



# State-Tribal Collaboration Act July 31, 2015 Agency Report

New Mexico Department of Health Celebrating Health  
in Partnership with the New Mexico Tribes

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## SECTION I. EXECUTIVE SUMMARY

One of the requirements of the State Tribal Collaboration Act is submission by all agencies of an annual report that describes activities conducted with New Mexico's American Indian tribes, pueblos, and nations. This report is submitted each year on July 31. Since the submission of the last report, the New Mexico Department of Health approached two major milestones that will long influence our work as an institution with community and tribal partners:

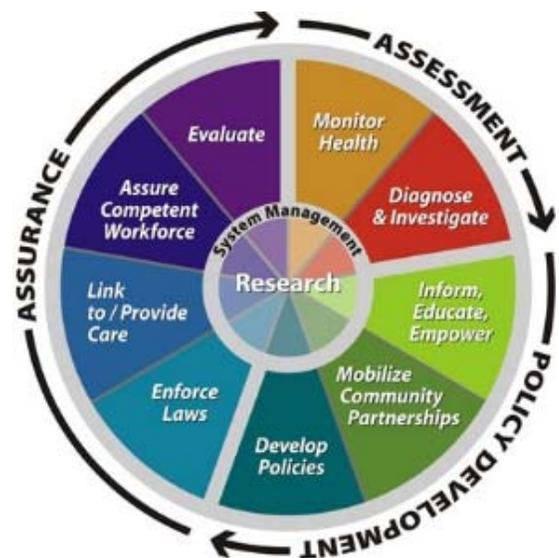
1. A site visit was completed in December with members of the national Public Health Accreditation Board (PHAB) to determine approval of Accreditation status; and,
2. The Centers for Medicare and Medicaid Services (CMS) awarded a State Innovation Model (SIM) grant to the Department of Health and its sister agency, the Human Services Department (HSD). This project is known as New Mexico Health System Innovation initiative.

Significant opportunities to further embed and integrate tribal health into the overall development, implementation, and evaluation of public health services are represented in these two initiatives.

Before describing the potential impacts of Accreditation and the Health System Innovation Cooperative Agreement, it is important to always begin with our understanding of "public health" as distinguished from "primary care" or "health care". When many individuals think of public health, they may, in fact, be thinking of "health care" provided in a doctor or mid-level health care provider's office. The work of public health takes place in a variety of settings but is much broader than an individual's need for disease diagnosis and treatment.

Public health addresses the needs of communities and tribal governments, programs, and organizations as we prepare and deal with natural disasters; identify food-borne illnesses and alert people about their sources; promote healthy lifestyles through healthier food choices and increased physical activity, and provide data and analysis of data in order to develop health assessment plans. These are just a few examples of public health at work.

This diagram is a picture of public health in action. There are ten essential service areas of public health and three core functions (assessment, policy development, and assurance) that help you to understand who we are and the resources we have available in order to work in partnership with our American Indian tribes, pueblos, and nations. The annual report is hinged on activities in most of the areas.



The Health Department does not coordinate access to health care insurance (Centennial Care, Medicaid, etc.) or behavioral health services (alcohol and substance abuse treatment). These services are provided by HSD. The Health Department

also does relatively little in terms of enforcement as this function is handled by other agencies such as Environmental Health. An example of enforcement that you may be familiar with is food safety-restaurant inspections by the Environmental Health Department.

Now, we are ready to discuss accreditation as well as the Health System Innovation initiative. Why is accreditation for the Health Department so important? State, local, and tribal health departments are at various stages of readiness in seeking accreditation. This voluntary certification will provide assurance that we demonstrate excellence, as well as opportunities for improvement in all we do. Essential to accreditation review is an examination of how well we included and continue to include tribal needs, concerns, and partnerships in addressing health inequities (unfair and avoidable differences in health status). Accreditation holds us accountable for what we say we do. At this report time, DOH has submitted an action plan for review to the National Public Health Accreditation Board and will soon receive a decision regarding successful accreditation—a tool for continuous quality improvement that will extend into the future.

Simultaneously, the NM Health System Innovation process is a year-long endeavor that will culminate in the submission of a model design proposal (January 2016) that will shape the future structure of health services in New Mexico. Through this grant, more than 33 states are engaged in developing health innovations that will integrate primary care, behavioral health, oral health, and public health systems. It is critical for tribal leadership and partners to be at the table to integrate tribal health systems needs and priorities into the design proposal. A Native American stakeholder group has participated in monthly summits since the May 2015 launch to present key Native American interests. The HSI includes 3 aims:

1. Improve the health of populations
2. Improve patient experience with care (quality and satisfaction)
3. Reduce healthcare costs and invest in prevention

More information about this initiative may be found here:

[www.nmhealthsysteminnovation.org](http://www.nmhealthsysteminnovation.org).

With each year, we will include broad agency initiatives such as accreditation and the NM Health System Innovation effort that affect the structure of public health services. Based on the State-Tribal Collaboration Act, the Office of the Tribal Liaison works to facilitate and encourage DOH staff to continuously engage tribal partners and leaders in the creation, cultivation, and expansion of services and resources which respect the tenets of sovereignty and self-determination held by indigenous nations in the state. This is a shared challenge to communicate effectively in the midst of change as funding streams, policies, and information re-defines what may be beneficial now and into the future.

## Report Highlights 2015

Contact information per Bureau, Division, or Program are provided throughout the report in order to learn more about collaborative initiatives. Highlights of outstanding initiatives that provide a snapshot of the range of DOH, and Tribal collaborative activities and resources shared in this last year include:

- Continued expansion of opportunities for healthy eating and physical activities at

Pueblos of San Ildefonso, Zuni and Mescalero Apache through the Healthy Kids Initiative, focused on healthy eating, active lifestyles.

- Continued promotion of Senior Farmers' Market Nutrition Program and Farmers' Market Nutrition Enhancement. This program provided funding from New Mexico Department of Agriculture in the form of a \$25.00 book of checks (up to \$50.00 per household) for income-eligible adults 60 and older to spend at authorized Farmers' Markets throughout the state of New Mexico during the summer growing season. A total of 15,575 seniors spent \$309,905 at authorized New Mexico Farmers' Markets.
- Introduction of New Mexico's first authorized mobile market, the Tri-community Mobile Farmers' Market. The market will accept checks for the Women Infants and Children program (WIC) and Senior programs. Produce is grown by Eastern Navajo Nation Growers, and market locations will be at 3 Navajo chapter houses.
- Continued funding of the *Tribal Youth Diabetes Prevention*. Three tribes funded to implement youth diabetes prevention projects: Santa Ana and Jemez Pueblos; and, Ramah Navajo School Board.
- Continued provision and use of one of the newest databases that collects tribal affiliation in the state of New Mexico-Hospital Inpatient Discharge Database, or (NM-HIDD).
- Provision of annual health data useful to tribes for planning activities.
- Support for New Mexico's Navajo Nation's Tribal Epidemiology Center and programmatic epidemiology needs.
- Provision of a tribal consultation on the agency presentation of race and ethnicity data (April 2015).
- Passage of the Community Health Worker Act (March 2014). Inclusion of CHR feedback to assure cultural competency in the state Community Health Representative/Worker (CHR/W) curriculum.
- Provision of technical assistance for Navajo Nation Tribal Health Assessment by Office of Policy and Accountability staff.
- Continued provision of integrated primary and behavior health care to school-aged children through school-based health centers (SBHC).
- Continued provision of suicide prevention resources.
- Participation as an agency in Indian Affairs Department (IAD) coordinated events: Indian Day at the Capitol and the IAD legislative reception (February); participation in the annual IAD State-Tribal Leaders Summit July 1-2, 2015 at Tamaya Resort hosted by Santa Ana Pueblo.

- Demonstrated collaboration in providing health screenings and education resources in a health fair setting through Celebrations of Tribal Health (October). Nambe, Santa Ana, Zia, and Sandia Pueblos and the Mescalero Apache Tribe participated in these events. Approximately 1,700 people attended these events.
- DOH representation as a member of the IAD Tribal Infrastructure Board (TIF) that distributes funding annually to tribal governments for health-related planning projects as well as brick and mortar funding to build, expand, or improve systems and facilities to improve the quality of life of American Indians in their respective communities in New Mexico.
- Provision of a variety of injury prevention trainings and health promotion activities through Safe Kids.
- Provision of free colorectal cancer screening and related diagnostic follow-up care for American Indian men and women residing in the state who meet program eligibility criteria.
- Provision of screenings for breast and cervical cancer; continuation of Comprehensive Cancer Program working in partnership with several American Indian tribal communities and organizations to address cancer prevention and survivorship.

## **SECTION II. AGENCY OVERVIEW/BACKGROUND/IMPLEMENTATION**

### **A. Mission Statement**

The mission of the DOH is to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico.

The Department strives to succeed in its mission by committing to and practicing the following values: Accountability: honesty, integrity, and honor commitments made; Communication: promote trust through mutual, honest, and open dialogue; Teamwork: share expertise and ideas through creative collaboration to work towards common goals; Respect: appreciation for the dignity, knowledge, and contributions of all persons; Leadership: promote growth and lead by example throughout the organization and in communities; and, Customer Service: placing internal and external customers first, assure that their needs are met.

### **B. Agency Overview**

DOH is an executive agency of the State of New Mexico. DOH supports, promotes, provides, or funds a wide variety of initiatives and services designed to improve the health status of all New Mexicans.

The Department's primary responsibility is to assess, monitor, and improve the health of New Mexicans. The Department provides a statewide system of health promotion, disease

and injury prevention, community health improvement and other public health services. Prevention and early intervention strategies are implemented through the Department's local health offices and contracts with community providers. The health care system is strengthened through Department activities including contracted rural primary care services, school-based health centers, emergency medical services, scientific laboratory services, public health preparedness and vital records and health statistics.

The Department currently operates six facilities and a community-based program. The facilities provide care for people with disabilities, long-term care, veterans, behavioral health, and substance abuse treatment services. The Department also provides safety net services to eligible individuals with special needs. These services include both community-based and facility-based for behavioral health and long-term care, provided directly by the Department or through its contract providers. The Department plays a key regulatory role in the healthcare system. DOH promulgates regulations pursuant to its statutory authority and is an enforcement entity for health care facilities and providers statewide for compliance with state and federal health regulations, standards and law. Over 2,000 public and private sector inpatient and outpatient providers are licensed by the Department and those providers who participate in Medicare or Medicaid are certified, inspected and monitored by the Department.

### **C. Policy Applied**

DOH had its first formal tribal consultation in February 2011. The Developmental Disabilities Waiver (DDW) must be renewed with the CMS every five years. New Mexico's current waiver was renewed effective July 2011. This waiver will be renewed again in 2016. In 2015, 501 American Individuals were served by this waiver, which is an additional 213 from the previous year. A CMS requirement for the waiver renewal was to engage tribal communities in a State-Tribal Consultation, so that their concerns could be addressed in the waiver renewal process.

A State/Tribal Team, consisting of appointed members from the New Mexico's tribal communities and appropriate state agency staff, met to review and develop recommendations on the DDW renewal application. After consensus was reached by the State/Tribal Team, the Secretaries of both Health and Human Services Departments called for an official Consultation with Tribal Leaders on February 22, 2011. This was a very successful partnership that was instrumental in developing culturally sensitive recommendations for American Indians receiving developmental disabilities services

Other successful examples illustrating invoking the State-Tribal Collaboration Act to improve services and service delivery include the following:

- The Public Health Division's Immunization Program works with the Tribes and the Indian Health Services (IHS) on an on-going basis to strategize and discuss vaccine issues/questions and potential collaborative efforts to improve immunization rates in tribal communities.
- Through the Native American Partnership for Diabetes Prevention and Control, the Public Health Division conducts consultation sessions regularly with representatives

from a variety of tribal diabetes programs to consult with them about what works best in their communities. Staff from IHS and the Centers for Disease Control and Prevention's (CDC) Native Wellness Program has participated in these meetings. Funding has been allocated for future meetings and/or activities as determined by the work group.

- A DOH-specific cultural competency training was developed and pilot-tested throughout April and May of 2015. The training adapts components of the existing State Personnel Office (SPO) cultural competency and STCA training.
- Through the New Mexico's Children's Medical Services (NMCMS), three programs were provided to 400 American Indian youth and children with special health care needs: medical coverage and care coordination and multi-disciplinary specialty clinics for cleft lip and palate, genetic, dysmorphism, endocrine, neurology and pulmonary issues in Northwest, Central and North Central areas of New Mexico. In-kind contributions related to NMCMS care coordination for the three programs listed above would be \$1,074,000.
- DOH continues to provide tribes, pueblos, and nations with an unprecedented volume of Vital Records data. These data were made available to tribes for the first time ever in FY 2015 through a new process.

#### **D. Input Methods Used with Tribes**

On-going outreach and input opportunities are continually made available to the Tribes and Off-Reservation members. DOH's Tribal Liaison continues to facilitate these activities and opportunities, communicates tribal needs and priorities identified to the Secretary of Health, and works collaboratively with DOH Divisions and tribal communities to implement appropriate responses. All initiatives included in this report demonstrate a variety of methods through which tribes, pueblos, and nations provide guidance in planning, implementing, and evaluating projects undertaken to reduce identified health inequities. Face-to-face meetings, conference calls, emails, written documents in a variety of formats, interactive video-conferencing, and webinars are vehicles through which communication occurs. DOH staff must take the state cultural competency training on the State Tribal Consultation Act where they also receive information to increase awareness and practice of culturally appropriate communication techniques among tribes, pueblos, and nations.

A strong example of a DOH input process is the work being done by the Tribal Epidemiologist. The Tribal Epidemiologist at the NMDOH is available to conduct trainings for community groups and other agencies. These trainings consist of: accessing data through publicly available data sources, basic epidemiological research and concept overview, and provision of an analysis of tribal data within the state of New Mexico as requested.

Other examples of gathering input from tribes, pueblos, and nations are illustrated by the ongoing advisory committees and councils that address chronic disease risk reduction and prevention in the Diabetes and Cancer programs. The Native American Partnership for Diabetes Prevention and Control meets regularly to conduct consultation sessions with representatives from a number of tribal diabetes programs to receive guidance about what will work best for their communities. The DOH Comprehensive Cancer Program similarly

works in partnership with a number of tribal communities to provide technical assistance as requested in conducting cancer prevention and survivorship activities.

### SECTION III. CURRENT PROGRAMS FOR AMERICAN INDIANS

The DOH is organized into eight program areas (Administration, Public Health, Epidemiology and Response, Scientific Laboratory, Facilities Management, Developmental Disabilities Supports, Medical Cannabis, and Health, Certification, Licensing and Oversight that represent nine Divisions (See Appendix for a brief description of each of the program areas). Most of the Department's services are free or low-cost and are accessible to all New Mexicans, including American Indians.

## Collaboration and Partnerships: Work Groups, Advisory Committees | Public Health Division

Served: All tribes

#### Office of Policy and Accountability

Provide public health workshops based on core principles of public health to various programs and divisions within the Navajo Nation Department of Health. The courses were focused on examining the basic principles of public health, through the Public Health 101 course. Principles of conducting a community assessment for planning purposes were provided through Assessment in Public Health. Understanding the core components of planning a public health program or intervention were provided through Program Planning in Public Health. These courses were tailored to meet the needs of the programs and divisions of the department.

