



NEW MEXICO TRIBAL
BEHAVIORAL HEALTH
PROVIDER'S ASSOCIATION

Sindy Bolaños-Sacoman, MPH and Executive Director
Melanie Montoya, Core Team Member

History of Tribal BH Programs

Building Capacity, Sharing of technology and innovative programming

- Passage of P.L. 93-638 in 1975 allows Tribes to take their funds to create programming in their own Tribal Nations.
- Substance Abuse treatment programs were some of the first examples of programs created in Tribal Nations under this public law commonly referred to as “638”
- However, in the past, funding for Tribal SUD/Behavioral health programs was limited to “638,” it has expanded over time
- Funding for Tribal SUD/Behavioral health programs was limited to 638 funding until approximately 2006 when behavioral health care reform in NM created avenues for Tribal Behavioral Health programs to bill Medicaid for service reimbursement

Although there are avenues to give Tribes a seat at the table, they are diversified in scope, leaving Tribal Behavioral Health program leadership without a space to discuss or advocate for Tribal behavioral health administrative and clinical systems, challenges and needs

Need for a Tribal specific group of behavioral health providers

- Needs Assessment pointed to the need for a tribal behavioral health provider focused group
- Four focus group meetings were held with various Tribal key-stakeholders
- Interviews took place with key stakeholders
- Existing groups were considered: Native American Sub-Committee (NASC) and Native American Technical Advisory Committee (NATAC) and other groups no longer in existence.
- Medicaid billing, billing, supervision, workforce development, decreased administrative burden, grant writing, funding, traditional services, negotiation with MCOs, policy overview, communication with state agencies, EBP, technical assistance, and one strong and united voice.



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Endorsements & Support

- **Endorsement:** The NMTBHPA has been endorsed by Indian Affairs Department (IAD)
- **Encouragement Received:**
 - BHSD
 - CYFD
 - UNM's Division of Community Behavioral Health
 - Office of the Secretary, Native American Liaison
 - Medical Assistance Division (MAD), Native American Liaison

Acknowledgements Received:


- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Centers for Medicare & Medicaid Services



Goal #1: Bolstering the Tribal Behavioral Health Workforce


- IAD collaborated and endorsed the establishment of the New Mexico Tribal Behavioral Health Providers Association (NMTBHPA) with the New Mexico Recovery Project and UNM's Division of Community Behavioral Health in January 2021.
- NMTBHPA held its first meeting on March 19, 2021 as was received with excitement by Tribal BH providers.
- NMTBHPA seeks to provide space for Tribal BH providers to address the needs, the workforce, and the priorities that are different from other providers.

NEW MEXICO TRIBAL BEHAVIORAL
HEALTH PROVIDERS ASSOCIATION
MEETING



THE NMTBHPA WILL ASSIST IN THE FOLLOWING

- INFORMING POLICY
- MAINTAINING TWO-WAY COMMUNICATION WITH THE STATE BEHAVIORAL HEALTH SERVICES DIVISION
- PROVIDING CAPACITY BUILDING AROUND BEHAVIORAL HEALTH PRIORITIES
- BILLING AND CODING
- EFFECTIVE STRATEGIES FOR ADDRESSING SUBSTANCE USE DISORDER
- CAPACITY BUILDING AROUND BEHAVIORAL HEALTH STRATEGIES
- FOSTERING A SUPPORTIVE PEER LEARNING COMMUNITY
- DR. BOWEN, SHELLY BEGAY, AND THERESA BELANGER WILL BE IN ATTENDANCE OF NMTBHPA MEETINGS



New Mexico Indian Affairs Department



REPORT TO TRIBAL LEADERS AUGUST 2021

New Mexico Tribal Behavioral Health Providers Association (NMTBHPA). The IAD collaborated and endorsed the establishment of the New Mexico Tribal Behavioral Health Providers Association (NMTBHPA) with the New Mexico Recovery Project (Program Director: Sindy Bolaños-Sacoman, MPH) and UNM's Division of Community Behavioral Health (Teresa Gomez, MA) and expert partner (Jennifer Nanez, MSW, LMSW) in January 2021. NMTBHPA seeks to provide space for tribal behavioral health providers to address their behavioral health, workforce, billing, and capacity building needs as well as other tribal priorities that are different from other providers.

