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Health. Honor. Wisdom

State-Tribal Collaboration Act July 31, 2016 Agency Report

New Mexico Department of Health - Celebrating Health
in Partnership with New Mexico Tribes, Pueblos, and Nations

Lynn Gallagher - Cabinet Secretary Designate

This edition of the State Tribal Collaboration Act annual report acknowledges the passing of our Cabinet Secretary Retta Ward in March 2016. Retta's leadership in support of our work with our tribal partners was strong, quiet, active and always present. She is missed. We are fortunate to welcome as Cabinet Secretary Designate, Lynn Gallagher, who served as one of our agency's Deputy Secretaries in Secretary's Ward's administration. This agency report serves to honor Secretary Ward in its scope and depth of commitment to reducing tribal health disparities through public health practice.

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SECTION I. EXECUTIVE SUMMARY

Last year we talked about accreditation and the Centers for Medicare and Medicaid Services (CMS) State Innovation Model (SIM) grant. This year, we are happy to share an update with you: 1) We are now a nationally accredited public health state agency; and 2) The SIM design proposal for health systems transformation was submitted to CMS.

The time and resources spent on these two efforts shows how important systems change is for our agency. We continue to work on how we do business together. We practice moving from deficits to assets thinking; from silos to shared resources; from reactive to proactive planning. At the heart of our work is community guidance that supports choices for better health.

National Accreditation

To remain accredited, the agency has to meet requirements in 12 public health practice areas. Reviews will be conducted every five years by the national Public Health Accreditation Board (PHAB). Collaboration with community partners is always an area of high importance.

(SIM) Health Systems Innovation

CMS received our state's proposal for health systems transformation in April 2016. The model design sought to better align public health, primary care, behavioral health, and oral healthcare.

Seven committees were established to provide input to a steering committee. A Native American Stakeholder committee was one of them. The committee was coordinated by the New Mexico Department of Health (NMDOH) and Human Services Department (HSD) Tribal Liaisons.

Approximately 28 people were on the committee. The group met at five monthly summits and committee meetings. Participants included tribal liaisons and staff from managed care organizations (MCOs), four pueblos, University of New Mexico (UNM) programs, and tribal community programs.

A roundtable (formal consultation) was held on September 24, 2015. 23 tribal leaders or designees, Indian Health Service (IHS Albuquerque Area and Navajo Area), tribal 638 clinics, and Urban Indian clinic directors (I/T/Us) attended this meeting. Additional feedback and recommendations were provided on the proposed design model. In particular, leadership suggested that participation for tribes should be considered as an "opt-in" choice. This grant cycle was the final cycle of the CMS project. NMDOH, however, will continue to look at ways to sustain core components of the design plan.

A key focus of the committee was a pilot project on health information exchange. Two questions were of concern. What happens to tribal members when they leave their home clinics to seek healthcare services elsewhere? Are there ways to support easier access to information for both providers and patients?

First Nations Community HealthSource in Albuquerque, New Mexico and the New Mexico Health Information Collaborative conducted the project. Results will be shared later this year.

Aspen Institute: New Initiative - Food Deserts in Tribal Communities

New Mexico received a technical assistance award from the Aspen Institute to address food deserts in tribal communities. *TeamWork: Leadership for Healthy States* is a program that supports governments in developing a Health in All Policies approach for a public health issue. The New Mexico team is led by the NMDOH Secretary of Health, the Secretary of the Indian Affairs Department, the Director of Policy for the Office of Governor Susana Martinez, the Department of Agriculture Deputy Secretary, the NMDOH Tribal Liaison, the Director of the Office of Policy and Accountability, and state Senator Benny Shendo.

The team is at work on a toolkit that will include resources that support tribal entrepreneurship in agriculture and ranching. This project was identified as an area of need at a meeting of more than 30 tribal, federal, and state agency staff and directors involved in food sovereignty and food insecurity held at the Santa Ana Pueblo Wellness Center in November of 2015.

Health Status Priorities

NMDOH's key priorities include diabetes (page 14), teen pregnancy (page 20), obesity (page 14), and substance misuse--which includes non-ceremonial use of tobacco (page 24). These priorities are also identified as high health disparities for the American Indian populations in the state.

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.

Report Highlights 2016

Here are some of the outstanding initiatives for the last year. For more information, resource descriptions and contacts are provided throughout the report by bureau, division, or program.