**Served FY15:** These workshops were held throughout the fall of 2014 and the spring of 2015 in Grants, Gallup, and Chinle. At each class that was offered between 20 and 30 participants attended.

**FY15 Estimated Expenditures:** In-Kind services and support with OPA staff who volunteered their time to present the workshops.

#### Celebrations of Tribal Health

(October, 2014) This year marked the fourth and last year of former Cabinet Secretary Catherine Torres's initiative to offer a joint health fair to all tribes, pueblos and nations in the state. To be successful, host tribes, pueblos, and nations provide guidance to DOH in determining needed services for their health fair. Planning involved the DOH Tribal Liaison, Public Health Division staff, and Tribal Health program staff from each of the invited host tribes, pueblos, and nations (Nambe, Santa Ana, Zia, Sandia Pueblos, and the Mescalero Apache Tribe). An important aspect of the fairs is the opportunity for tribal health program staff and public health program staff to get to know one another and strengthen relationships.

- Physical fitness activities were a creative highlight of each tribal health fair and included Zumba exercises, Country Line dancing, and a 'Pumpkin Walk' where pumpkins were the prizes awarded to the winners (instead of cakes).
- Some of the most popular and interactive offerings from DOH included Alvin the Chipmunk from the Bureau of Health Emergency Management, the Strollin' Colon from the Colorectal Cancer program, and toothbrushes and promotional materials from the Oral Health Program.

### **Indian Day at the State Capitol and Legislative Reception** (February, 2015)

The DOH Tribal Liaison works as a planning committee member for this IAD event held annually. The Tribal Liaison coordinated a volunteer team of participants from the agency (Bureau of Health Emergency Management, Developmental Disabilities Services Division, School Health, Office of Community Health Workers, Office of Policy and Accountability, Epidemiology and Response Division Tribal Epidemiologist, Childhood Injury Prevention, Director of Nursing, Director of the Northwest Region Nursing, and many others) to support these events.

### **Health Systems Bureau (HSB)**

**(505) 222-8671**

**Services:** The HSB statewide and tribal coordinator of the Office of Community Health Workers (OCHW) is a member of the IHS Health Promotion Disease Prevention Health Council. During the IHS Health Promotion and Disease Prevention Program (HPDP) health council meetings staff provides program and office updates, and often partners with other tribal organization/ entities regarding health outreach, education, etc. The Statewide and Tribal Coordinator for the OCHW also partners with IHS to provide digital storytelling workshops/training. The Statewide and Tribal Coordinator for the OCHW has also participated in University of New Mexico's (UNM) New Mexico Center for Advancement of Research, Engagement and Sciences on Health Disparities (NM CARES) to help the northern tribes to understand the importance of research in their communities, for their communities. The Office of Oral Health (OOH) provides health education, screenings and sealants to tribal members for Santa Clara Pueblo, Tesuque Pueblo, the OOH also provided oral health screenings at Institute of American Indian Art (IAIA) in Santa Fe for the Senior Olympics day.

**FY 13-14 Estimated Expenditures:** In-kind services and support from HSB staff salaries.

### **Office of Community Health Workers (OCHW)**

**(505) 827-0015**

**Services:** During the 2014 NM Legislature, Senate Bill 58 (CHW Certification) was passed and signed by Governor Susana Martinez, in March 2014. This allows the NMDOH to provide CHW/R statewide voluntary certification.

The Community Health Representatives (CHR)/Community Health Worker core competency curriculum has been piloted with 10 Tribal CHR Programs. The feedback obtained from these pilots has helped to shape the CHW/R curriculum, making sure it's culturally appropriate and sensitive for Tribal CHR programs and communities.

The OCHW Statewide and Tribal Coordinator has participated in several tribal health fairs hosted by the CHR programs.

The OCHW Statewide and Tribal Coordinator is on the board of directors for the Community Outreach Patient Empowerment (COPE) Project within Navajo Nation. The COPE Project is dedicated to the training and education of the CHRs in Navajo Nation. The OCHW Statewide and Tribal Coordinator has participated in planning sessions regarding the community health cancer symposium for COPE Project of Navajo Nation. The COPE Project is a recipient of the CDC's Racial and Ethnic Approaches to Community Health (REACH) grant, and the REACH grant objectives are aligned with the OCHW objectives, i.e., trainings, CHR/W curriculum, and certification. The COPE Project team is working closely with the OCHW tribal liaison to assure that 30 CHRs get certified within the first year of the REACH grant. These CHRs will obtain certification through the grandfathering process. The OCHW Statewide and Tribal Coordinator provides office updates to the NM/Southern Colorado CHR Association meetings on an on-going basis. This past year there has been a lot of discussion and interest regarding state certification.

The OCHW Statewide and Tribal Coordinator has also attended the Navajo Nation CHR Annual Conference and presented on CHR curriculum, certification and Senate Bill 58.

In collaboration with the NM Chronic Disease Prevention Council, the OCHW Statewide and Tribal Coordinator coordinated a chronic disease focus group with Navajo Nation CHRs to determine the chronic disease needs of the communities they serve, so both the OCHW and the chronic disease prevention council would have a better understanding of how we can assist the CHRs with education, trainings, etc.

The OCHW Statewide and Tribal Coordinator collaborated with Presbyterian Health Plan to provide a 2-day behavioral health training for the Navajo Nation CHRs. The OCHW Statewide and Tribal Coordinator coordinated the training, facilitated and presented at the training.

The OCHW Statewide and Tribal Coordinator provided technical support for Pueblo of Acoma & Ohkay Owingeh Pueblo to obtain their CHR provider number from HSD/MAD for non-emergency transportation services.

The DOH/ERD Asthma program received funding to develop curriculum for CHR/W asthma education as a specialty track for certification. The asthma curriculum will be piloted in Navajo Nation very soon.

**FY14-15 Estimated Expenditures:** As a result of the passage of Senate Bill 58, Governor Susana Martinez requested that DOH allocate \$500,000 a year to the OCHW. Anticipated expenditures- trainings, training supplies i.e. manuals, printing, partial salaries, equipment, online application, maintenance of CHW Certification Board, outreach.

## Birth and Death Certificates | Epidemiology and Response Division

Served: All tribes

## New Mexico Bureau of Vital Records and Health Statistics

(505) 827-0121

**Services:** New Mexico Vital Records and Health Statistics registers about 4,200 births and 1,300 deaths of American Indians each year. The bureau issues certified copies of birth and death certificates to American Indian families and executes amendments, affidavits of paternity and delayed registration of births to assist American Indians in collaboration with tribal registrars to address issues with record registrations for their administrative and legal needs. This year, the major enhancement was doing training with many tribes and tribal hospitals involved in the completion of electronic death registrations. Additionally, the New Mexico Bureau of Vital Records and Health Statistics participated in the Celebrations of Tribal Health by issuing birth certificates for tribal members and also partnered with the tribal epidemiologist at the New Mexico Department of Health to improve the quality of tribally identified vital records data through geospatial analysis.

**Served FY15:** All tribes in New Mexico.

**FY15 Estimated Expenditures:** In-kind services with DOH Public Health Division and ERD staff salaries.

## Cancer | Public Health Division

Served: 2,426 individuals and several tribes

### Breast and Cervical Cancer (BCC) Screening Program

(505) 841-5860

**Services:** Provide free breast and cervical cancer screening and related diagnostic follow-up care for American Indian women residing in the state who meet program eligibility criteria. These services are available through IHS clinics and hospitals (Albuquerque Area and Navajo Area Indian Health Service units), Jemez Pueblo Health Center, Alamo Navajo Health Center, Ramah Navajo Health Center, First Nations Community HealthSource, and at more than 100 other federally qualified health centers and hospitals throughout the state. Women diagnosed with breast or cervical cancer through the BCC Program may be eligible for Medicaid coverage for treatment of their condition. Also available are public awareness activities, education and technical assistance to tribes interested in increasing community capacity for breast and cervical cancer control. **Surveillance:** The Behavioral Risk Factor Surveillance System (BRFSS) collects data on breast and cervical cancer screening on a bi-annual basis, providing population-based estimates of mammogram and PAP test screening history. Estimates are available via annual reports and New Mexico-Indicator-Based Information System (NM-IBIS).

**Served FY15 (YTD):** 1,405 American Indian women 30 years of age or older, who live at or below 250% of the federal poverty threshold, and are uninsured/underinsured. To date in FY15, 2 American Indian women have been diagnosed with invasive breast cancer or in situ breast cancer, and 0 American Indian women have been diagnosed with invasive cervical cancer or pre-cancerous cervical conditions.

**FY15 Estimated Expenditure:** \$233,275 federal, state and other grant funds.

### Colorectal Cancer Program

(505) 222-8601

**Services:** Provides free colorectal cancer screening and related diagnostic follow-up care for American Indian men and women residing in the state who meet program eligibility criteria. These services are available through First Choice Community Health and at other federally qualified health centers and hospitals including the provision of new services at

Indian Health Services, Santa Fe Indian Hospital and Acoma, Canoncito Laguna Hospitals. Also available are strategies to promote colorectal cancer screening. The New Mexico Colorectal Cancer Program uses population based approaches based on recommendations from the "Guide to Community Prevention Services." Research tested practices used by the Program include:

- Public education on Colorectal Cancer (CRC);
- Culturally and linguistically appropriate patient education materials;
- Worksite colorectal cancer screening promotion;
- Training and support for patient navigation for community health centers; and
- Reduction of clinical structural barriers through systems and policy change, including the development of patient and provider reminder systems.

**Surveillance:** The BRFSS collects data on colorectal cancer screening (fecal occult blood stool test and sigmoidoscopy/colonoscopy) on a bi-annual basis, providing population-based estimates of colorectal cancer screening history. Estimates are available via annual reports and NM-IBIS.

**NMCRCP Served FY15 (YTD):** 5 American Indians 50 years of age or older, who live at or below 200% of the federal poverty threshold, and are uninsured/underinsured. To date, 1 American Indian has been diagnosed with invasive colorectal cancer or adenomatous polyps.

**NMCRCP FY15 Estimated Expenditure:** \$3,172 federal, state and other grant funds.

### **Comprehensive Cancer Program (CCP)**

**(505) 841-5847**

**Services:** Provide culturally tailored cancer prevention, risk reduction and screening education programs in partnership with several American Indian tribal communities and organizations including the Native American Cancer Education and Outreach Program in the Office of Community Partnerships and Cancer Health Disparities at the UNM Cancer Center. Pueblos of Sandia, Nambe, Santa Ana and Zia, and the Mescalero Apache Tribe hosted on-site Health Fair Days with participating DOH cancer program staff during the Celebration of Tribal Health Week for FY 15. Non-Tribal Health Week educational events were held in Picuris Pueblo and Isleta Pueblo. The CCP staff continues to respond to requests for presentations and technical assistance from American Indian communities interested in conducting cancer prevention and survivorship activities.

**Served FY15:** Approximately 1,000 American Indian families received information and/or education in programs supported by the CCP.

**FY15 Estimated Expenditures:** \$1,200 and in-kind services with DOH staff salaries.

### **New Mexico Cancer Council's Native American Work Group**

**(505) 841-5847**

**Services:** Provide financial support for the New Mexico Cancer Council's Native American Work Group, coordinated by the UNM's Cancer Center.

**FY15 activities of the Work Group included:** Partnering with the UNM Cancer Center Native American Cancer Education and Outreach Program and Department of Health staff to develop the curriculum for the Native American Cancer Education Leadership Institute (NACELI), which was held in November 2014.

**Served FY15:** The majority of members within this workgroup are American Indian (approximately 15-19 people).

**FY15 Estimated Expenditures:** \$5,800

### **Obesity, Nutrition and Physical Activity Program**

**(505) 476-7623**

**Services and Interventions:** Partner with three (3) tribal communities - Mescalero Apache and Pueblos of San Ildefonso and Zuni - to expand opportunities for healthy eating and active living for children where they live, learn and play. Healthy eating and physical activity are two lifestyle behaviors that can help prevent obesity. Accomplishments in these 3 tribal communities include:

- At least 21 new walking, hiking, and biking trails (covering approximately 48 miles) have been established, mapped (plus other signage indicating mileage and trailhead information), and promoted across all 3 tribal communities potentially reaching 14,163 tribal members. There are also at least 4 new walking trails and 1 new biking path that are currently being worked on, covering at least 25 additional miles.
- Zuni has been incredibly successful in partnering with their local tribal store to increase availability of fresh produce through increased participation in weekly tastings with recipes and nutritional information, labeling healthy options, and stocking healthier food to meet consumer demand. A local artist created signage to mark healthy options throughout the store. Zuni is also partnering with the community's only restaurant, Chu Chu's, to increase and promote healthier options.
- All 3 tribes conduct regular fruit and vegetable tastings either in elementary schools or Head Start programs.
- San Ildefonso received Department of Transportation funding for infrastructure improvements to facilitate walking and biking. This funding also supports San Ildefonso's regular Walking Wednesday's program.
- San Ildefonso and Zuni are improving community open spaces, including the installation of new fitness stations, playground equipment, signage, and picnic tables.
- Zuni maintains a thriving community garden at the Indian Health Services Hospital for staff, patient, and community use.
- Youth in Zuni now have access to after school and summer basketball, soccer, and baseball leagues that actively engage upwards of 200 students.

**Surveillance:** Established the NM childhood obesity surveillance system in 2010. Released annual reports that included state obesity prevalence rates for American Indian children in attendance at NM public elementary schools. Most recent findings show that obesity prevalence among third grade students continues to decrease (from 22.6% in 2010 to 18.1% in 2014), corresponding to a 19.9% change over five years. Despite this downward trend, rates of obesity and overweight remain high; more than one-in-three third graders is either overweight or obese. American Indian students continue to have the highest obesity prevalence rates among all racial and ethnic groups (52.8% of American Indian third graders are either overweight or obese). The BRFSS collects data on height and weight on an annual basis, providing population-based estimates of body mass index, overweight, and obesity for the adult population. Estimates are available via annual reports and NM-IBIS.

**Served FY14:** 14,163 tribal members in three communities.

**FY14 Expenditures:** \$140,000; and, the three communities have leveraged a large amount of additional funding and resources.

## Office of Oral Health

(505) 827-2837

**Services:** The Office of Oral Health (OOH) provides a dental sealant and fluoride varnish prevention program targeted at pre-school and elementary school aged children statewide. OOH staff has worked in conjunction with Office of Community Health Workers and Office of Community Health Partnership to promote oral health among the American Indian population. Additionally OOH staff attend meetings statewide in the American Indian communities and distribute oral health education material, toothbrushes, and toothpaste to both adults and children. During the FY 15 school year, American Indian students have received our services while attending public school and non-pueblo Head Start schools. Over 350 children received oral health services during the school year.

Students receive oral health education, a dental assessment, application of a fluoride varnish or dental sealant and dental case management services. OOH staff has attended Health Fairs this past year, FY 15 and conducted dental clinics at: Nambe, Isleta, San Idelfonso and Tesuque Pueblos. The clinic presented oral health education, dental assessments, and application of dental sealants and dental case management services. OOH also attended Native American Day, during the 2015 Legislature. OOH partners with the Southwestern Indian Polytechnic Institutes. OOH staff were able to provide oral health education to those attending the health fairs and Native American Day.

