APPENDIX 2.8
NATIVE AMERICAN

The SE shall:

a. Respect and respond appropriately to the sovereignty of Native American Tribes and Pueblos in planning or changing service delivery and evaluation.

b. Be flexible and considerate in meeting the needs of Native Americans throughout the State.

c. Seek, incorporate and utilize the views of Native American stakeholders (consumers/families, providers, tribal leaders, advocates) in the design and implementation of the service delivery system and in making modifications for system.

d. Promote and utilize culturally and linguistically appropriate traditional healing services for Native Americans, while maintaining sensitivity to the unique perspectives of the various tribes and pueblos who may prefer to limit their participation due to cultural beliefs and to keep religious practices safeguarded.

e. Provide organizational structures that respect the unique government-to-government relationships of the State and the Native American tribes and pueblos for purposes of collaborating, cooperating, and communicating with each other.

f. Provide for appropriate personnel for purposes of accessing and delivering behavioral health services and as direct liaisons with Native American tribes, pueblos, IHS, Local Collaboratives, and other tribal entities.

g. Hire an appropriate number of staff who have experience with Native American behavioral health issues and New Mexico tribal communities to work specifically with tribal communities and providers who serve Native Americans to create, strengthen, support, and provide assistance to the Local Collaborative in Region 6 (the Native American region), the urban Native Americans in Region 3, and if any Tribe or Pueblo decides to partner with the other four regions.

h. Preserve the "set-aside" funding for Native Americans and, at a very minimum, assure that no fewer Native Americans are served than are currently being served by state agencies and departments.

i. Ensure that IHS, 638s, tribal, pueblo and urban Indian behavioral health programs as essential providers.

j. Provide technical assistance and training for billing, credentialing standards, benefits and services and quality of care to IHS, tribal, pueblo and urban Indian behavioral health providers as needed.

k. Make good faith efforts to reimburse for traditional healers when considered appropriate by the Native American traditional healer or tribe or pueblo.

l. Show good faith effort to work with tribal judges and courts regarding tribal members.

m. Make good faith efforts to work with schools, whether public, tribal, or federal, regarding behavioral health care for Native American consumers/families.