- **Healthy Kids Initiative (page 14-16).** Continued expansion of opportunities for healthy eating and physical activities for children and low income adults. The Office of Physical Activity and Nutrition (ONAPA) partners with five pueblos on this project: San Ildefonso, Zuni, Ohkay Owingeh, Santa Ana, and Santo Domingo. One area of activity: All five pueblos are implementing the 5.2.1.O Challenge for third grade students and/or the Family 5.2.1.O Challenge for lower elementary and preschool students and their families. Both challenges promote healthy lifestyle behaviors of eating five or more fruits and vegetables a day, limiting screen time to two hours or less a day, getting at least one hour of physical activity a day, and drinking lots of H₂O every day. All five tribal Head

Start programs have or will soon establish edible gardens and are working to establish and implement childcare wellness policies to support healthy eating and physical activity.

- Senior Farmers' Market Nutrition Program (SFMNP) and Farmers' Market Nutrition Enhancement (FMNEP) (Page 19). The SFMNP program provided funding from the 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. For FY16 a total of 15,667 seniors spent \$345,570 at authorized New Mexico Farmers' Markets. In 2016, Santo Domingo Farmers' Market was authorized to participate in FMNP, SFMNP & FMNEP.
- Tobacco Use Prevention and Control Program (TUPAC) (Page 23-27). There is extensive outreach, education, and engagement designed to reach Native Americans with a focus on secondhand smoke exposure. NMDOH TUPAC also engages youth in community awareness and policy development.
- Collaboration with NM Indian Affairs Department (IAD). Participation as an agency in Indian Affairs Department (IAD) coordinated events: a) the annual IAD State-Tribal Leaders Summit June 16-17, 2016 at Isleta Resort hosted by Isleta Pueblo; and, b) representation on the Tribal Infrastructure Board (TIF). TIF 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.
- Office of Community Health Workers (OCHW) (Page 10). After passage of the CHW Act in 2014, the certification process was activated in August 2015 and a "grandfathering" process is in place for qualified Community Health Workers/Community Health Representatives (CHW/Rs). The law created a statewide voluntary certification program for CHW/Rs run by OCHW, which also provides workforce development and support, and links CHW/Rs to other NMDOH programs and resources. The OCHW state and tribal coordinator provided CHR technical support for training and certification to all nations, tribes and pueblos. The OCHW state and tribal coordinator traveled to Washington, D.C. to present on New Mexico's CHW/R certification to the National Governors' Association. There was special interest in the tribal CHRs and the relationship between the IHS CHR program and the NMDOH OCHW.
- Bureau of Health Emergency Management (BHEM) (Page 31-32). In partnership with the Centers for Disease Control and Prevention (CDC) Public Health Law Office for State, Tribal, Local, and Territorial Support (OSTLTS) hosted a day long Tribal Legal Emergency Preparedness Seminar that provided the opportunity for New Mexico tribes, pueblos and nations to discuss legal emergency preparedness and response issues with each other as well as state and federal representatives.

SECTION II. AGENCY OVERVIEW/BACKGROUND/IMPLEMENTATION

A. Mission Statement

The mission of the NMDOH 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

NMDOH is an executive agency of the State of New Mexico. NMDOH supports, promotes, provides, or funds a wide variety of initiatives and services designed to improve the health status of all New Mexicans. The agency is organized into the following program areas (Administration, Public Health, Epidemiology and Response, Scientific Laboratory, Facilities Management, Developmental Disabilities Supports, Medical Cannabis, and Health Certification, Licensing and Oversight (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.

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 public 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 health 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 are 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. NMDOH 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 agency.

C. Policy Applied

DOH had its first formal tribal consultation in February 2011. An example of on-going consultation is the Developmental Disabilities Waiver (DDW) which must be renewed with the Centers for Medicare and Medicaid Services (CMS) every five years. New Mexico's current waiver was renewed effective July 2011. This waiver will be renewed again in 2016. In 2016, 395 American Indians were served by this waiver.

A CMS requirement for waiver renewal is engagement of tribal communities in a State-Tribal Consultation so that tribal concerns can be addressed in the waiver renewal process. Currently this consultation is expected to take place in September of 2016.