**Surveillance:** The BRFSS collects data on access to oral health care on a bi-annual basis, providing population-based estimates of time since last dental health visit and loss of teeth due to decay or gum disease. Estimates are available via annual reports and NM-IBIS.

**Served FY15:** Over 500

**FY15 Estimated Expenditure:** \$20,893 (clinical services)

**FY15 Estimated In Kind Expenses:** DOH staff salaries and supplies (e.g. tooth brushes, etc.) and transportation. (<http://nmhealth.org/about/phd/hsb/ooH/>)

## Data and Epidemiology Services | Epidemiology and Response Division

Served: All tribes

The Epidemiology and Response Division (ERD), as well as other epidemiologists within DOH are committed to serving tribal communities. Bureaus within ERD conduct epidemiological surveillance within tribal communities and use these data to assess health related trends and disparities within the State of New Mexico. DOH's Tribal Epidemiologist works with other epidemiologists to monitor and track the health status of tribal communities in New Mexico. Tribes may access specific data through the Tribal Epidemiologist. The DOH maintains close partnerships with New Mexico's two federally funded tribal epidemiology centers: the Albuquerque Area Southwest Tribal Epidemiology Center and the Navajo Nation Epidemiology Center.

DOH maintains data sharing with the Navajo Nation Epidemiology Center, Navajo Area Indian Health Service, as well as the Albuquerque Area Indian Health Service. These data

sharing agreements improve the quality of the data used to describe American Indian Health in New Mexico. Epidemiologists at the New Mexico Department of Health will continue to serve American Indian populations and all New Mexicans by monitoring health status and describing health disparities within New Mexico.

### **Youth Risk and Resiliency Survey (YRRS) and Behavioral Risk Factor Surveillance System (BRFSS) Survey** **(505) 476-3569**

**Services:** The DOH Survey Section, Epidemiology and Response Division, administers two major population-based surveys that produce significant data about the American Indian population: Youth Risk and Resiliency Survey (YRRS) and the adult Behavioral Risk Factor Surveillance Survey (BRFSS). The YRRS epidemiologist and BRFSS epidemiologist sit on the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) Technical Assistance Council. They provide technical assistance to AASTEC on an as needed basis and mutual collaboration on recruiting schools to participate in the state-wide YRRS survey to increase the sample size of the American Indian student population.

Since 2001, the NM YRRS has been administered in odd-numbered years. The YRRS is a part of the CDC's Youth Risk Behavior Surveillance System (YRBSS) and collects data on protective factors and health risk behaviors among public middle school and high school students. The YRRS has included an expanded sample of American Indian students since 2007. The survey epidemiologists worked closely with AASTEC, assisting with the design of community YRRS survey protocol and questionnaire that was implemented by AASTEC in several communities across New Mexico.

The BRFSS collects data on height and weight on an annual basis, providing population-based estimates of body mass index, overweight, and obesity for the adult population. The YRRS collects the same information for high school students. Estimates are available via annual reports and NM-IBIS (New Mexico-Indicator-based Information System).

The BRFSS epidemiologist worked with the Navajo Nation Epidemiology Center on the development of the Navajo BRFSS sample design and questionnaire development. The BRFSS epidemiologist has collaborated with the diabetes epidemiologist on a Native American diabetes dataset for questions asked to adults on the state-wide telephone survey. Each year, the BRFSS Epidemiologist works closely with a CDC sampling statistician to develop a plan to over-sample American Indian adults, thereby providing a more robust sample resulting in improved estimates for this population. The NM BRFSS has over-sampled American Indian adults since 2004.

**Served FY15:** All tribes in New Mexico.

**FY15 Estimated Expenditures:** In-kind services with DOH staff salaries.

### **Community Health Assessment Program (CHAP)** **(505) 827-5274**

**Services:** The Community Health Assessment Program (CHAP) maintains the NM-IBIS website, which publicly provides access to public health datasets and information on New Mexico's health issues. Data are made available through IBIS to be used by researchers and community stakeholders alike. The NM-IBIS website allows the user to query several different data sets by demographic and geographic characteristics. Training and education using the NM-IBIS website and other sources of publicly available is available through the

CHAP staff and DOH regional epidemiologists. Data that identifies a specific tribe is not publicly available, but this information and technical assistance is available to tribes through the Tribal Epidemiologist. The Tribal Epidemiologist position is supervised by CHAP.

**Served FY15** All tribes in New Mexico.

**FY15 Estimated Expenditures:** In-kind services with Tribal Epidemiologist staff salary.

### **Tribal Epidemiologist**

**(505) 476-1788**

**Services:** The job of the Tribal Epidemiologist at the NM DOH is to leverage DOH epidemiology resources to analyze and disseminate health data, provide training in epidemiology and public health assessment, improve disease and injury surveillance and reporting systems, and advocate for utilization of American Indian health data. The Tribal Epidemiologist works closely with AASTEC and the Navajo Nation Tribal Epidemiology Center. In addition to these organizations, the Tribal Epidemiologist provides data and technical assistance to all tribes, nations, reservations and pueblos within New Mexico. The Tribal Epidemiologist maintains NMDOH data sharing agreements with the Albuquerque Area Indian Health Service, the Navajo Area Indian Health Service, and the Navajo Nation Tribal Epidemiology Center in order to facilitate this sharing of data and resources. In June 2015 the Tribal Epidemiologist and five (5) other staff from the Epidemiology and Response Division attended a Navajo Nation Epidemiology Center Team Building Conference in Flagstaff, Arizona. All NMDOH staff gave presentations and served on panels at this conference.

**Served FY15** All tribes in New Mexico.

**FY15 Estimated Expenditures:** In-kind services with Tribal Epidemiologist staff salary.

### **Data Sharing Agreements**

**(505) 476-1788**

**Services:** DOH maintains data sharing agreements with the Navajo Nation Epidemiology Center, the Navajo Area IHS, and the Albuquerque Area IHS. The agreement with the Navajo Nation Epidemiology Center is a comprehensive data sharing agreement through which the DOH record level data with the Navajo Nation. Currently, these data sharing agreements continue under the current Health Cabinet Secretary Retta Ward. Additionally, all other tribes within the state of New Mexico may request and receive tribe specific data via the DOH Tribal Epidemiologist.

**Served FY15:** All tribes in New Mexico.

**FY15 Estimated Expenditures:** In-kind services with staff salary.

### **National Tribal Epidemiology Activities**

**(505) 476-3575**

**Services:** DOH State Epidemiologist is the chairperson of the Council of State and Territorial Epidemiologists (CSTE) Tribal Epidemiology Subcommittee, which has completed national surveys of public health surveillance activities in Indian Country. This national collaboration allows the DOH to work with other states to define best practices for tribal epidemiology activities.

**Served FY15:** All federally recognized U.S. tribes.

**FY15 Estimated In Kind Expenditures:** In-kind services with Staff salaries from epidemiologists.

### **Health Systems Epidemiology Program**

**(505) 476-3572**

**Services:** The Health Systems Epidemiology Program (HSEP) collects data from hospitals as well as other types of healthcare related data within New Mexico. The Hospital Inpatient

Discharge Database, or (HIDD) is one of the newest datasets to collect tribal affiliation in the state of New Mexico. The training HSEP provided previously continues to be reflected in the higher quality of data for race, ethnicity, and tribal affiliation. The HSEP has been working on combining HIDD with IHS data to create a more population-based hospitalization dataset. This activity will help to improve surveillance of health conditions throughout the state.

**Served FY15:** All tribes in New Mexico.

**FY15 Expenditures:** In-kind services with staff salaries. .

### **Substance Abuse Epidemiology Unit:**

In FY15 staff from the Substance Abuse Epidemiology Unit attended numerous meetings regarding substance abuse on and off tribal lands. Additionally, staff from this unit analyzed substance abuse data among American Indians for several external tribal partner organizations.

**Served FY15:** Several tribes in New Mexico. These tribes are not identified here to protect their confidentiality.

**FY15 Estimated In Kind Expenditures:** In-kind support from epidemiology staff salaries.

### **Tribal Cancer Concerns:**

Within FY15 five (5) different tribes brought cancer concerns to the NMDOH Tribal Epidemiologist and NMDOH Tribal Liaison, who in turn brought these concerns to the New Mexico Cancer Concerns Workgroup (NMCC). The NMCC is made up of members of the NMDOH Environmental Health Epidemiology Bureau and the New Mexico Tumor Registry. Members of this group met in person with leadership of three (3) tribes and fielded requests from two other tribes as well. Through this process, tribal cancer concerns are brought to this group for epidemiological investigation. The completion of these five (5) reports is set for the fall of 2015.

**Served FY15:** 5 tribes in New Mexico.

**FY15 Estimated In Kind Expenditures:** In-kind services from epidemiology staff salaries.

**NOTE:** The Injury and Behavioral Epidemiology Bureau (IBEB) collaborated with the AASTEC to collect youth behavioral risk data using the Youth Risk and Resiliency Survey. While this is not specifically tribal data, data collection is centered in geographical areas close to tribal areas, including Cibola County, McKinley County, Rio Arriba County, Sandoval County, Santa Fe County, Bernalillo County, Lincoln County, and Otero County

## **Diabetes & Chronic Disease Prevention and Management Initiatives** | Public Health Division

Served: 100 Individuals and all tribes

### **Native American Partnership for Diabetes Prevention and Control (505) 476-7615**

**Service:** Consult regularly with Tribal Diabetes Programs to build capacity in effective diabetes prevention and management strategies and interventions in American Indian communities in New Mexico. This is a key strategy for achieving the Diabetes Prevention and Control Program's (DPCP) long-term goal of eliminating diabetes-related health

disparities.

**Served FY15:** DPCP organized and conducted ten (10) work group leader committee conference calls, two (2) in-person partnership planning meetings, and sponsored two (2) trainings entitled *Introduction to Grant Writing* that reached 31 American Indian participants.

**FY15 Expenditure:** \$5,000

### National Diabetes Prevention Program

(505) 476-7615

**Service:** Build capacity to offer an evidence-based lifestyle intervention for preventing type 2 diabetes to communities. The National DPP was developed by the CDC for people who are pre-diabetic. This intensive lifestyle initiative has been adapted from the original DPP National Institutes of Health study. The National DPP focuses on reducing calorie and fat intake and engaging in 150 minutes of moderate physical activity each week to achieve and maintain a 5-7 percent loss of body weight.

**Served FY15:** DPCP offered four (4) lifestyle coach trainings at which three (3) American Indian lifestyle coaches were trained to offer these workshops in their tribal communities. In addition, 12 monthly technical assistance conference calls were offered to all trained coaches.

**FY15 Expenditure:** \$1,050

### Tribal Youth Diabetes Prevention Projects

(505) 476-7615

**Service:** Develop and implement youth diabetes prevention programs and protocols among selected tribes to implement one of three strategies:

1. Strengthen traditional agriculture.
2. Establish tribal wellness policies.
3. Create built environments to support physical activity and healthy eating.

**Served FY15:** DPCP supported diabetes prevention activities and environmental and/or policy changes for youth at the Santa Ana Pueblo, Jemez Pueblo, and Ramah Navajo community at \$13,500 each. In addition to supporting the three communities, DPCP coordinated and provided a symposium, *Creating Environments for Better Health in Our Tribal Communities*, at no cost to all tribes statewide.

**FY15 Expenditure:** \$40,500

### Kitchen Creations Cooking School for People with Diabetes

(505) 476-7615

**Service:** Provide a four-session series of cooking schools for people with diabetes and their families/care givers. Instructors teach appropriate meal planning and address food selection, portion control, techniques of food preparation and new products available to improve the diet of people with diabetes. Recipes are appropriate for New Mexico's populations and cultures.

**Served FY15:** DPCP sponsored five (5) Kitchen Creations schools that reached 39 American Indian participants from the following tribal communities: Mescalero, Navajo Nation, Ohkay Owingeh, Pima, and Ute Mountain Ute and at the Albuquerque Indian Health Center.

**FY15 Expenditure:** \$14,469

### Chronic Disease Self-Management Education Programs

(505) 476-7615

**Service:** The Stanford School of Medicine Patient Education Research Center's evidence-based Chronic Disease Self-Management Education Programs, known locally as the *Manage Your Chronic Disease Programs* or *MyCD*, are designed to help adults gain the

confidence needed to take part in maintaining their health and managing chronic health conditions. The MyCD Programs are for adults of all ages with diabetes, arthritis, cancer, heart disease, chronic pain, high blood pressure, or other long term chronic health issues. Workshops can be offered in various community settings such as churches, senior centers, and hospitals.

**Served FY15:** The DPCP supports Stanford licensed regional providers to offer the MyCD Programs in New Mexico. A total of 27 American Indian participants were reached through the program.

**FY15 Expenditure:** \$9,450

## Health Facility Licensing | Division of Health Improvement

Served: 108 individuals and 3 tribes

### Incident Management Bureau – Division of Health Improvement (505) 476-9012

**Services:** A statewide incident management that investigates allegations of abuse, neglect, exploitation, suspicious injury, hazardous conditions and death for vulnerable people receiving Medicaid waiver services in New Mexico.

**Served FY15:** Developmental Disabilities Waiver-288 Native American adults, Medically Fragile waiver-20 Native American clients.

**FY 15 Estimated Expenditures:** \$72,000

### Quality Management Bureau – Division of Health Improvement (505) 222-8633

**Services:** Conducts statewide community-based oversight and compliance surveys of DOH contracted providers serving vulnerable people receiving Medicaid waiver services in New Mexico.

**Served FY15:** Developmental Disabilities Waiver-288 Native American adults, Medically Fragile waiver-20 Native American clients.

**FY 15 Estimated Expenditures:** \$105,000

### Health Facility Licensing and Certification (505) 476-9025

**Services:** License health care facilities and conduct surveys for facilities that receive Medicare or Medicaid funding that evaluate facility compliance and the quality of services provided.

**Served FY15:** Laguna Nursing Center, Mescalero Care Center, Mescalero Family Center Dialysis Center, Jicarilla Apache Nation Dialysis Center.

**FY15 Estimated Expenditures:** \$72,000.

## Immunizations | Public Health Division

Served: 79,526 individuals and all tribes

### Immunization Advocacy (505) 476-1722

**Services:** Provided immunizations during Annual Tribal Health Fairs at five (5) locations which included both pediatric and adult vaccinations. Provide IHS facilities adult

vaccinations to uninsured adults or to insured adults whose insurance does not cover immunizations.

**Served FY15:** All American Indian children ages birth through 18 years in New Mexico; and uninsured adults at select IHS facilities.

**FY15 Estimated Expenditures:** In-kind services with staff time; \$ 5,000.

### Vaccines for Children (VFC)

(505) 827-2898

**Services:** Provide free childhood vaccinations to all American Indian children wherever they choose to receive health services including all IHS clinics, First Nations Community HealthSource, other public health clinics and private providers.

**Served FY15:** Approximately 79,526 American Indian children ages birth through 18 years.

**FY15 Estimated Expenditures:** Approximately \$ 79,100,000.

## Emergency Preparedness | Epidemiology and Response Division

Served: 7 tribal healthcare centers and 8 tribes

### Cities Readiness Initiative for Medical Countermeasures Dispensing and Public Health Preparedness for Albuquerque/Bernalillo County Metro Area, (505) 476-8292

**Services:** The CDC's, Cities Readiness Initiative (CRI) engages Tribal Partners within the Albuquerque Metropolitan Statistical Area (MSA) for Emergency Preparedness through Intergovernmental Agreements. The New Mexico Department of Health (DOH) Bureau of Health Emergency Management (BHEM), Tribal Partners (Cochiti, Isleta, Jemez, San Felipe, Sandia, Santa Ana, Santa Domingo, and Zia) are integral to the CRI planning. During FY 15, Federal Funding was provided to support the development of Medical Countermeasure (MCM) plans.