NMTBHPA Beginnings

- A planning committee was formed which included:
 - Sindy Bolaños-Sacoman, MPH- Evaluator of the New Mexico Recovery Project- a BHSD/NMDHS-MAD
 - Teresa Gomez, MA- UNM Division of Community Behavioral Health
 - Jennifer Nanez, MSW, LMSW- Tribal Tech, LLC
 - Eldred Lesensee, Policy Analyst, NM Indian Affairs Department
- First meeting: March 19th, 2021
- **Endorsed by the Indian Affairs Department: Cabinet Secretary Lynn Trujillo**
- Membership
 - Navajo Nation, Apache Nations, and Pueblos
 - Monthly meeting: 2nd Friday of the month from 10-12
 - No membership fees
 - Volunteer Association Director
 - Volunteer planning committee core group members



WHO WE ARE



- NMTBHPA Director: Sindy Bolaños-Sacoman
- Co-Founders:
 - Sindy Bolaños-Sacoman-MPH,
 - Teresa Gomez- MA,
 - Jennifer Nanez-MSW, LMSW
- Planning Committee and Core Team:
 - Sindy Bolaños-Sacoman, SBS Evaluation & Program Development Specialists
 - Teresa Gomez, Isleta-UNM Division of Community Health
 - Jennifer Nanez, Acoma-UNM Division of Community Health
 - Melanie Montoya, BH Santa Clara
 - Lonna Valdez, BH Jicarilla Apache

Mission: Advocate as a united tribal voice for a quality behavioral health system accessible and responsive to tribal matters that affect the collective

Membership: Tribal BH Providers

- Santa Clara
- Santo Domingo
- San Ildefonso
- Navajo Nation
- Taos
- Laguna
- Zuni
- Jemez
- Mescalero Apache
- Jicarilla Apache
- Five Sandoval
- Eight Northern
- Tohajilee
- Tesuque
- Poston and Associates
- Tribal Veteran Affairs
- McKinley County Health Alliance
- Residential Youth Program (Gallup and Crownpoint)
- BHSD
- MAD
- IAD
- Optum Health
- MCOs
 - Blue Cross Blue Shield
 - Presbyterian
 - Molina
 - United
- Out of State:
 - Colorado
 - Arizona
 - Alaska



Initial Goals

- Bridge communication-maintain a two-way communication with State Behavioral Health Services Division and Tribal BH providers
- Maintain two-way communication with HSD (now HCA) and Tribal BH providers
- Reinstate the Tribal Liaison position at BHSD
- Inform policy
- Ensure Tribal programs are aware of funding opportunities
- Ensure Tribal programs are aware of training opportunities
- Provide capacity building around BH priorities
- Increase capacity around Medicaid billing and coding
- Capacity around evidence based behavioral health strategies
- Identify effective strategies for addressing substance use disorder through traditional methods
- Foster a supportive peer learning community

Services Provided

- Ongoing communication with BHSD, other departments, NMBH Association.
- Updates on behavioral health initiatives
- Share funding and training opportunities with membership.
- Voice at the state and federal level on new initiatives
- Build member capacity through presentations of new initiatives.
- Provides relationship building opportunity among members.
- Review and involvement in policy work that impacts tribal behavioral health and wellbeing
 - Alcohol Harms Alleviation – alcohol tax
 - Opioid initiatives
 - Behavioral health workforce
- Medicaid billing, billing, supervision, workforce development, decreased administrative burden, grant writing, funding, traditional services, negotiation with MCOs, policy overview, communication with state agencies, EBP, technical assistance, and one strong and united voice.



Accomplishments

Building Capacity, Sharing of technology and innovative programming

- Chess Health Connections app
- E-prevention
- Open Beds
- Medicaid billing
- Trainings and collaboration opportunities
- NMTBHPA and all it's members, tribal liaisons, BHSD staff and MCOs

Funding opportunities shared

- Extended time to apply
- Introduced possible federal funding opportunities for FY 23 months in advance
- Communicated the need for tribal specific funding opportunities

988 Updates

- Tribal Consultations
- Events
- Funding
- Children's Mobile Response
- Tribal Call Center Initiative

Raise awareness

- Predatory behavior towards Native Americans in Gallup since November of 2022
- Issue moved to ABQ
- Collaborated with grass roots agencies, GPD, NN, and the City to address the issue locally
- Communicated Predatory issue to BHSD, Director, state staff, Tribal Liaisons, UNM, other BH Associations
- State of Arizona suspended payment to 100+ facilities
- Attendance and representation at federal government meetings
- Participation in various strategic planning meetings

Accomplishments

Active Participation in Legislative Session

- Inform policy
- Support legislative initiatives
- Increase access to western and traditional behavioral health care through provider retention, practices, and cultural humility