Other successful examples of meeting State-Tribal Collaboration Act requirements to improve NMDOH services and service delivery include the following:

- The Public Health Division's (PHD) Immunization Program works with the Tribes and the 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 (NAP), the PHD diabetes program consults regularly with representatives from a variety of tribal diabetes programs about what works best in their communities. Staff from IHS and the CDC Native Wellness Program has participated in these meetings. Funding has been allocated for future meetings and/or activities as determined by the partnership. NAP coordinated its first conference in April 2016.
- Like the diabetes prevention partnership, the NMDOH Comprehensive Cancer Program works in partnership with a number of tribal communities to provide technical assistance as requested in conducting cancer prevention and survivorship activities.
- An NMDOH-specific cultural intelligence training, "*Working More Effectively with American Indian Tribes, Pueblos and Nations in New Mexico*," was developed and implemented. A total of 137 NMDOH staff participated in this training from January to May 2016.
- The Tribal Epidemiologist 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.

- On-going outreach and input opportunities are continually made available to the tribes, pueblos, and nations and off-reservation members. NMDOH'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 NMDOH 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.
- NMDOH staff who work with tribal communities are required to take the cultural intelligence training which provides information on State Tribal Collaboration Act requirements as well as information that facilitates increased awareness and practice of culturally appropriate communication techniques when working with tribal communities.

SECTION III. CURRENT RESOURCES

Public Health Division

Health Systems Bureau

(505)222-8671

Services: The Health Systems Bureau (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 provide program and office updates and often partner with other tribal organizations/ 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 and Tesuque Pueblo. The OOH also provided oral health screenings at the Institute of American Indian Art (IAIA) in Santa Fe for the Senior Olympics day.

FY 16 Estimated Expenditures: Personnel and administrative costs only.

Office of Community Health Workers

(505)827-0015

Services: During the 2014 NM legislative session, Senate Bill 58 (providing for CHW Certification) was passed and subsequently signed by Governor Susana Martinez in March 2014. This law created a statewide voluntary certification program for CHW/Rs run by OCHW, which also provides workforce development and support, and links CHW/Rs to other NMDOH programs and resources. The certification process was activated in August 2015.

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 collaborated with COPE to train trainers within Navajo Nation for the OCHW core competencies curriculum. Once these CHRs successfully complete this training, they will be qualified to teach the curriculum to new CHW/Rs. COPE is a recipient of the CDC's Racial and Ethnic Approaches to Community Health (REACH) grant. 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 statewide and tribal coordinator to ensure that all Navajo CHRs obtain CHW certification within the grant timeframe. 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. The statewide and tribal coordinator also provided a self-care session on aroma touch therapy during the most recent meeting. This past year there has been a lot of discussion and interest regarding CHW certification through grandfathering as well as training sessions for new CHRs.

The OCHW statewide and tribal coordinator attended the 2015 Navajo Nation CHR Annual Conference and presented on CHR curriculum, certification, workforce development, and training of trainers opportunities.

A meeting was held between Navajo Nation Vice President Jonathan Nez and his executive staff and the OCHW statewide and tribal coordinator. The purpose of the meeting was to gain awareness and support for CHRs to obtain training and certification.

The OCHW statewide and tribal coordinator:

- Was invited to provide CHW/R certification information at the All Indian Pueblo Governors' meeting in early 2016.
- Provided CHR technical support for training and certification to all nations, tribes and pueblos.
- Traveled to Washington, D.C. to present on NM's CHW/R certification to the National Governors' Association. There was special interest in the tribal CHRs and the relationship between IHS CHR program and the OCHW. Many questions were asked regarding the tribal CHR programs and their funding sources.

- Participated in several calls with the Association of State Legislators. Many questions were asked regarding the NM CHW/R model and tribal processes within NM as it pertains to tribal CHR certification.
- The NMDOH Chronic Disease Bureau Health Summit solicited assistance from the OCHW statewide and tribal coordinator to obtain CHR participation and a seasoned CHR to participate in a panel discussion during the summit.

FY116 Estimated Expenditures: Program fees go to support the administration of the certification process.

Cancer

Public Health Division

Breast & Cervical Cancer Early Detection

(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 Indian Health Service units), Jemez Pueblo Health Center, Alamo Navajo Health Center, Ramah Navajo Pine Hill Health Center, First Nations Community HealthSource, and at 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 FY16 (YTD): 138 American Indian women 30 years of age or older, who live at or below 250 percent of the federal poverty threshold, and are uninsured/underinsured. To date in FY16, no American Indian women have been diagnosed with invasive breast cancer, in situ breast cancer, or a pre-cancerous cervical condition; One (1) American Indian woman was diagnosed with invasive cervical cancer.