**Served in FY15:** Pueblos of Cochiti, Isleta, Jemez, Santa Ana, Santo Domingo, Sandia and Zia

**FY15 Estimated Expenditures:** CRI \$32,000 Federal

### Emergency Public Health Preparedness Team

(505) 476-8200

**Services:** BHEM Healthcare Preparedness Program (HPP) engages the New Mexico IHS hospitals, through contracts, to work with the HPP Regional Healthcare Coalitions (RHC) on the current HPP program priorities. Throughout Fiscal Year 15, the NMDOH BHEM HPP provided technical assistance and support to all RHC on regional coalition development and healthcare system preparedness; interoperable communication systems; bed and patient tracking; incident management capabilities; fatality management planning; and medical surge/hospital evacuation and shelter in place planning.

**Served FY15:** Acoma-Canoncito- Laguna IHS, PHS Santa Fe Indian Hospital, Mescalero IHS, Northern Navajo Medical Center IHS (Crownpoint, Shiprock, and Gallup)

**FY15 Estimated Expenditures:** IHS: \$64,500 Federal Funds

- In August 2014, the New Mexico Department of Health (NMDOH) Bureau of Health Emergency Management (BHEM) and the Public Health Division (PHD) met with the Navajo Nation Medical Countermeasure (MCM) Collaborative Workgroup to develop and

review communication plans for MCM operations. The Navajo Nation MCM Collaborative Workgroup is composed of partners from NMDOH, the Navajo Nation Department of Health, the Navajo Indian Health Service, the McKinley County Office of Emergency Management, and the San Juan County Office of Emergency Management.

- In September 2014, in Gallup and Farmington, NM partners from the Navajo Nation Department of Health, Navajo IHS, local responders and NMDOH participated in Mass Antibiotic Dispensing (MAD) Workshops conducted by the CDC Division of Strategic National Stockpile (DSNS). As part of the workshops the NM State Strategic National Stockpile (SNS) Coordinator provided information specific to New Mexico's Medical Countermeasures Distribution and Dispensing Plan.
- In December 2014, the NMDOH BHEM participated in two courses provided by the University of Tennessee in partnership with New Mexico State University and FEMA titled *Community Based Response to All-Hazard Threats in Tribal Communities* and *Isolation and Quarantine Response Strategies in the Event of a Biological Disease Outbreak in Tribal Nations*. BHEM personnel attended these courses and provided a community preparedness booth with an online survey for the NM Public Health Risk Assessment. The courses, booth materials, and survey were customized for NM Tribal partners.
- On February 6<sup>th</sup>, 2015, the NMDOH participated in the 2015 American Indian Day at the NM State Legislature. An informational health booth was provided that included community preparedness information on public health, healthcare preparedness, and information for: Access and Functional Needs, SNS, Risk Communications, Healthcare Coalition Support, Volunteer Management, Preparedness Planning, Health Alert Network, Cities Readiness Initiative, Interoperable Communications, and Training and Exercise.
- April 7<sup>th</sup>- April 9<sup>th</sup>, 2015, the NMDOH BHEM engaged Local, State, Tribal, and Federal partners in the 2015 New Mexico Partners in Preparedness Annual Conference (NMPIP). The NMPIP engaged representatives such as the Secretary of the New Mexico IAD, the Pueblo of Jemez Emergency Medicine Services, Indian Health Services, the Navajo Nation, the NM Department of Homeland Security and Emergency Management Tribal Liaison, and the NMDOH Tribal Liaison in a Panel Discussion titled "Perspectives on Tribal Preparedness". The conference and panel discussion provided the opportunity for various stakeholders to ask questions, network, and initiate opportunities for collaboration.
- May 27<sup>th</sup> and 28<sup>th</sup>, 2015, the Navajo Nation Department of Health, Navajo IHS, and NMDOH participated in a Receiving, Staging, and Storage (RSS) Workshop conducted by the CDC DSNS. As part of the workshop the NM State SNS Coordinator provided information specific to New Mexico's Medical Countermeasures Distribution and Dispensing Plan.

On June 4 and 5, 2015, the Northeast Regional Emergency Preparedness Representative, from the NMDOH PHD and BHEM, attended the "Public Health Law and Science: What

Tribes need to know” conference in Scottsdale, Arizona. The conference provided one on one discussion with Public Health Law attorneys, CDC representatives, FEMA representatives, and Federal Tribal liaisons. Primary discussions were centered on Tribal Sovereignty and emergency declarations with natural disasters and public health emergencies. The conference was hosted by the University of Pittsburgh.

## Family Planning Services | Public Health Division

Served: 880 individuals and several tribes

**Services:** Provide comprehensive family planning services, including clinical reproductive health services, community education and outreach. Provide technical assistance and funding for the Teen Outreach Program, a service learning program for preventing teen pregnancy and increasing school success, at Laguna-Acoma Junior/Senior High School and the Native American Community Academy.

**Served FY15:** Clinical services for 607 female and 102 male American Indians and educational service learning for 171 teens.

**FY15 Estimated Expenditures:** \$374,000

## Infectious Diseases | Public Health Division

Served: 79,526 individuals and all tribes

### Infectious Disease Epidemiology Bureau

(505) 827-0006

**Services:** Two public health evaluations received IRB determinations from the Southwest IRB and the Navajo Nation Human Research Review Board to include Native American participants in the following surveillance projects: 1) Evaluating the Effectiveness of a 13-Valent Pneumococcal Conjugate Vaccine among Children; 2) Risk for Death from Influenza A (pH1N1) among American Indians (AI). Midterm reports have been submitted to the three Health and two Navajo Agency Boards and questions and concerns have been followed up by the Principal Investigators on an ongoing basis for the duration of the projects.

**Surveillance:** The BRFSS collects data on HIV test history and HIV risk factors, on an annual basis. Estimates are available via annual reports and NM-IBIS.

**Served FY15:** All tribes in New Mexico.

**FY15 Estimated In Kind Expenditures:** In-kind services with staff salaries from epidemiologists.

### HIV Services Program

(505) 476-3628

**Services:** Provides a comprehensive continuum of HIV support, care and medical services to persons living with HIV through contracts with multi-service HIV Service Provider (HSP) agencies in each region of New Mexico. First Nations Community Healthsource is a funded HSP that specifically targets American Indians in both the Albuquerque metropolitan area and the northwestern part of the state including the Navajo Nation. The HIV Services Program also funds dental services using state funds and First Nations is also a dental services provider.

**Served FY15:** Unable to determine unduplicated count

**FY15 estimated expenditures:** \$70,000 for HSP contract, \$20,000 for dental contract with First Nations Community HealthSource, and other expenditures for clients served across the HSP network.

### **Healthcare-Associated Infections (HAI) Program** **(505) 476-3520**

**Services:** Continued collaboration with Crownpoint, Gallup Indian Medical Center, Mescalero, Northern Navajo Medical Center/Shiprock Service Unit, and Taos/Picuris hospitals through participation in NMDOH National Healthcare Safety Network Reporting Group quarterly training and best practice calls, inclusion in notification of NM HAI trainings, and voluntary reporting of healthcare personnel influenza vaccination rates, adult and pediatric intensive care unit (ICU) central line-associated bloodstream infections (CLABSIs), non-ICU CLABSIs and/or *Clostridium difficile* infections (CDI). Worked closely with Northern Navajo Medical Center on a Farmington and Shiprock based CDI prevention project across the spectrum of care. Additionally working with the Navajo Epidemiology Center on HIA related calls.

**Served FY15:** All tribes in New Mexico.

**FY15 Estimated Expenditures:** \$90,000

### **HIV Prevention Program** **(505) 476-3624**

**Services:**

1. Provides culturally specific and tailored HIV prevention interventions to American Indians at risk of HIV including gay/bisexual men and transgender persons. Services are delivered via contracts with First Nations Community HealthSource (FNCH) and Santa Fe Mountain Center (SFMC), as well as by individual contract workers in the Gallup area to serve the Navajo Nation. These providers have adapted evidence-based models to create innovative and effective local programs that are tailored to specific populations; for example, the Nizhoni SISTA intervention is for Navajo and other American Indian transgender women.
2. Delivers culturally competent HIV testing services in the Northwest Region and Albuquerque metropolitan area to expand access, via contracts with community-based organizations.
3. Referrals and information about all statewide services for HIV, STD, Hepatitis and Harm Reduction can be found on the searchable website: [www.nmhivguide.org](http://www.nmhivguide.org).

**Served FY15:** Unable to determine unduplicated count.

**FY15 Estimated Expenditures:** Over \$123,100 for contractors to deliver culturally specific programs and HIV testing.

### **Infectious Disease Prevention Team – Northwest Region** **(505) 722-4391**

**Services:** Provide sexually transmitted disease (STD), HIV, adult viral hepatitis and harm reduction services to at-risk persons in the Northwest Region, with an emphasis on American Indians living on or near the Navajo Nation. Services include STD, HIV, hepatitis B and hepatitis C screening and testing; hepatitis A and B vaccines; HIV, STD, hepatitis and harm reduction prevention education; STD treatment, partner services, disease investigation and referrals; syringe exchange and overdose prevention services; and other

disease investigation and follow-up services.

**Served FY15:** In-kind services Department of Health staff salaries.

### Tuberculosis Program

(505) 827-2473

**Services:** Provide technical support and guidance in the provision of care for American Indians with active tuberculosis disease or tuberculosis infection (TBI), contact investigations, and professional training to service providers.

**Served FY15:** 12 American Indians with active TB.

**FY15 Estimated Expenditures:** In-kind services from DOH staff salaries

### Ebola Preparedness

**Services:** Several staff members from the Infectious Disease Epidemiology Bureau (IDEB) responded to questions from tribal partners about the Ebola outbreak in West Africa during FY2015. The NMDOH State Epidemiologist, Tribal Liaison and the Tribal Epidemiologist participated on a statewide call with Tribal Leadership in October 2014. This call was hosted by the Secretary of Indian Affairs and also included several staff from IAD and the Department of Homeland Security and Emergency Management. In October of 2014 the IDEB Bureau Chief and deputy state epidemiologist gave a presentation on Ebola and influenza to the executive Council of the AASTEC. Additionally, the State Public Health Veterinarian participated in a call with officials from the Navajo Nation on Ebola Preparedness. The NM HIA Program manager also helped coordinate Ebola preparedness efforts with the NMDOH Tribal Epidemiologist and staff from the Bureau of Health Emergency Management.

**Served FY15:** All New Mexico tribes

**FY15 Estimated In Kind Expenditures:** In-kind services from epidemiologist staff salaries.

## Injury Prevention Education and Training | ERD

Served: 4 tribes

### Childhood Injury

(505) 827-2582

**Services:** Provide home safety workshops for home daycare providers, Emergency Medical Services paramedics and technicians, home visitors, grandparents raising grandchildren for American Indian nations, tribes, and pueblos across the state; display booths at health fairs (Laguna, Jemez, Ohkay Owingeh, Acoma Pueblos, Jicarilla Apache); and, distribute multi-purpose sports helmets.

**Served FY15:** Four (4) tribal communities within New Mexico.

**FY15 Estimated Expenditures:** In-kind services from staff salary of Childhood Injury Prevention Coordinator.

## Nutrition Services | Public Health Division

Served: 40,695 individuals and all tribes

**Women, Infants and Children (WIC) Program** (505) 476-8800

**Services:** Provide nutritious foods to supplement diets, nutrition information for healthy eating and referrals to healthcare providers and social services to eligible pregnant women, postpartum women, breastfeeding women, infants and children to age 5. In New Mexico, WIC Programs are available through Indian Tribal Organizations. DOH WIC serves any eligible Native American families who choose to come to a WIC Clinic for convenience.

**FY 15 In-kind services:** In-kind services from Public Health Office WIC staff salaries

**Commodity Supplemental Food Program (CSFP)** (505) 476-8803

**Services:** Provide U.S. Department of Agriculture (USDA) commodity foods to supplement the diets of persons 60 years of age or over every month. (2014 Farm Bill change, limits eligibility to those 60 and older ONLY.) CSFP provides program participants with nutrition education and referrals to appropriate health and social service agencies, along with a monthly food box, for a total of about 200,000 boxes of food distributed annually. There are four CSFP food warehouses serving 96 Tailgate sites throughout New Mexico. The CSFP food package includes cereal, cheese, dried beans or peanut butter, canned meat, fruit, vegetables, pasta or rice, liquid, and dry milk. CSFP is federally funded.

**FY15 Served:** 1,260 American Indian individuals, or about 15,000 boxes a year, (8% of CSFP. Total seniors served: 16,600 seniors served monthly.

**FY15 Estimated Expenditures:** \$1,208,340

**NOTE:** CSFP will be transferred to the NM Human Services Department on Oct 1, 2015. Please contact Mary Oleske, Bureau Chief, (505) 841-2696.

**Farmers' Market Nutrition Program (FMNP)** (505) 476-8816

**Services:** Provides USDA funding in the form of a \$25 book of checks (\$25.00 maximum per household) for income-eligible WIC to spend at authorized Farmers' Markets throughout the state of New Mexico during the summer growing season.

**FY15 served:** 7,260 WIC families spent \$112,600 at Farmers' Markets in New Mexico.

**Senior Farmers' Market Nutrition Program (SFMNP) and Farmers' Market Nutrition Enhancement Program (FMNEP)** (505) 476-8816

**Services:** Provide USDA funding from NM Department of Agriculture, in the form of a \$25.00 book of checks (up to \$50.00 per household) for income eligible adults 60 and older to spend at authorized Farmers' Markets throughout the state of New Mexico, during the summer growing season.

**FY15 served:** 15,575 seniors spent \$309,905 at authorized New Mexico's Farmers' Markets.

**FY15 addition:** NM's first authorized mobile market, called Tri-community Mobile Farmers' Market will accept checks for WIC and Senior programs. Produce is grown by Eastern Navajo Nation Growers, and market locations will be 3 chapter houses.

**Pregnancy Support** | Public Health Division  
Served: 112 individuals and several tribes

**Services:** Provides case management services to Medicaid eligible pregnant women and children 0-3 years. Among the services provided is assistance with the application process for Medicaid eligibility, screening for possible lead exposure, providing developmental screening, and providing education and educational materials related to pregnancy, and child development and safety. Services are provided in the home, in the local public health office and in other community settings.

**Served FY15:** Services provided to approximately 112 American Indian families statewide.

**FY15: Estimated Expenditures:** \$50,400 Medicaid reimbursed.

## School-Based Health Centers | Public Health Division

Served: 18 individual site in several tribes

### School-Based Health Centers (SBHCs)

(505) 841-5889

**Services:** Provide integrated primary and behavior health care to school-aged children. All SBHCs serving American Indian youth are encouraged to address important cultural and traditional beliefs in their services. **NOTE: All contracts require the contractor to ensure diversity of programs and structure, and programs offered meet the federal cultural and linguistic access standards to serve the target population.**

Each School Based Health Center (SBHC) has a minimum of eight (8) hours of primary care and eight (8) hours of behavioral health care each week during the school year. Some sites have been able to add additional hours through other funding sources or through insurance reimbursement, All SBHC serve students regardless of their ability to pay costs.

