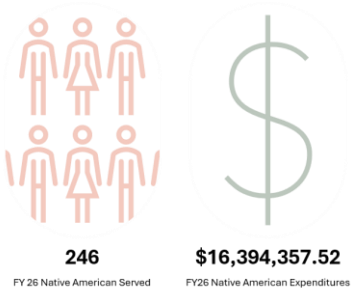

A home and community-based services program that provides an array of residential, community, employment, therapies, respite, and behavior support services to people with intellectual and developmental disabilities. FY26 estimated Native Americans served was 522. FY26 Native American expenditures totaled $54,420,625.84.

## 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. FY26 Estimated Native Americans served was 18. FY26 Native American expenditures (estimated from HCA Data Systems June 24, 2026) totaled $409,729.95

## 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. FY26 Estimated Native Americans served was 246. FY26 Native American Expenditures (estimated from HCA Data Systems June 24, 2026) totaled $16,394,357.52.

**Division of Health Improvement (DHI)** The mission of the Division of Health Improvement assures the 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 monthly conducting over 3900 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 to all New Mexicans.

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 Tungland 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. We strive to continue ensuring that Native Americans can receive quality and safe services in their communities from all types of care providers throughout state.

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

In 2009, the State Tribal Collaboration Act (STCA) was signed into law, 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 concerns. 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 partnership and communication with New Mexico tribes.

In FY26, the MAD Tribal Liaison will launch a communication newsletter designed to provide timely, direct updates to Governors, Presidents, Tribal Council members, representatives, and their executive assistants. This newsletter will deliver early and reliable information on State and federal developments, along with updates from HCA divisions, Indian Health Services, and Tribal community outreach activities to strengthen transparency while offering insight into the work of the Tribal Liaison and the ongoing connections with Tribal communities and governments.

### Native American Technical Advisory Committee (NATAC)

The Native American Technical Advisory Committee (NATAC) was established in September 2012 to create a dedicated forum for Tribes, Nations, and Pueblos and the HCA to meet quarterly and build meaningful partnership that improves members' health outcomes. In 2016, NATAC expanded to include the Income Support Division (ISD). NATAC meetings solicit input from Tribes, Nations, and Pueblos on federal and state benefits, including Medicaid-covered services and benefits, programmatic changes, waiver renewal, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families (TANF) and LIHEAP. Committee members are asked to identify concerns, bring recommendations, review progress, and offer advisory input on Health Care Authority initiatives.

Tribal leaders and members (appointed by affiliated tribes) from all 24 Tribes, Nations and Pueblos are invited to participate. In 2026, the following Tribes are represented at NATAC:

| | | |
|---|---|---|
| Ft. Sill Apache Tribe | Navajo Nation | Santa Clara Pueblo |
| Jicarilla Apache Nation | Ohkay Owingeh | Santo Domingo Pueblo |
| Laguna Pueblo | Picuris Pueblo | Zia Pueblo (added in 2026) |
| Mescalero Apache Tribe | San Felipe Pueblo | |
| Nambe Pueblo | San Ildefonso Pueblo | |

Meeting agendas and minutes of the quarterly meetings are available on the Native American Technical Advisory Committee web page.

The MAD Tribal Liaison introduced a new strategy in FY26 that added a post-meeting feedback survey designed to strengthen communication and improve agenda development. After each NATAC meeting, members are encouraged to complete a 10-question survey providing feedback on presenters, submitting specific requests to HCA staff, and identifying topics to address in future meetings.

The survey has already demonstrated several benefits. It gives members a consistent way to share their priorities, ensures HCA receives timely input, and helps shape the agenda around real community needs. Since its implementation, NATAC members have requested updates on recent HCA changes, Income Support Division, Workforce Division resources, Indian Health Services regarding Pharmacy, provider requirements, Rural Health Transformation Program, Native American demographics and enrollment, and other emerging area important to Tribal communities.

### Tribal Notifications

In accordance with HCA and State-Tribal Collaboration Act, Tribal Notification are developed to provide formal public notice to the intent to submit a State Plan Amendment (SPA) to the Centers of Medicare & Medicaid Services (CMS). These notifications serve as a vital communication tool, ensuring Tribes, Nations, and Pueblos receive timely information, updates, and opportunities to offer comments, advice, and recommendations. Timely communication is essential, as it supports transparency, strengthens trust, and allows Tribal governments and their partners (IHS, Tribal 638 facilities) to response proactively to policy changes that may affect their communities. This process reinforces meaningful engagement and collaboration, ensuring Tribal voices are included throughout the decision-making process. In FY25, MAD sent 30 written tribal notifications, and BHSD sent one. For more details see the Written Tribal Notification Letters web page.

## Department Summary

HCA observed clear patterns in the healthcare services being requested, and consequently intentionally prioritized key services that not only align with organizational mission, vision, and organizational goals, but also reflect an unwavering commitment to improving health outcomes, delivery of transparent information, and local, tribal resources, and collaborative partnership with

all Tribes, Nations and Pueblos. The HCA's "Four Pillar approach" reflects a deep commitment to work with tribal partners for a brighter and healthier future for New Mexicans.


## Key Agency Contact Information

HCA's seasoned leadership team actively guides and supports its 15 divisions to strengthen service delivery for Tribes, Nations, and Pueblos. We encourage you to engage directly with division staff or the Tribal Liaisons whenever questions, concerns, or opportunities arise. Your insight drives meaningful improvement, and we remain committed to building on our partnership through ongoing communication, collaboration, and coordinated action.