FY16 Estimated Expenditure: \$34,350 federal, state and other grant funds.

Comprehensive Cancer Program

(505)222-8601

Services: Provide culturally tailored cancer prevention, risk reduction, and screening education programs in partnership with several American Indian tribal communities and organizations. The Program supported tribal health educational events for Picuris Pueblo and Isleta Pueblo in FY16. The Comprehensive Cancer Program staff continues to respond to requests for presentations and technical assistance from American Indian communities interested in conducting cancer prevention and survivorship activities.

Served FY16: Approximately 100 American Indian families received information and/or education in programs supported by the CCP.

FY16 Estimated Expenditures: approximately \$700 of support including materials. Personnel and administrative costs only.

New Mexico Cancer Council's Native American Work Group

(505)222-8601

Services: Provide administrative support for the New Mexico Cancer Council's Native American Work Group.

FY16 activities of the Work Group: The Work Group reconvened in FY16 after a brief hiatus; projects included identifying stakeholders who will be invited to provide input for the revision of the *New Mexico Cancer Plan*.

Served FY16: No community members were directly served through these activities.

FY16 Estimated Expenditures: approximately \$500. Personnel and administrative costs only.

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 the Office of Community Health Workers to promote oral health among the American Indian population. Additionally, OOH staff attend meetings statewide in American Indian communities and distribute oral health education material, toothbrushes, and toothpaste to both adults and children. During the FY16 school year, 245 American Indian students participated in our dental sealant program throughout the state. Students have received our services while attending public school and non-pueblo Head Start schools. Services included a dental assessment, application of a dental sealant or fluoride varnish, oral health education, incentives (tooth brush, tooth paste and dental floss) and dental case management.

OOH staff attended health fairs this past fiscal year, and conducted dental clinics at: Nambe, Isleta, San Ildefonso and Tesuque Pueblos. The clinics presented oral health education, dental assessments, and application of dental sealants and dental case management services. OOH also attended Native American Day during the 2016 legislative session. OOH partners with the Southwestern Indian Polytechnic Institutes (SIPI). The Institute is a member of the NM Oral Health Coalition. OOH staff were able to provide oral health education to those attending the health fairs and Native American Day. OOH contractors also provide treatment services at their facilities.

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 FY16: Over 245

FY16 Estimated Expenditure: \$22,704 (clinical services)

FY16 Estimated In Kind Expenses: Supplies (e.g. tooth brushes, etc.) and transportation. (<http://nmhealth.org/about/phd/hsb/ooh/>). Personnel and administrative costs.

Diabetes & Chronic Disease Prevention and Management Initiatives

Public Health Division

Native American Partnership for Diabetes Prevention and Control

(505)476-7613

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 FY16: DPCP collaborated with the NAP on a two-day conference entitled, "Diabetes from a Native American Perspective." 120 diabetes and wellness program staff from at least 23 pueblos and tribes in New Mexico as well as visitors from Arizona, Colorado, Utah and Texas attended. Featured topics included using native foods for healthy nutrition, youth perspectives on diabetes in their communities, and building and sustaining partnerships among Native American programs.

FY16 Expenditure: \$5,000

National Diabetes Prevention Program

(505)476-7613

Service: Build capacity to offer an evidence-based lifestyle intervention for preventing type 2 diabetes to communities. The National Diabetes Prevention Program (DPP) was developed by the CDC for people who are pre-diabetic. This intensive lifestyle intervention 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 FY16: DPCP offered one (1) lifestyle coach training and two (2) Lifestyle Coach refresher trainings (for existing Lifestyle Coaches to brush up on their skills). Three (3) American Indian lifestyle coaches participated in the refresher training. In addition, nine (9) technical assistance conference calls were offered to all trained coaches.

Estimated FY16 Expenditure: \$1,000

Tribal Youth Diabetes Prevention Projects

(505)476-7613

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 FY16: 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 \$5,000 each. This is the final year of a three-year funding cycle.

FY16 Expenditure: \$15,000

Kitchen Creations Cooking School for People with Diabetes

(505)476-7613

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 FY16*: DPCP sponsored a total of nineteen (19) Kitchen Creations schools, reaching 24 American Indian participants.