**Served FY15:** Eighteen (18) sites that have a high number (some 100%) of American Indian youth: Ruidoso High School, Bernalillo High School, Highland High School, Wilson Middle School, Van Buren Middle School, Acoma Laguna Teen Center, Tohajillee School, Taos High School, Taos Middle School, Mescalero Apache School, Española High School, Carlos Vigil Middle School, Quemado School District, Cobre Schools, Cuba Middle School, Pojoaque High School, Gallup High School, and San Felipe Pueblo.

**FY15 Estimated Expenditure:** \$1,650,000

DOH, Office of School and Adolescent Health (OSAH) promotes three (3) crisis lines throughout the state, which are advertised and marketed to all schools and school based health centers. Sites include Agora, located at University of New Mexico (UNM) campus in Albuquerque; the CALL, (Crisis Assistance Listening Line) located in Las Cruces on New Mexico State University (NMSU) campus; and the National Suicide Lifeline. Agora and the National Suicide Lifeline have added an on-line CHAT to their existing call capabilities. This CHAT feature has proven to be very popular communication venue for teens. Calls at the Agora (UNM) and at the CALL (NMSU) are answered by trained volunteers with supervision and backup by a licensed behavioral health provider.

The OSAH requires all SBHC staff to receive training in the warning signs of suicide and to participate in school crisis response and management. Students receiving services in DOH funded SBHCs are screened for suicide risk.

**Served FY15:** American Indian youth can and do access.

**FY15 Estimated Expenditures:** \$30,000

## Sexual Violence Prevention | Epidemiology and Response Division

Served: Several tribes

### Sexual Violence Prevention

(505)-476-1726

**Services:** Provide acute short-term services for people in crisis resulting from sexual violence through a contract with TEWA Women United. Services at the TEWA Woman United office location in Espanola or at other locations. TEWA performs community outreach and education regarding sexual services and issues surrounding sexual assault. They also provide peer support groups and referral services to middle -high school students.

**FY 15 Estimated Expenditures:** \$34,750

## Screening Programs | Public Health Division

Served: 3200 individuals and several tribes

### Newborn Genetic Screening Program,

(505) 476-8857

**Services:** Require that all babies born in New Mexico receive screening for certain genetic, metabolic, hemoglobin and endocrine disorders. The New Mexico Newborn Screening Program offers screening for 27 disorders.

**Served FY15:** All newborns are screened for genetic conditions prior to discharge from the hospital. This includes 3,000 American Indian children born in IHS Hospitals and those born in private or public hospitals.

**FY15 Estimated Expenditures:** \$342,000

### Newborn Hearing Screening Program,

(505) 476-8857

**Services:** Assist families in accessing needed services when their infants require follow-up on their newborn's hearing screening.

**Served FY15:** Approximately 200 American Indian children required follow-up services.

**FY14 Estimated Expenditures:** \$48,730

## Services for Persons at Risk for/or with Existing Disabilities | Developmental Disabilities Supports

Served: 2266 individuals and several tribes

### Children's Medical Services (NMCMS)

(505) 476-8868

**Services:** Provide medical coverage and care coordination to American Indian children with special health care needs that meet program eligibility requirements. Also provides the following multidisciplinary pediatric specialty clinics serving the Native American population in Northwest, Central and North Central areas of New Mexico. Clinics include: Cleft Lip and Palate, Genetic, Cardiology, Dysmorphology, Endocrine, Neurology and Pulmonary.

**Served FY15:** 400 American Indian youth and children with special health care needs statewide.

**FY15 Estimated Expenditures:** \$35,000. Estimated In Kind Contributions related to NMCMS care coordination for these three (3) programs listed above would be \$1,074,000.

### **Developmental Disabilities Waiver (DDW)**

**(505) 476-8973**

**Services:** Serve individuals with intellectual disabilities or a related condition and a developmental disability occurring before the individual reaches the age of 22. The program provides an array of residential, habilitation, employment, therapeutic, respite and family support services.

**Served FY14:** DDW: 501 American Indian clients served.

**FY14 Estimated Expenditures:** \$35,334,134 (based on projection of claims through February 16, 2015).

### **Family Infant Toddler Program (FIT)**

**1-877-696-1472**

[fit.program@state.nm.us](http://fit.program@state.nm.us), [www.fitprogram.org](http://www.fitprogram.org)

**Services:** Serve children from birth to age three with or at-risk for developmental delays and disabilities and their families. The FIT program provides an array of early intervention services, including physical therapy, speech therapy, occupational therapy, developmental instruction, social work, and family service coordination, etc., and services are provided primarily in the home and other community settings.

**Served (as of April 30, 2015) FY15:** 1,252 Native American children

**FY15 Estimated Expenditures (as of April 30, 2015):** \$4,175,026 state and federal funds spent on services to Native American children.

### **Medically Fragile Waiver**

**1-877-696-1472**

**Services:** Serve individuals, diagnosed before age 22, 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 aides, physical, speech, and occupational therapy, psychosocial and nutritional counseling and respite care.

**Served FY14:** 24 American Indian clients served.

**FY14 Estimated Expenditures:** \$559,636 (based on projection of claims through February 16, 2015)

### **Mi Via Waiver**

**505-841-5511**

**Services:** Provides home and community-based services to individuals qualified for the traditional Developmental Disability and Medically Fragile waivers who select the Mi Via self-direction model of care. Participants on the Mi Via Waiver are allowed more choice, control, and flexibility to plan, budget and manage their own services/supports.

**Served FY14:** Mi Via ICFMR (DD/MF) clients 89 American Indian clients served.

**F14 Estimated Expenditures:** \$4,281,967 (based on projection of claims through February 16, 2015)

## Maternal Child Health Epidemiology

(505) 476-8895

**Services:** The Maternal Child Health Epidemiology Program (Family Health Bureau, Public Health Division) regularly collaborates with the Albuquerque Area Southwest Tribal Epidemiology Center, Navajo Nation Epidemiology Center, tribes and community organizations such as Tewa Women United for PRAMS surveillance operations and Title MCH Block Grant monitoring. The Pregnancy Risk Assessment Monitoring System (PRAMS) steering committee has statewide representation from stakeholders, including AI/AN populations. MCH staff participate in a Navajo PRAMS/MCH work group, which meets monthly. MCH staff provide the Navajo Nation Epidemiology Center with technical assistance in the areas of survey development, revision and input, PRAMS enhanced surveillance outreach, including both in-kind and compensated contribution from NEC staff, data sharing and shared analysis plans (e.g. Navajo PRAMS Surveillance report 2000-2005) and media development to encourage PRAMS participation among AI women, statewide and with NEC and Navajo WIC. Currently there are plans to formalize tribal consultations for the statewide MCH Title V Block Grant needs assessment (2014-2015).

**Served FY14:** All federally recognized U.S. tribes.

**FY14 Estimated Expenditures:** In-kind support from epidemiology staff salaries, advertising and outreach materials.

## Suicide Prevention | Public Health Division

Served: 1000 individuals and all tribes

### New Mexico Crisis Access Line

(855) 662-7474

**Services:** Provide statewide toll-free crisis line services for all New Mexico youth.

**National Suicide Lifeline Toll Free Phone # 1-800-273-8255 (TALK)**

**National Suicide CHAT Line:**

[www.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx](http://www.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx)

### Kognito's At-Risk, On-line training for school personnel available for K-12

**See demo video at** <http://kognito.com/products/highschool/>

DOH, Office of School and Adolescent Health (OSAH) partially funds the Agora Crisis Line, located at UNM campus in Albuquerque, and their services are advertised and marketed to all schools and school based health centers throughout the state. OSAH also works closely with the CALL, (Crisis Assistance Listening Line) located in Las Cruces on New Mexico State University (NMSU) campus; Santa Fe Crisis Response operated by Presbyterian Medical Services (PMS) in Santa Fe and the statewide NM Crisis Access Line (NMCAL). All crisis lines in New Mexico are provided 24/7 back-up service by NM CAL. Agora and the National Suicide Lifeline have added an on-line CHAT to their existing call capabilities. This CHAT feature has proven to be very popular communication venue for teens.

All calls to NMCAL are answered 24/7 by Master Level counselors, with various languages available. Calls at the Agora (UNM) and at the CALL (NMSU) are answered by trained volunteers with supervision and backup by a licensed behavioral health provider. Calls at the Santa Fe Crisis Response (PMS) are answered by a Master's level social worker.

OSAH staff participated in planned meetings and provided resources with technical assistance for the development of the website, *Honoring Native Life*, ([www.honoringnativelife.org](http://www.honoringnativelife.org)) which served as a clearinghouse for tools and other resources for American Indian communities in New Mexico who are working to decrease the risk of suicide. **Served FY15:** American Indian youth can and do access.

**FY15 Estimated Expenditures:** \$70,000

### **New Mexico Suicide Intervention Project (NMSIP)**

**Services:** Provides gatekeeper training on the signs of suicide for northern NM communities, schools and organizations, as well as *post-vention* support to schools and communities that have experienced a recent suicide.

NM Suicide Intervention Project (NMSIP) provides Question, Persuade and Refer (QPR) Training to a variety of community groups as well as Natural Helper Training to the youth at seven (7) middle schools, including Santa Fe Indian School. NMSIP accepts referrals from surrounding area schools for same day assessments for youth who have been identified as at-risk of suicide and also provides counseling and therapy when needed.

NMSIP is a first responder organization for northern NM schools, and has experience with youth suicides, offering professional *post-vention* care and services. NMSIP also organizes community professionals who participate in the Northern NM *post-vention* Response Team. This team consists of representatives from law enforcement, fire department, faith-based organizations and local mental/behavioral health licensed providers.

NMSIP also provides supervision and training to ten (10) graduate level social work interns from NM Highlands University in Las Vegas, NM . The provision of this supervision ensures a future workforce that is trained and competent in the identification and treatment of adolescents who are diagnosed with depression, anxiety, suicidal ideation and suicide attempts.

**Served FY15:** Over 1,000 individuals

**FY15 Estimated Expenditures:** \$70,000

### **University of New Mexico, Department of Psychiatry – Center for Rural Community Behavioral Health (CRCBH)**

Provided day-long intensive training on screening, assessing and treatment of youth who identify as suicidal in two predominately Native communities, Gallup and Farmington. Attendees included school counselors, school nurses, community providers, and I.H.S. providers in both communities. Both all-day sessions had 60+ participants in attendance. CRCBH also provides training webinars, which is available to any interested provider, as well as having child and adolescent psychiatrists available for phone consult as needed by school personnel.

**Served FY15: 200 Providers**

**FY15 Estimated Expenditures: \$80,000**

### **Suicide Prevention**

**(505) 222-8683**

**Services:** Fund prevention activities to address the prevalence of youth suicide disproportionately impacting Native American Youth, including:

- Jemez Valley School District Natural Helpers Program serving nine (9) communities, including Seven Springs, La Cueva, Sierra Los Pinos, Jemez Springs, Ponderosa, Cañon, Jemez Pueblo, San Ysidro and Zia Pueblo.
- New Mexico Suicide Intervention Project Natural Helpers Program implemented at the Santa Fe Indian School.
- Pojoaque Valley School District Natural Helpers Program at Pojoaque Middle and High Schools.
- New Mexico Suicide Prevention Coalition (NMSPC), which provides Question, Persuade, Refer and Gatekeeper trainings to tribal communities statewide. The Coalition has provided QPR train-the-trainer instruction to several American Indian community members to provide presentations within their communities. NMSPC Also worked closely with the QPR Institute to adapt the QPR program to be more culturally relevant for NA populations.
- Early identification, referral and follow-up system that include screening every student at Navajo Preparatory School (NPS) and referrals for students identified as at-risk of suicide to behavioral health provider. NPS also implemented the Natural Helpers program through the after-school dorm activities. NPS teachers, staff and administrators have been trained in QPR and have received intensive training on the 'prePare' curriculum for crisis intervention and response.
- Kognito's At Risk one hour on-line suicide prevention training has been offered free to all NM teachers, staff and administrators statewide.

**Served FY15:** Over 30 communities annually.

**FY15 Estimated Expenditure:** \$150,000

## **Tobacco** | Public Health Division

Served: All tribes

### **Tobacco Use Prevention and Control Program (TUPAC)**

**(505) 222-8618**

**Services:** Provide activities and services to communities, schools and organizations to promote healthy, tobacco-free lifestyles among all New Mexicans. Does not include tobacco use during religious or ceremonial events.

**Surveillance:** The BRFSS collects data on tobacco use on an annual basis. Estimates are available via annual reports and NM-IBIS. Every second or third year, the NM BRFSS includes an expanded section on tobacco use. Estimates from this expanded section are available via TUPAC. The YRRS collects data on cigarette and other tobacco use among middle and high school American Indian students bi-annually.

**Served FY15:** Educational materials and presentations at the following locations in New Mexico Tesuque, Kewa (Santo Domingo), Sandia, Santa Ana, Nambe, Mescalero Apache, Zia, Jemez, Navajo Tobacco Education Prevention Project, Cochiti, Taos, Zuni, San

Ildefonso, Jicarilla Apache Women's Conference, Laguna, Dine Hataalii Partnership, Five Sandoval Indian Pueblos Inc., Oso Vista Ranch Project, Old Laguna, Southwest Tribal Tobacco Coalition, Albuquerque Indian Center, Albuquerque Area Indian Health Board, McKinley Community Health Alliance, and San Juan County Partnership.

**FY15 Estimated Expenditures:** \$257,000

### **Implied Consent Training and Support**

**(505) 383-9086**

**Services:** Provide classes to certify 320 tribal law enforcement personnel as “operators” and “key operators” under the State Implied Consent Act. Certification for operators is two years, certification for key operators is one year. Also, provide certification for breath alcohol test devices used by tribal law enforcement of DWI/DUID programs. Certification of breath alcohol test devices is one year.

**Served FY15:** Navajo (Shiprock) and Ramah Navajo, Pueblos of Isleta, Jemez, Laguna, Sandia, Santa Ana, Santa Clara, Taos, Tesuque, Zia and Zuni, Jicarilla Apache Nation, Mescalero Apache Tribe, Crownpoint, Ohkay Owingeh, Pojoaque, BIA Southern Pueblos and Acoma.

**FY 15 Estimated Expenditures:** In-kind support from staff salaries.

### **New Mexico Indicator-Based Information System (NM-IBIS) Training**

**(505) 827-5274**

**Services:** The NMIBIS website provides access to public health datasets and information on New Mexico’s priority health issues. This website publishes data from the New Mexico Department of Health online for public use, and allows users to calculate rates of disease, health events, risk and protective factors for American Indians within New Mexico. The NMIBIS website is the premier resource for health data in New Mexico. Additionally, the NMIBIS website includes a secure portal where tribes may access tribe specific data through a password protected portal. New Mexico is the first state to offer tribe specific data in this way.