BHSD Representation

- BH Provider Support
- Two-way communication
- Association Collaboration Meetings

Involvement with Key Initiatives

- Enhanced collaboration within the behavioral health system
- Self determination of Tribal Behavioral Health through review of policies, programs and procedures that affect tribal members
- MCO collaboration
- Medicaid modifications
- Tribal Consultations and Listening Sessions

Gallup Crisis Response

- Implemented a multi-faceted crisis response in less than 20 hours

Support Needed

Funding for NM Tribal Behavioral Health Providers Association

- Hire support staff
- Recruitment and retention of Tribal membership to ensure ongoing representation from all Pueblos and Nations- a united voice
- Participate in meetings, learning communities, steering committees, advisory groups, CCBHC, 988 initiative, anywhere Tribal Voice is needed
- Address and influence legislative initiatives
- Capacity Building for providers- Evidence Based Practices and Promising Practices
- 988 capacity building for Tribal Communities
- National Council for Mental Wellbeing membership- premier BH Association for comprehensive evidence based behavioral health services, practices, policy and practice improvement
- Host our first conference

Commitment of Participation from State Agencies

- True Collaboration- shared credit for accomplishments
- Raise awareness about the NM Tribal Behavioral Health Providers Association across state and federal level stakeholders
- Bridged communication
- Agency representation – assigned designee with consistent attendance to enhance partnership
- Core group meetings with State Agencies and Associations - Provide relevant information and obtain feedback
- During time of crisis-the Association needs immediate assistance and support
- Participation in initiatives such as steering committees

Leave a Tribal Footprint

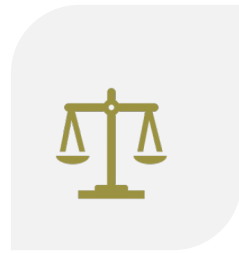
- Recognition of NM Tribal Behavioral Health Provider's Association Efforts
- Funding for Tribal Initiatives
- Tribal voice is heard, and suggestions are taken into consideration and implemented
- Report and announce our achievements



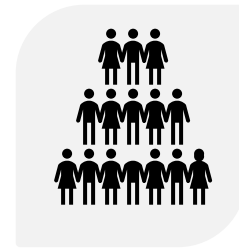
Continued Goals



BRIDGED
COMMUNICATION
WITH STATE
AGENCIES



LEGISLATIVE
CHANGE
SUPPORTIVE OF
TRIBAL & URBAN
INDIGENOUS
BEHAVIORAL
HEALTH EFFORTS



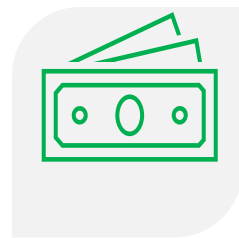
SUSTAINABILITY
OF EXISTING
WORKFORCE IN
TRIBAL
COMMUNITIES



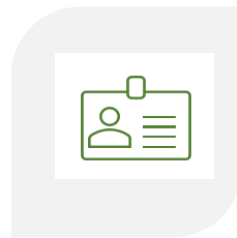
ADVISORY
GROUP
ONE VOICE



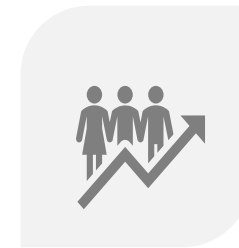
CAPACITY
BUILDING AMONG
TRIBAL BH
PROVIDERS



SECURE STABLE
FUNDING
-NMTBHPA
INITIATIVES
-TRAINIGNS



HIRE
SUPPORT STAFF



RECRUTIMENT,
RETENTION &
REPRESENTATION



SUPPORT TRIBAL
INITIATIVES,
EBP & PROMISING
PRACTICES



ANNUAL
CONFERENCE

www.NMTribalBehavioralHealth.org

NEW MEXICO TRIBAL BEHAVIORAL HEALTH PROVIDERS ASSOCIATION

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ABOUT

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Welcome!

It's important to have a unified voice as tribal behavioral health providers.

Contact Information

Sindy Bolaños-Sacoman, MPH

Director, NMTBHPA

sindysacoman@gmail.com

505-818-8021

Melanie Jo Montoya

Core Team member, NMTBHPA

Santa Clara Pueblo

mmontoya@santaclarapueblo.org

- Mission: Advocate as a united tribal voice for a quality behavioral health system accessible and responsive to tribal matters that affect the collective
- Website: <https://nmtribalbehavioralhealth.org>