Estimated FY16 Expenditure: \$3,996

* Note that these figures are based on the first three quarters of FY16 (July 1, 2015-March 31, 2016). The FY16 expenditure is a rough estimate.

Chronic Disease Self-Management Education Programs

(505)476-7613

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 FY16: A total of eight (8) American Indian participants were reached through the MyCD program.

Estimated FY16 Expenditure: \$2,400

* Note that these figures are only July 1, 2015-January 31, 2016 and due to a change in databases, no additional figures are available yet. The FY16 expenditure is a rough estimate.

Obesity, Nutrition and Physical Activity Program Healthy Kids Healthy Communities

(505)476-7616

Services and Interventions: ONAPA partners with five (5) tribal communities - Pueblos of San Ildefonso, Zuni, Ohkay Owingeh, Santa Ana, and Santo Domingo - to expand healthy eating and physical activity opportunities for children and low-income adults where they live, learn, play, work, eat, and shop. Healthy eating and physical activity are two lifestyle behaviors that can help prevent obesity. ONAPA began administering Supplemental Nutrition Assistance Education Program (SNAP-Ed) funding on October 1, 2015, which allowed expansion to three additional tribes in FY16. Accomplishments in all five tribal communities include:

- Zuni has established over 50 miles of walking, hiking, and biking trails with route and mileage markers as well as signage along trails with encouraging phrases in the Zuni language such as, "Strong in Body/Strong in Mind/Strong in Heart". Healthy Kids Zuni also produced maps of the trail system with points of interest marked and developed a "prescription" trails program in which health-care providers prescribe certain trails for

patients. To promote the trails, Zuni holds community family fun walk/runs once a month utilizing the trail system and combines healthy snacks and nutrition education with the events.

- San Ildefonso has established over ten miles of walking trails with route and mileage markers. Healthy Kids San Ildefonso continues to promote these existing trails through community physical activity events and is also installing mileage and trail identification markers on other trails in the community that have recently been established.
- Zuni continues to work closely with the 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. In addition, Zuni continues to partner with the community's only restaurant, Chu Chu's, to increase and promote healthier options.
- San Ildefonso and Zuni are improving community open spaces to make them more active, safe, and welcoming, including the installation of new fitness stations, playground equipment, signage, and picnic tables.
- San Ildefonso and Zuni applied for the Federal Fresh Fruit and Vegetable Snack Program (FFVP), which provides fruits and vegetables and nutrition education to all elementary students three days a week.
- Zuni's School Health Advisory Council (SHAC) is working to promote full implementation of their updated, strengthened and approved school district wellness policy, which goes above and beyond federal requirements to support healthy school environments.
- Ohkay Owingeh established a large community garden this spring and planted row vegetables which will be harvested this summer and fall and made available to all tribal members.
- All five tribal Head Start programs have or will soon establish edible gardens and are working to establish and implement childcare wellness policies to support healthy eating and physical activity.
- Zuni has established at least 7 edible community gardens, including one at the Zuni Head Start, one at the Indian Health Services (IHS) clinic, one at the WIC office, and one at each of Zuni's two elementary schools.
- San Ildefonso is partnering with MoGro mobile grocery to provide fresh fruits and vegetables to the Pueblo on a regular basis.
- All 5 tribes are implementing the 5.2.1.O Challenge for third grade students and/or the Family 5.2.1.O Challenge for lower elementary and preschool students and their families. Both challenges promote the healthy lifestyle behaviors of eating 5 or more fruits and vegetables a day, limiting screen time to 2 hours or less a day, getting at least 1 hour of

physical activity a day, and drinking lots of H₂O every day.

- Zuni is partnering with their Tribal Roads department to expand Route 301 to include pedestrian needs; this takes into account the new elementary school being built so children will have a safe way to walk to school.
- Youth in Zuni have access to after school and summer organized basketball, soccer, and baseball leagues that actively engage upwards of 200 students. Zuni also has a summer camp that engages kids in physical activities and gardening.