**Served FY14:** All tribes in New Mexico.

**FY14 Estimated In Kind Expenses:** \$30,000

## **Water Testing** | Scientific Laboratories

Served: Several tribes

### **Environmental Testing, BIA & NTUA**

**(505) 383-9023**

**Services:** Test drinking water for chemicals, biological, and radiological testing under Federal Safe Drinking Water Act. Total number of samples was 233 for Total Coliform MMO-MUG

**Served FY15:** Pueblos of Jemez and Laguna; Canoncito/Tohajiilee, Alamo, Owl Springs (Navajo)

**FY15 Estimated Expenditures:** \$8,388. (Time period July 2014 – May 2015)

#### SECTION IV. TRAINING AND EMPLOYEE NOTIFICATION STCA (Training Certification)

SB196 requires that the State Personnel Office (SPO) develop and train all state employees on STCA. DOH was an active member of the workgroup that developed the “Train the Trainer” curriculum. The curriculum was piloted on May 25, 2010. DOH’s Tribal Liaison and another key staff member participated in that training. A specific cultural competency training has been developed for DOH staff and four pilot trainings were provided to DOH staff in April May of 2015. Approximately 40 DOH staff participated in these trainings. The Department sent 67 staff to the SPO training in FY15.

#### SECTION V. KEY NAMES AND CONTACT INFORMATION:

**Department of Health Staff Working with Tribes |**  
Department of Health  
Served: All tribes

**Tribal Liaison, (505) 827-2627 and Tribal Project Coordinator (505) 827-1073**

**Services:** Facilitate effective communication and relationships between the DOH and the Tribes in order to fulfill requirements of the State Tribal Collaboration Act

**Served FY15:** All American Indian tribes, pueblos and nations in New Mexico.

**FY15 Estimated Expenditures:** In-kind support from Tribal Liaison Office staff salaries and program support.

**Tribal Epidemiologist (505) 476-1788**

**Services:** The job of the tribal epidemiologist at the NM DOH is to leverage DOH epidemiology resources to analyze and disseminate health data, provide training in epidemiology and public health assessment, improve disease and injury surveillance and reporting systems, and advocate for utilization of American Indian health data. To achieve this the tribal epidemiologist maintained data sharing agreements with the Indian Health Service, and the Navajo Nation Epidemiology Center. Additionally the tribal epidemiologist provides data and technical assistance to all tribes, nations, reservations and pueblos within New Mexico.

**Served FY15** All tribes in New Mexico.

**FY15 Estimated Expenditures:** In-kind support from Tribal Epidemiologist staff salary.

Following are the names, email addresses, and phone numbers for the individuals in DOH who are responsible for supervising, developing and/or implementing programs that directly affect American Indians.

Division	Name/Title	Email	Phone
Office of the Secretary	Retta Ward, MPH	<a href="mailto:Retta.Ward@state.nm.us">Retta.Ward@state.nm.us</a>	(505) 827-2613

Division	Name/Title	Email	Phone
	Cabinet Secretary		
Office of the Secretary	Brad McGrath, Chief Deputy Secretary	<a href="mailto:Brad.McGrath@state.nm.us">Brad.McGrath@state.nm.us</a>	(505) 827-2613
Office of the Secretary	Lynn Gallagher, Deputy Secretary	<a href="mailto:Lynn.Gallagher@state.nm.us">Lynn.Gallagher@state.nm.us</a>	(505) 827-2613
Office of Tribal Liaison	Aiko Allen, MS Tribal Liaison	<a href="mailto:Aiko.Allen@state.nm.us">Aiko.Allen@state.nm.us</a>	(505) 827-2627
Office of Policy and Accountability	Tres Hunter Schnell, MSW, Director	<a href="mailto:Tres.Schnell@state.nm.us">Tres.Schnell@state.nm.us</a>	(505) 827-0562
Office of Health Equity	Dawn Hunter, MPH, JD, Director	<a href="mailto:Dawn.Huter@state.nm.us">Dawn.Huter@state.nm.us</a>	(505) 476-3656
Public Health Division	Mark S.R. Williams, MA, MBA, LSSBB, Director	<a href="mailto:Mark.Williams@state.nm.us">Mark.Williams@state.nm.us</a>	(505)827-2389
Public Health Division	Barbara Howe, MS, RD, IBCLC Deputy Director, Regions	<a href="mailto:Barbara.Howe@state.nm.us">Barbara.Howe@state.nm.us</a>	(505) 827-2691
Public Health Division	Cathy Roche, MBA Deputy Director, Programs	<a href="mailto:Cathy.Roche@state.nm.us">Cathy.Roche@state.nm.us</a>	(505) 827-2334
Public Health Division	Chris Novak, MD, MPH Chief Medical Officer	<a href="mailto:Christopher.Novak@state.nm.us">Christopher.Novak@state.nm.us</a>	(505) 476-3668
Public Health Division, Metro Region, NW Region	Connie Dixon, BS Region Director	<a href="mailto:Connie.Dixon@state.nm.us">Connie.Dixon@state.nm.us</a>	(505) 722-4391
Public Health Division, NE Region	Susan K. Gonzales, MPA Region Director	<a href="mailto:Susan.Gonzales@state.nm.us">Susan.Gonzales@state.nm.us</a>	(505) 476-2659
Public Health Division, SW Region	Vacant Region Director		(505) 528-5174
Public Health Division, SE Region	Jeff Lara, BS Region Director	<a href="mailto:Jeff.Lara@state.nm.us">Jeff.Lara@state.nm.us</a>	(505) 347-2409 Ext. 6227
Public Health Division, Health Systems Bureau	Britt Catron, Bureau Chief	<a href="mailto:Britt.Catron@state.nm.us">Britt.Catron@state.nm.us</a>	(505) 222-8671
Public Health Division, Chronic Disease Prevention Bureau	Gena Love, Bureau Chief	<a href="mailto:Love.Gena@state.nm.us">Love.Gena@state.nm.us</a>	(505) 841-5859
Public Health Division, Family Health Bureau	Janis Gonzales, MD, MPH, Bureau Chief	<a href="mailto:Janis.Gonzales@state.nm.us">Janis.Gonzales@state.nm.us</a>	(505) 476-8854
Public Health Division, Infectious Disease Bureau	Dan Burke, Bureau Chief	<a href="mailto:Daniel.Burke@state.nm.us">Daniel.Burke@state.nm.us</a>	(505) 827-2412
Public Health Division, Office of Oral Health	Rudy Blea, BA Program Manager	<a href="mailto:Rudy.Blea@state.nm.us">Rudy.Blea@state.nm.us</a>	(505) 827-0837
Public Health Division, Office of	Patty Morris, PhD	<a href="mailto:Patty.Morris@state.nm.us">Patty.Morris@state.nm.us</a>	(505) 476-7623

<b>Division</b>	<b>Name/Title</b>	<b>Email</b>	<b>Phone</b>
Obesity, Nutrition, Physical Activity			
Public Health Division, Diabetes Prevention and Control Program	Judith Gabriele, Diabetes Program Manager	<a href="mailto:Judith.Gabriele@state.nm.us">Judith.Gabriele@state.nm.us</a>	(505) 476-7613
Public Health Division, Diabetes Prevention and Control Program	Vacant, Tribal Outreach Coordinator, Diabetes Program		(505) 841-5888
Public Health Division, Tobacco Use Prevention and Control	Monica Patten Tribal Outreach Coordinator, TUPAC Program	<a href="mailto:Monica.Patten@state.nm.us">Monica.Patten@state.nm.us</a>	(505) 841-5844
Public Health Division, Office of Community Health Workers	Diana Abeyta Statewide Coordinator, Tribal Coordinator	<a href="mailto:Diana.Abeyta@state.nm.us">Diana.Abeyta@state.nm.us</a>	(505) 827-0015
Public Health Division, Office of Injury Prevention	John McPhee, Childhood Injury Prevention Coordinator New Mexico Consumer Product Safety Commission Designee New Mexico Safe Kids Coalition Coordinator	<a href="mailto:John.McPhee@state.nm.us">John.McPhee@state.nm.us</a>	(505) 827-2582
Public Health Division, WIC Program	Sarah Flores-Sievers, Director	<a href="mailto:Sarah.Flores-Sievers@state.nm.us">Sarah.Flores-Sievers@state.nm.us</a>	(505) 476-8801
Public Health Division, Commodity Supplemental Food & Farmer's Market Nutrition Programs	Siobhan Hancock, Program Manager	<a href="mailto:Siobhan.Hancock@state.nm.us">Siobhan.Hancock@state.nm.us</a>	(505) 476-8808
Public Health Division, Children's Medical Services	Susan Chacon, Program Manager	<a href="mailto:Susan.Chacon@state.nm.us">Susan.Chacon@state.nm.us</a>	(505) 476-8860
Public Health Division, Newborn Genetic and Hearing Screening Programs	Brenda Romero Program Manager	<a href="mailto:Brenda.Romero@state.nm.us">Brenda.Romero@state.nm.us</a>	(505) 476-8857
Public Health Division, Family Planning Program	Susan Lovett Title X Director	<a href="mailto:Susan.Lovett@state.nm.us">Susan.Lovett@state.nm.us</a>	(505) 476-8879
Public Health Division, Office of School and Adolescent Health	Yolanda Cordova, Director	<a href="mailto:Yolanda.Cordova@state.nm.us">Yolanda.Cordova@state.nm.us</a>	(505) 841-5889
Public Health Division, Comprehensive Cancer Program	Dana Millen, Program Manager	<a href="mailto:Dana.Millen@state.nm.us">Dana.Millen@state.nm.us</a>	505-222.8601

<b>Division</b>	<b>Name/Title</b>	<b>Email</b>	<b>Phone</b>
Public Health Division, Hepatitis Program	Dominic Zurlo, Program Manager	<a href="mailto:Dominic.zurlo@state.nm.us">Dominic.zurlo@state.nm.us</a>	(505) 827-2507
Public Health Division, HIV, STD and Hepatitis Section	Andrew Gans, MPH Section Manager	<a href="mailto:Andrew.Gans@state.nm.us">Andrew.Gans@state.nm.us</a>	(505) 476-3624
Public Health Division, Tuberculosis Program	Diana Fortune, RN Manager	<a href="mailto:Diana.Fortune@state.nm.us">Diana.Fortune@state.nm.us</a>	(505) 827-2473
Public Health Division, Immunizations Program	Margaret Campos, Program Manager	<a href="mailto:Margaret.Campos@state.nm.us">Margaret.Campos@state.nm.us</a>	(505) 827-2463
Public Health Division, Cancer Prevention and Control Section	Beth Pinkerton, Program Manager	<a href="mailto:Beth.Pinkerton@state.nm.us">Beth.Pinkerton@state.nm.us</a>	505-841-5847
Epidemiology and Response Division	Michael Landen, MD, MPH State Epidemiologist and Director	<a href="mailto:Michael.Landen@state.nm.us">Michael.Landen@state.nm.us</a>	(505) 476-3575
Epidemiology and Response Division	Samuel Swift, MPH Tribal Epidemiologist	<a href="mailto:Samuel.Swift@state.nm.us">Samuel.Swift@state.nm.us</a>	(505) 476-1788
Division of Health Improvement	Jack Evans, Director	<a href="mailto:Jack.Evanns@state.nm.us">Jack.Evanns@state.nm.us</a>	(505) 476-8804
Developmental Disabilities Supports Division	Cathy Stevenson, Director	<a href="mailto:Cathy.Stevenson@state.nm.us">Cathy.Stevenson@state.nm.us</a>	(505) 827-2574
Developmental Disabilities Supports Division	Andy Gomm, FIT Program Manager	<a href="mailto:Andy.Gomm@state.nm.us">Andy.Gomm@state.nm.us</a>	(505) 476-8975
Scientific Laboratory Division	Lixia Liu, Ph.D., Director	<a href="mailto:Lixia.liu@state.nm.us">Lixia.liu@state.nm.us</a>	(505) 383-9001
Scientific Laboratory Division	Twila Kunde, Deputy Director	<a href="mailto:Twila.Kunde@state.nm.us">Twila.Kunde@state.nm.us</a>	505) 383-9003
Scientific Laboratory Division, Environmental Testing	Dr. Phillip Adams, Chemistry Bureau Chief	<a href="mailto:Phillip.Adams@state.nm.us">Phillip.Adams@state.nm.us</a>	(505) 383-9086
Scientific Laboratory Division – DWI	Dr. Rong Jen Hwang, Toxicology Bureau Chief	<a href="mailto:Rong.Hwang@state.nm.us">Rong.Hwang@state.nm.us</a>	(505) 383-9086

For a complete list of contact information, go to: <http://www.health.state.nm.us/doh-phones.htm>, [www.nmhealth.org](http://www.nmhealth.org)

## **SECTION VI. APPENDICES**

### **A. Brief Description of the Department's Program Areas**

#### **PROGRAM AREA 1: ADMINISTRATION**

The mission of the Administration Program is to provide leadership, policy development, information technology, administrative and legal support to the Department of Health so that the department achieves a high level of accountability and excellence in services provided to the people of New Mexico.

The Administration Program is responsible for all financial functions of the Department, including management of a \$550 million annual budget and 3,300 employees, appropriation requests, operating budgets, the annual financial audit, accounts payable, revenue and accounts receivable, federal grants management, and financial accounting. It also provides human resources support services and assures compliance with the Personnel Act and State Personnel Board rules, training, key internal audits; information systems management for the Department, and legal advice and representation to assure compliance with state and federal laws. Administration also includes the Office of the Secretary, the Information Technology Services Division, the Office of General Counsel, the Office of Policy and Accountability, the Office of Health Equity and the Office of Border Health.

#### **PROGRAM AREA 2: PUBLIC HEALTH**

The mission of the Public Health Division is to work with individuals, families and communities in New Mexico to improve health. The Division provides public health leadership by assessing health status of the population, developing health policy, sharing expertise with the community, assuring access to coordinated systems of care and delivering services to promote health and prevent disease, injury, disability and premature death.

The Public Health Division works to assure the conditions in which communities and people in New Mexico can be healthy. Performance measures and indicators in the Department's Strategic Plan and required by major federal programs are used continuously to monitor the status of specific activities, identify areas for improvement and serve as a basis for budget preparation and evaluation.

#### **PROGRAM AREA 3: EPIDEMIOLOGY AND RESPONSE**

The mission of Epidemiology and Response Division is to monitor health, provide health information, prevent disease and injury, promote health and healthy behaviors, respond to public health events, prepare for health emergencies and provide emergency medical and vital record registration services to New Mexicans.

#### **PROGRAM AREA 4: SCIENTIFIC LABORATORY**

The mission of the Scientific Laboratory Division (SLD) is to provide analytical laboratory services and scientific advisement services for tax-supported agencies, groups, or entities administering health and environmental programs for New Mexicans.

## **PROGRAM AREA 6: FACILITIES MANAGEMENT**

The Office of Facilities Management mission is to provide oversight of Department of Health facilities which provide mental health, substance abuse, nursing home care, and rehabilitation programs in facility and community-based settings to New Mexico resident who need safety net services.

## **PROGRAM AREA 7: DEVELOPMENTAL DISABILITIES SUPPORTS**

The mission of the Developmental Disabilities Supports Division is to effectively administer a system of person-centered community supports and services that promotes positive outcomes for all stakeholders with a primary focus on assisting individuals with developmental disabilities and their families to exercise their right to make choices, grow and contribute to their community.

## **PROGRAM AREA 8: HEALTH CERTIFICATION, LICENSING AND OVERSIGHT**

The mission of the Division of Health Improvement is to conduct health facility licensing and certification surveys, community-based oversight and contract compliance surveys and a statewide incident management system so that people in New Mexico have access to quality health care and that vulnerable population are safe from abuse, neglect and exploitation.

## **PROGRAM AREA 9: MEDICAL CANNABIS**

The Medical Cannabis Program was established in accordance with the Lynn and Erin Compassionate Use Act and is charged with enrolling patients into the medical cannabis program and regulating a system of production and distribution of medical cannabis for patients in order to ensure an adequate supply.

### **B. Agency Efforts to Implement Policy**

DOH has a long history of working and collaborating with American Indian nations, pueblos, tribes in New Mexico, as well as Off-Reservation Groups. DOH was a key participant in the development of the 2007 Health and Human Services (HHS) Department's State-Tribal Consultation Protocol (STCP). The purpose of 2007 STCP was to develop an agreed-upon consultation process for the HHS Departments as they developed or changed policies, programs or activities that had tribal implications. The 2007 STCP provided both Departments with critical definitions and a communication policy, procedures and processes that have guided agency activities over several years.

However, with the signing of SB196 in March 2009, a new commitment was established that required the State to work with the Tribes on a government-to-government basis. In the fall of 2009, the Governor appointed several workgroups to address these requirements. An Interagency Group comprised of representatives from DOH, Aging and Long Term Services Department, Children, Youth and Families Department, Department of Veterans' Services, Human Services Department, Indian Affairs Department, Office of African American Affairs, and several tribes, met to develop an overarching policy that:

1. Promotes effective collaboration and communication between the agency and Tribes;
2. Promotes positive government-to-government relations between the State and Tribes;
3. Promotes cultural competence in providing effective services to American Indians; and,
4. Establishes a method for notifying employees of the agency of the provisions of the STCA and the Policy that the agency adopts.

The work group met for several months and culminated in the signed STCP on December 17, 2009. The STCP assures that DOH and its employees are familiar with previously agreed-upon processes when the Department initiates programmatic actions that have tribal implications. Use of the protocol is an established policy at DOH.

DOH will also continue to support other requirements in SB196, such as maintaining a designated Tribal Liaison to monitor and track Indian health concerns. Aiko Allen, MS, was hired in April 2014 as the DOH Tribal Liaison. She has met with the Secretary of Health to discuss and formulate action plans to address American Indian health concerns within the State.

**C. Agency-specific and applicable/relevant state or federal statutes or mandates related to providing services to American Indians (AI)**

The State Maternal and Child Health Plan Act created community health councils within county governments. In 2007, this act was amended to allow allocation of funds for both county and tribal governments to create health councils to address their health needs within their communities.

**D. List of DOH Agreements, MOUs/MOAs with tribes that are currently in effect.**

Tribe	Agency	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
Cherokee Nation	DOH	EBT WIC Support	NMDOH – CNO MOA	In effect	Sarah Flores-Sievers	(505) 476-8801
Pueblo of Isleta	DOH	EBT WIC Support	NMDOH – POI MOA	In effect	Mary Dominguez	(505) 924-3181
Pueblo of Isleta	DOH	WIC services	MOU	In Effect	Mary Dominguez	(505) 869-2662
Mescalero Apache Tribe	DOH	WIC services	MOA	In effect	Barbara Garza	(575) 528-5135
Pueblo of Laguna	DOH	Family Infant Toddler Program	Provider Agreement	In effect	Andy Gomm	(505) 476-8975
Mescalero Apache	DOH	Family Infant Toddler Program	Provider Agreement	In effect	Andy Gomm	(505) 476-8975
Navajo Nation	DOH	Family Infant Toddler Program	MOA	In Effect	Andy Gomm	(505) 476-8975
Navajo Nation	DOH	STD Investigation and control	Operational partnership	In Effect	Antoine Thompson	(505) 722-4391 ext 117
Mescalero Apache School	DOH	Primary & behavioral health care in school-based health center	MOA	In effect	Jim Farmer	(505) 222-8682
San Felipe Community School	DOH	Primary and behavioral health care in a school based health center	MOA	In effect	Jim Farmer	(505) 222-8682
ACL Teen Centers (UNM)	DOH	Primary and behavioral health care in a school based health center	MOA	In effect	Jim Farmer	(505) 222-8682
Navajo Preparatory School	DOH	Early identification, referral and follow-up of all students through the school based health center, as well as additional health education	MOA	In effect	Nancy Kirkpatrick	(505) 222-8683

Tribe	Agency	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
		topics explored in the after-school program and incorporated into the Natural Helpers program.				
UNM, Pediatrics, Div of Prevention and Population Sciences, ACL Teen Centers	DOH	Teen Pregnancy Prevention Program (TPP) at Laguna-Acoma Jr. Sr. High School  TPP Programs consists of Teen Outreach Program	Master Services Agreement	In effect until June 30, 2015	Heather Metcalf	505-476-8884
UNM Family & Community Medicine, School-Based Health Centers	DOH	Teen Pregnancy Prevention Program (TPP) at Native American Community Academy  TPP Programs consists of Teen Outreach Program and HARMONY	Master Services Agreement	In effect until June 30, 2015	Heather Metcalf	505-476-8884
Navajo Preparatory School	DOH	Teen Pregnancy Prevention Program (TPP) at Navajo Preparatory School, Farmington  TPP Programs consists of Teen Outreach Program		*Pilot program for FY 2015	Heather Metcalf	505-476-8884
Santo Domingo Pueblo	DOH	Teen Pregnancy Prevention Program (TPP) at Kewa Family Health and Wellness Center in Santo Domingo Pueblo		*Pilot program for FY 2015	Heather Metcalf	505-476-8884

Tribe	Agency	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
		TPP Programs consists of Teen Outreach Program				
Navajo Area Indian Health Service	DOH	Receipt, Storage and Staging site for the Strategic National Stockpile program	MOA	In Effect	John Miller	(505) 476-8217
IHS ABQ Area	DOH	Breast and Cervical Cancer Screening and DX	PA	In Effect	Gena Love	505-841-5859
Alamo Navajo School Board	DOH	Breast and Cervical Cancer Screening and DX	PA	In Effect	Gena Love	505-841-5859
Jemez Pueblo	DOH	Breast and Cervical Cancer Screening and DX	PA	In Effect	Gena Love	505-841-5859
IHS ABQ Area (Santa Fe and Acoma – Canoncito-Laguna areas)	DOH	New Mexico Colorectal Cancer Program (NMCRCP)	PA	In Effect until end of FY'14	Dana Millen	505-222-8601
AAIHB Albuquerque Area Indian Health Board (AAIHB)	DOH	Public and professional education on breast, cervical and colorectal cancer screening.	Request for Proposal (RFP)	In Effect	Dana Millen	505-222-8601
Dulce Jicarilla Indian	DOH	Influenza Surveillance	PA	In Effect	Katie Avery	(505) 827-0083

Tribe	Agency	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
Health Services						
Taos-Picuris Indian Health Services	DOH	Influenza Surveillance	PA	In Effect	Katie Avery	(505) 827-0083
Acoma-Canoncito-Laguna Indian Health Services	DOH	Influenza Surveillance	PA	In Effect	Katie Avery	(505) 827-0083

## **E. DOH's Tribal Collaboration and Communication Policy**

### **New Mexico Department of Health**

### **State-Tribal Consultation, Collaboration and Communication Policy**

#### **Section I. Background**

- A. In 2003, the Governor of the State of New Mexico and 21 out of 22 Indian Tribes of New Mexico adopted the *2003 Statement of Policy and Process* (Statement), to "establish and promote a relationship of cooperation, coordination, open communication and good will, and [to] work in good faith to amicably and fairly resolve issues and differences." The Statement directs State agencies to interact with the Tribal governments and provides that such interaction "shall be based on a government-to-government relationship" aimed at furthering the purposes of meaningful government-to-government consultation.
- B. In 2005, Governor Bill Richardson issued Executive Order 2005-004 mandating that the Executive State agencies adopt pilot tribal consultation plans with the input of the 22 New Mexico Tribes.
- C. The New Mexico Health and Human Services Tribal Consultation meeting was held on November 17-18, 2005 to carry out Governor Richardson's Executive Order 2005-004 calling for a statewide adoption of pilot tribal consultation plans to be implemented with the 22 Tribes within the State of New Mexico. This meeting was a joint endeavor of the five executive state agencies comprised of the Aging and Long-Term Services Department, the Children, Youth and Families Department, the Department of Health, the Human Services Department and the Indian Affairs Department. A State-Tribal Work Plan was developed and sent out to the Tribes on June 7, 2006 for review pursuant to the Tribal Consultation meeting.
- D. On March 19, 2009, Governor Bill Richardson signed SB 196, the State Tribal Collaboration Act (hereinafter "STCA") into law. The STCA reflects a statutory commitment of the state to work with Tribes on a government-to-government basis. The STCA establishes in state statute the intergovernmental relationship through several interdependent components and provides a consistent approach through which the State and Tribes can work to better collaborate and communicate on issues of mutual concern.
- E. In Fall 2009, the Healthy New Mexico Group, comprised of the Aging and Long Term Services Department, the Children, Youth and Families Department, the Department of Health, the Department of Veterans' Services, the Human Services Department, the Indian Affairs Department, and the Office of African American Affairs, met with representatives from the Tribes to develop an overarching Policy that, pursuant to the STCA:
1. Promote effective collaboration and communication between the Agency and Tribes;
  2. Promote positive government-to-government relations between the State and Tribes;
  3. Promote cultural competence in providing effective services to American Indians/Alaska Natives;  
and
  4. Establish a method for notifying employees of the Agency of the provisions of the STCA and the Policy that the Agency adopts.
- F. The Policy meets the intent of the STCA and defines the Agency's commitment to collaborate and communicate with Tribes.

#### **Section II. Purpose**

Through this Policy, the Agency will seek to improve and/or maintain partnerships with Tribes. The purpose of the Policy is to use or build-upon previously agreed-upon processes when the Agency initiates programmatic actions that have tribal implications.

### **Section III. Principles**

- A. Recognize and Respect Sovereignty – The State and Tribes are sovereign governments. The recognition and respect of sovereignty is the basis for government-to-government relations and this Policy. Sovereignty must be respected and recognized in government-to-government consultation, communication and collaboration between the Agency and Tribes. The Agency recognizes and acknowledges the trust responsibility of the Federal Government to federally-recognized Tribes.
- B. Government-to-Government Relations – The Agency recognizes the importance of collaboration, communication and cooperation with Tribes. The Agency further recognizes that Agency programmatic actions may have tribal implications or otherwise affect American Indians/Alaska Natives. Accordingly, the Agency recognizes the value of dialogue between Tribes and the Agency with specific regard to those programmatic actions.
- C. Efficiently Addressing Tribal Issues and Concerns – The Agency recognizes the value of Tribes' input regarding Agency programmatic actions. Thus, it is important that Tribes' interests are reviewed and considered by the Agency in its programmatic action development process.
- D. Collaboration and Mutual Resolution – The Agency recognizes that good faith, mutual respect, and trust are fundamental to meaningful collaboration and communication policies. As they arise, the Agency shall strive to address and mutually resolve concerns with impacted Tribes.
- E. Communication and Positive Relations – The Agency shall strive to promote positive government-to-government relations with Tribes by: (1) interacting with Tribes in a spirit of mutual respect; (2) seeking to understand the varying Tribes' perspectives; (3) engaging in communication, understanding and appropriate dispute resolution with Tribes; and (4) working through the government-to-government process to attempt to achieve a mutually-satisfactory outcome.
- F. Informal Communication – The Agency recognizes that formal consultation may not be required in all situations or interactions. The Agency may seek to communicate with and/or respond to Tribes outside the consultation process. These communications do not negate the authority of the Agency and Tribes to pursue formal consultation.
- G. Health Care Delivery and Access – Providing access to health care is an essential public health responsibility and is crucial for improving the health status of all New Mexicans, including American Indians/Alaska Natives in rural and urban areas. American Indians/Alaska Natives often lack access to programs dedicated to their specific health needs. This is due to several factors prevalent among American Indians/Alaska Natives, including but not limited to, lack of resources, geographic isolation, and health disparities. The Agency's objective is to work collaboratively with Tribes to ensure adequate and quality health service delivery in all tribal communities, as well as with individual American Indians/Alaska Natives in urban areas or otherwise outside tribal communities.
- H. Distinctive Needs of American Indians/Alaska Natives – Compared with other Americans, American Indians/Alaska Natives experience an overall lower health status and rank at, or near, the bottom of other social, educational and economic indicators. American Indians/Alaska Natives have a life expectancy that is four years less than the overall U.S. population and they have higher mortality rates involving diabetes, alcoholism, cervical cancer, suicide, heart disease, and tuberculosis. They also experience higher rates of behavioral health issues, including substance abuse. The Agency will strive to ensure with Tribes the accountability of resources, including a fair and equitable allocation of resources to address these health disparities. The Agency recognizes that a community-based and culturally appropriate approach to health and human services is essential to maintain and preserve American Indian/Alaska Native cultures.
- I. Establishing Partnerships – In order to maximize the use of limited resources, and in areas of mutual interests and/or concerns, the Agency seeks partnerships with Tribes and other interested entities, including academic institutions and Indian organizations. The Agency encourages Tribes to aid in

advocating for state and federal funding for tribal programs and services to benefit all of the State's American Indians/Alaska Natives.

J. Intergovernmental Coordination and Collaboration-

1. Interacting with federal agencies. The Agency recognizes that the State and Tribes may have issues of mutual concern where it would be beneficial to coordinate with and involve federal agencies that provide services and funding to the Agency and Tribes.
2. Administration of similar programs. The Agency recognizes that under Federal tribal self-governance and self-determination laws, Tribes are authorized to administer their own programs and services which were previously administered by the Agency. Although the Agency's or Tribe's program may have its own federally approved plan and mandates, the Agency shall strive to work in cooperation and have open communication with Tribes through a two-way dialogue concerning these program areas.

K. Cultural and Linguistic Competency – The Agency shall strive for its programmatic actions to be culturally relevant and developed and implemented with cultural and linguistic competence.

#### **Section IV. Definitions**

A. The following definitions shall apply to this Policy:

1. American Indian/Alaska Native – Pursuant the STCA, this means:
  - a) Individuals who are members of any federally recognized Indian tribe, nation or pueblo;
  - b) Individuals who would meet the definition of "Indian" pursuant to 18 USC 1153; or
  - c) Individuals who have been deemed eligible for services and programs provided to American Indians and Alaska Natives by the United States public health service, the bureau of Indian affairs or other federal programs.
2. Collaboration – Collaboration is a recursive process in which two or more parties work together to achieve a common set of goals. Collaboration may occur between the Agency and Tribes, their respective agencies or departments, and may involve Indian organizations, if needed. Collaboration is the timely communication and joint effort that lays the groundwork for mutually beneficial relations, including identifying issues and problems, generating improvements and solutions, and providing follow-up as needed.
3. Communication – Verbal, electronic or written exchange of information between the Agency and Tribes.
4. Consensus – Consensus is reached when a decision or outcome is mutually-satisfactory to the Agency and the Tribes affected and adequately addresses the concerns of those affected. Within this process it is understood that consensus, while a goal, may not always be achieved.
5. Consultation – Consultation operates as an enhanced form of communication that emphasizes trust and respect. It is a decision making method for reaching agreement through a participatory process that: (a) involves the Agency and Tribes through their official representatives; (b) actively solicits input and participation by the Agency and Tribes; and (c) encourages cooperation in reaching agreement on the best possible decision for those affected. It is a shared responsibility that allows an open, timely and free exchange of information and opinion among parties that, in turn, may lead to mutual understanding and comprehension. Consultation with Tribes is uniquely a government-to-government process with two main goals: (a) to reach consensus in decision-making; and (b) whether or not consensus is reached, to have considered each other's perspectives and honored each other's sovereignty.