Surveillance: ONAPA established the NM childhood obesity surveillance system in 2010. Annual reports have been released each year since 2010 and include statewide obesity prevalence rates for American Indian children who attend public elementary schools selected for statewide surveillance. There is an overall downward trend in childhood obesity prevalence when 2010 rates are compared to 2015. Rates for third grade students have gone from 22.6 percent in 2010 to 18.9 percent in 2015, corresponding to a 16.4 percent decrease. Despite this downward trend, rates of obesity and overweight remain high; more than one-in-three (34.4 percent) third graders is either overweight or obese. American Indian students continue to have the highest obesity prevalence rates among all racial and ethnic groups (50.4 percent of American Indian third graders are either overweight or obese). The BRFSS collects data on height and weight, 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 FY16: 22,815 tribal members across five communities.

FY16 Expenditures: Total expenditures: \$273,813 (an increase of \$133,813 from FY15). The five communities also leveraged a large amount of additional funding and resources to support HKHC implementation efforts.

Immunizations

Public Health Division

Immunization Advocacy

(505)476-1722

Services: Provided immunizations at five (5) outreach locations which included both pediatric and adult vaccinations. Provided to IHS facilities adult vaccinations for uninsured adults as well as to insured adults whose insurance does not cover immunizations.

Served FY16: All American Indian children ages birth through 18 years in New Mexico, and uninsured adults at select IHS facilities.

FY16 Estimated Expenditures: \$22,000. Personnel and administrative costs only.

Vaccines for Children

(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 FY16: Approximately 79,526 American Indian children ages birth through 18 years.

FY16 Estimated Expenditures: Approximately \$ 3,500,000.

Family Planning Services

Public Health Division

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 (TOP), a service learning program for preventing teen pregnancy and increasing school success, at Laguna-Acoma Junior/Senior High School and Navajo Preparatory School.

Served FY16: Clinical services for 274 female and 52 male American Indians and educational service learning for 100 teens.

FY16 Estimated Expenditures: \$240,583.

Infectious Diseases

Public Health Division

Infectious Disease Epidemiology Bureau

(505)827-0006

Surveillance: Continued collaboration in reporting and investigations of tribal members with notifiable conditions. Documentation of all notifiable conditions in tribal members in the New Mexico Electronic Disease Surveillance System.

Served FY16: All tribes in New Mexico.

FY16 Estimated Expenditures: Personnel and administrative costs only.

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 FY16: Unable to determine unduplicated count

FY16 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 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 FY16: All tribes in New Mexico.

FY16 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 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.

Served FY16: Unable to determine unduplicated count.

FY16 Estimated Expenditures: Over \$107,000 for contractors to deliver culturally specific programs and HIV testing.

Infectious Disease Prevention Team – NW 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 FY16: Personnel and administrative costs only.

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 FY16: Four (4) American Indians with active TB.

FY16 Estimated Expenditures: Personnel and administrative costs only.

Nutrition Services

Public Health Division

Women, Infants and Children Program

(505)476-8800

Services: To safeguard the health of nutritionally at-risk, low-income, pregnant, postpartum and breastfeeding women, infants, children, and seniors, by providing nutritious foods to supplement their diets, provide healthy eating information, health counseling, breastfeeding support, cooking classes, and referrals to health care providers and social services. In New Mexico, WIC Programs are also available through Indian Tribal Organizations.

Native American families can choose services from either agencies, but not both.

FY 16 services: Personnel and administrative costs only.

Farmers' Market Nutrition Program

(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.

FY16 served: 7,912 WIC families spent \$134,145 at Farmers' Markets in New Mexico.

Senior Farmers' Market Nutrition Program and Farmers' Market Nutrition Enhancement Program

(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.

FY16 served: 15,667 seniors spent \$345,570 at authorized New Mexico's Farmers' Markets.

FY16 addition: Santo Domingo Farmers' Market Authorized to participate in FMNP, SFMNP & FMNEP.

Pregnancy Support

Public Health Division

Families FIRST

(877)842-4152

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 FY16: Services provided to approximately 80 American Indian families statewide.

FY16: Estimated Expenditures: \$36,000.

School-Based Health Centers

Public Health Division

School-Based Health Centers

(505)841-5889

Services: Provide integrated primary and behavior health care to school-aged children. Four sites specifically providing oral health services. 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.

School Based Health Centers (SBHC) receiving funding from the Office of School and Adolescent health are required to deliver a minimum of eight (8) hours of primary care and eight (8) hours of behavioral health care each week during the school year. Oral health services are optional and are delivered if providers are available. Some sites have been able to add additional hours through other funding sources or through Medicaid reimbursement. All SBHCs are required to screen all students using a health questionnaire designed specifically for adolescents. The screen includes risk assessment for depression, anxiety and suicide. All SBHCs serve students regardless of their ability to pay.