6. Cultural Competence – Refers to an ability to interact effectively with people of different cultures. Cultural competence comprises four components: (a) awareness of one's own cultural worldview, (b) appreciation of cultural differences, (c) knowledge of different cultural practices and worldviews, and (d) honing cross-cultural skills. Developing cultural competence improves one's ability to understand, communicate with, provide services and resources to, and effectively interact with people across cultures.
7. Culturally Relevant – Describes a condition where programs or services are provided according to the clients' cultural backgrounds.
8. Government-to-Government – Describes the intergovernmental relationship between the State, Tribes and the Federal government as sovereigns.
9. Indian Organizations –Organizations, predominantly operated by American Indians/Alaska Natives, that represent or provide services to American Indians and/or Alaska Natives living on and/or off tribal lands and/or in urban areas.
10. Internal Agency Operation Exemption – Refers to certain internal agency operations and processes not subject to this Policy. The Agency has the authority and discretion to determine what internal operations and processes are exempt from this Policy.
11. Internal Tribal Government Operations Exemption – Refers to certain internal tribal government operations not subject to this Policy. Each Tribe has the authority and discretion to determine what internal operations and processes are exempt from this Policy.
12. Linguistic Competence – Refers to one's capacity to communicate effectively and convey information in a manner that is understood by culturally diverse audiences.
13. Participation – Describes an ongoing activity that allows interested parties to engage one another through negotiation, compromise and problem solving to reach a desired outcome.
14. Programmatic Action – Actions related to the development, implementation, maintenance or modification of policies, rules, programs, services, legislation or regulations by the Agency, other than exempt internal agency operations, that are within the scope of this Policy.
15. Tribal Advisory Body – A duly appointed group of individuals established and organized to provide advice and recommendations on matters relative to Agency programmatic action.
16. Tribal Implications – Refers to when a programmatic action by the Agency will have substantial direct effect(s) on American Indians/Alaska Natives, one or more Tribes, or on the relationship between the State and Tribes.
17. Tribal Liaison – Refers to an individual designated by the Agency, who reports directly to the Office of the Agency Head, to:
  - a) assist with developing and ensuring the implementation of this Policy;
  - b) serve as a contact person responsible for maintaining ongoing communication between the Agency and affected Tribes; and
  - c) ensure that training is provided to staff of the Agency as set forth in Subsection B of Section 4 of the STCA.
18. Tribal Officials – Elected or duly appointed officials of Tribes or authorized intertribal organizations.
19. Tribes – Means any federally recognized Indian nation, tribe or pueblo located wholly or partially within the boundaries of the State of New Mexico. It is understood that "Tribes" in the plural form means that or those tribe(s) upon which programmatic actions have tribal implications.

20. Work Groups –Formal bodies and task forces established for a specific purpose through joint effort by the Agency and Tribes. Work Groups can be established to address or develop more technical aspects of programmatic action separate or in conjunction with the formal consultation process. Work groups shall, to the extent possible, consist of members from the Agency and participating Tribes.

## **Section V. General Provisions**

### **A. Collaboration and Communication**

To promote effective collaboration and communication between the Agency and Tribes relating to this Policy, and to promote cultural competence, the Agency shall utilize, as appropriate: Tribal Liaisons, Tribal Advisory Bodies, Work Groups and Informal Communication.

1. The Role of Tribal Liaisons. To promote State-Tribe interactions, enhance communication and resolve potential issues concerning the delivery of Agency services to American Indians/Alaska Natives, Tribal Liaisons shall work with Tribal Officials and Agency staff and their programs to develop policies or implement program changes. Tribal Liaisons communicate with Tribal Officials through both formal and informal methods of communication to assess:
  - a) issues or areas of tribal interest relating to the Agency's programmatic actions;
  - b) Tribal interest in pursuing collaborative or cooperative opportunities with the Agency; and
  - c) the Agency's promotion of cultural competence in its programmatic actions.
2. The Role of Tribal Advisory Bodies. The Agency may solicit advice and recommendations from Tribal Advisory Bodies to collaborate with Tribes in matters of policy development prior to engaging in consultation, as contained in this Policy. The Agency may convene Tribal Advisory Bodies to provide advice and recommendations on departmental programmatic actions that have tribal implications. Input derived from such activities is not defined as this Policy's consultation process.
3. The Role of Work Groups. The Agency Head may collaborate with Tribal Officials to appoint an agency-tribal work group to develop recommendations and provide input on Agency programmatic actions as they might impact Tribes or American Indians/Alaska Natives. The Agency or the Work Group may develop procedures for the organization and implementation of work group functions. (See, e.g., the sample procedures at Attachment A.)
4. Informal Communication.
  - a) Informal Communication with Tribes. The Agency recognizes that consultation meetings may not be required in all situations or interactions involving State-Tribal relations. The Agency recognizes that Tribal Officials may communicate with appropriate Agency employees outside the consultation process, including with Tribal Liaisons and Program Managers, in order to ensure programs and services are delivered to their constituents. While less formal mechanisms of communication may be more effective at times, this does not negate the Agency's or the Tribe's ability to pursue formal consultation on a particular issue or policy.
  - b) Informal Communication with Indian Organizations. The State-Tribal relationship is based on a government-to-government relationship. However, in certain instances, communicating with Indian Organizations can benefit and assist the Agency, as well. Through this Policy, the Agency recognizes that it may solicit recommendations, or otherwise collaborate and communicate with these organizations.

### **B. Consultation**

Consultation shall be between the Agency Head and Tribal Officials or their delegated representatives who possess authority to negotiate on their behalf.

1. **Applicability** – Tribal consultation is most effective and meaningful when conducted before taking action that impacts Tribes and American Indians/Alaska Natives. The Agency acknowledges that a best case scenario may not always exist, and that the Agency and Tribes may not have sufficient time or resources to fully consult on a relevant issue. If a process appropriate for consultation has not already begun, through this Policy, the Agency seeks to initiate consultation as soon as possible thereafter.
2. **Focus** – The principle focus for government-to-government consultation is with Tribes through their Tribal Officials. Nothing herein shall restrict or prohibit the ability or willingness of Tribal Officials and the Agency Head to meet directly on matters that require direct consultation. The Agency recognizes that the principle of intergovernmental collaboration, communication and cooperation is a first step in government-to-government consultation, and is in accordance with the STCA.
3. **Areas of Consultation** – The Agency, through reviewing proposed programmatic actions, shall strive to assess whether such actions may have Tribal Implications, as well as whether consultation should be implemented prior to making its decision or implementing its action. In such instances where Tribal Implications are identified, the Agency shall strive to pursue government-to-government consultation with relevant Tribal Officials. Tribal Officials also have the discretion to decide whether to pursue and/or engage in the consultation process regarding any proposed programmatic action not subject to the Internal Agency Operation Exemption.
4. **Initiation** – Written notification requesting consultation by an Agency or Tribe shall serve to initiate the consultation process. Written notification, at the very least, should:
  - a) Identify the proposed programmatic action to be consulted upon.
  - b) Identify personnel who are authorized to consult on behalf of the Agency or Tribe.
5. **Process** – The Agency, in order to engage in consultation, may utilize duly-appointed work groups, as set forth in the previous section, or otherwise the Agency Head or a duly-appointed representative may meet directly with Tribal Officials, or set forth other means of consulting with impacted Tribes as the situation warrants.
  - a) Consultation shall be between the Agency Head and Tribal Officials or their delegated representatives with authority to negotiate on their behalf.
  - b) The Agency will make a good faith effort to invite for consultation all perceived impacted Tribes.
6. **Limitations on Consultation** –
  - a) This Policy shall not diminish any administrative or legal remedies otherwise available by law to the Agency or Tribe.
  - b) The Policy does not prevent the Agency and Tribes from entering into Memoranda of Understanding, Intergovernmental Agreements, Joint Powers Agreements, professional service contracts, or other established administrative procedures and practices allowed or mandated by Federal, State or Tribal laws or regulations.
  - c) **Final Decision Making Authority:** The Agency retains the final decision-making authority with respect to actions undertaken by the Agency and within Agency jurisdiction. In no way should this Policy impede the Agency's ability to manage its operations.

## **Section VI. Dissemination of Policy**

Upon adoption of this Policy, the Agency will determine and utilize an appropriate method to distribute the Policy to all its employees.

## **Section VII. Amendments and Review of Policy**

The Agency shall strive to meet periodically with Tribes to evaluate the effectiveness of this Policy, including the Agency's promotion of cultural competence. This Policy is a working document and may be revised as needed

**Section VIII. Effective Date**

This Policy shall become effective upon the date signed by the Agency Head.

**Section IX. Sovereign Immunity**

The Policy shall not be construed to waive the sovereign immunity of the State of New Mexico or any Tribe, or to create a right of action by or against the State of New Mexico or a Tribe, or any State or Tribal official, for failing to comply with this Policy. The Agency shall have the authority and discretion to designate internal operations and processes that are excluded from the Policy, and recognizes that Tribes are afforded the same right.

**Section XI. Closing Statement/ Signatures**

The Department of Health hereby adopts the State-Tribal Consultation, Collaboration and Communication Policy.

**Retta Ward, MPH**  
**Cabinet Secretary**  
**Department of Health**  
**Date of Signature: 07/31/2015**

## **ATTACHMENT A**

### Sample Procedures for State-Tribal Work Groups

DISCLAIMER: The following illustration serves only as sample procedures for State-Tribal Work Groups. The inclusion of this Attachment does not mandate the adoption of these procedures by a work group. Whether these, or alternative procedures, are adopted remains the sole discretion of the Agency Head and/or as duly-delegated to the Work Group.

- A. Membership – The Work Group should be composed of members duly appointed by the Agency and as appropriate, participating Tribes, for specified purpose(s) set forth upon the Work Group’s conception. Continued membership and replacements to Work Group participants may be subject to protocol developed by the Work Group, or otherwise by the designating authority or authorities.
- B. Operating Responsibility – The Work Group should determine lines of authority, responsibilities, definition of issues, delineation of negotiable and non-negotiable points, and the scope of recommendations it is to disseminate to the Agency and Tribes to review, if such matters have not been established by the delegating authority or authorities.
- C. Meeting Notices – Written notices announcing meetings should identify the purpose or agenda, the Work Group, operating responsibility, time frame and other relevant tasks. All meetings should be open and publicized by the respective Agency and Tribal offices.
- D. Work Group Procedures – The Work Group may establish procedures to govern meetings. Such procedures can include, but are not limited to:
  - 1. Selecting Tribal and Agency co-chairs to serve as representatives and lead coordinators, and to monitor whether the State-Tribal Consultation, Collaboration and Communication Policy is followed;
  - 2. Defining roles and responsibilities of individual Work Group members;
  - 3. Defining the process for decision-making,
  - 4. Drafting and dissemination of final Work Group products;
  - 5. Defining appropriate timelines; and
  - 6. Attending and calling to order Work Group meetings.
- E. Work Group Products – Once the Work Group has created its final draft recommendations, the Work Group should establish a process that serves to facilitate implementation or justify additional consultation. Included in its process, the Work Group should recognize the following:
  - 1. Distribution – The draft recommendation is subjected for review and comment by the Agency, through its Agency Head, Tribal Liaison, and/or other delegated representatives, and participating Tribes, through their Tribal Officials.
  - 2. Comment – The Agency and participating Tribes are encouraged to return comments in a timely fashion to the Work Group, which will then meet to discuss the comments and determine the next course of action. For example:
    - a) If the Work Group considers the policy to be substantially complete as written, the Work Group can forward the proposed policy to the Agency and participating Tribes for finalization.
    - b) If based on the comments, the Work Group determines that the policy should be rewritten; it can reinstate the consultation process to redraft the policy.
    - c) If the Agency and participating Tribes accept the policy as is, the Work Group can accomplish the final processing of the policy.
- F. Implementation – Once the collaboration or consultation process is complete and the Agency and Tribes have participated in, or have been provided the opportunity to participate in, the review of the Work Group’s draft recommendations, the Work Group may finalize its recommendations. The Work Group co-chairs should distribute the Work Group’s final recommendations to the Agency, through its delegated

representatives, and to participating Tribal Officials. The Work Group should record with its final recommendation any contrary comments, disagreements and/or dissent, and whether its final recommendation be to facilitate implementation or pursue additional consultation.

- G. Evaluation – At the conclusion of the Work Group collaboration or consultation process, Work Group participants should evaluate the work group collaboration or consultation process. This evaluation should be intended to demonstrate and assess cultural competence of the Agency, the Work Group, and/or the process itself. The evaluation should aid in measuring outcomes and making recommendations for improving future work group collaboration or consultation processes. The results should be shared with the Agency, through its delegated representatives, and participating Tribal Officials.

## Acknowledgements

This report is, itself, a product of collaboration among DOH programs and administration. Kathleen Lawicki, particularly deserves special acknowledgment for her support in serving as the “information coordinator” for the Public Health Division. Shandiin Wood, who just joined the Office of Tribal Liaison as the Project Coordinator also receives a special acknowledgement as he jumped in to coordinate all the information provided for this year’s report.

The following individuals and programs are acknowledged for their efforts to provide updates to this document.

Mark Williams, Jack Evans, Gregory Manz, Cathy Stevenson, Cathy Rocke, Barbara Howe, Michael Landen, Daniel Burke, Tres Schnell, David Mills, Jeremy Averella, Shannon Barnes, Christina Perea, Alexis Avery, Jane Cotner, David Vigil, Connie Dixon, Susan Gonzales, Ray Stewart, Jeff Lara, Samuel Swift, Wayne Honey, Dan Green, Rudy Blea, Judith Gabrielle, Elissa Caston, Patty Morris, John Farmer, Mark Kassouf, Mike Santillanes, Rita Condon, Katharine VonRueden, Britt Catron, Erica Pierce, Christopher Burmeister, Diana Abeyta, Dana Millen, Beth Pinkerton, Yvette Dominguez, Stephen Fischer, Renee Valencia, Gena Love, Sylvia Baca, Benjamin Jacques, Judith Parks, Monica Patten, Barbara Sandoval, Andrew Gans, Esperanza Lucero, Carly Christian, Valery Henderson, Yolanda Cordova, Nancy Kirkpatrick, John McPhee, Susan Chacon, Brenda Romero, Tammy Voisine, Susan Lovett, Sarah Flores-Sievers, Siobham Hancock, Maureen Burns, Diana Fortune, Laine M. Snow, Lisa Bowdery, John Miller, Sandra Cole, Eloisa Sanchez, Roberta Duran, Phillip Adams, Christine Wester, Dr. Prong Jen Hwang, Jason Avery, Nancy Garcia, Paul Torres, Andrea Sandbag, Andrew Gomm, Albert Erickson and Debra Pennington.

Much gratefulness for the talented Toni Truesdale whose cover image of “*The Harvest*” represents the goodness of labors this year. Thanks to André Walker, who provides the graphic design elements and layout.

Aiko Allen,  
Tribal Liaison  
Department of Health