Served FY16: There were Sixteen (16) sites that served a high number (some 100 percent) of American Indian youth: Ruidoso High School, Bernalillo High School, Highland High School, Wilson Middle School, Van Buren Middle School, Native American Charter Academy, 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, and Gallup High School.

FY16 Estimated Expenditure: \$834,000 (for sixteen sites listed above)

NMDOH, Office of School and Adolescent Health (OSAH) actively promotes the following crisis lines to all schools and school based health centers: Agora, located at University of New Mexico (UNM) campus in Albuquerque; NM Crisis and Access Line; 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 a very popular communication venue for teens. Calls are answered by trained professionals and volunteers

with supervision and backup by a licensed behavioral health provider.

Screening Programs

Public Health Division

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 including screening for congenital heart defects.

Served FY16: 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.

FY16 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 FY16: Approximately 200 American Indian children required follow-up services.

FY16 Estimated Expenditures: \$48,730.

Maternal and Child Health

Public Health Division

Maternal Child Health Epidemiology

(505)476-8895

Services: The Maternal Child Health Epidemiology Program (MCHEP) within the Family Health Bureau, Public Health Division, regularly collaborates with the Albuquerque Area Southwest Tribal Epidemiology Center, Navajo Nation Epidemiology Center (NNEC), tribes and community organizations such as Tewa Women United for PRAMS surveillance operations and Title V MCH Block Grant monitoring. The Pregnancy Risk Assessment Monitoring System (PRAMS) steering committee has statewide representation from stakeholders, including American Indian/Alaska Native (AI/AN) populations. MCHEP staff participate in a Navajo PRAMS/MCH work group, which meets monthly. MCHEP 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 American Indian women, statewide and with NNEC and Navajo WIC. Currently there are plans to formalize tribal consultations for the statewide MCH Title V Block Grant needs assessment (2014-2015).

Served FY16: All federally recognized U.S. tribes.

FY16 Estimated Expenditures: advertising and outreach materials. Personnel and administrative costs only.

Suicide Prevention

Public Health Division

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.
- Natural Helpers program at Native American Community Academy (NACA) in Albuquerque.
- 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.
- QPR Suicide Prevention Program was presented to all school staff, including bus drivers, cafeteria workers, and janitorial staff, in the Aztec School district. (319 participants)
- QPR Suicide Prevention Program presented to school nurses in the Farmington School District (15 participants)
- Intensive training on suicide screening, assessment, and treatment provided to school, community, and I.H.S. behavioral health providers in all-day sessions in Gallup, Farmington, and Ruidoso (Mescalero providers attended.) Training was led by UNM School of Psychiatry under contract with Office of School and Adolescent Health.
- 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 includes 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.

Served FY16: Over 30 communities annually.
FY16 Estimated Expenditure: \$150,000

Tobacco

Public Health Division

Tobacco Use Prevention and Control Program (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 NM Behavioral Risk Factor Surveillance System (BRFSS) continues to collect data on tobacco use on an annual basis. Estimates are available via annual reports and NM-IBIS. Every third year, the NM BRFSS includes an expanded section on tobacco use. Estimates from this expanded section are available via the Tobacco Use Prevention and Control Program (TUPAC). The Youth Risk and Resiliency Survey (YRRS) collects data on cigarette and other tobacco use among middle and high school students biannually. Utilization, satisfaction, and quit rates of QUIT NOW enrollees are also collected by TUPAC and its cessation and evaluation contractors on an ongoing basis. The BRFSS, YRRS, and QUIT NOW all include a race/ethnicity demographic question that includes an American Indian category, and data can be analyzed and reported out accordingly.

Served FY16: Services to American Indian populations in New Mexico are provided through contracts between TUPAC and Keres Consulting, Inc., Albuquerque Indian Center, and Oso Vista Ranch Project. These contracts provide outreach, education, and engagement designed to reach Native Americans to eliminate disparities related to secondhand smoke exposure by strengthening secondhand smoke protections. TUPAC also contracts with Rescue Social Change Group to engage youth in community awareness and policy development.

Keres Consulting, Inc. completed Baseline Assessment interviews and calls with the following communities:

1. Alamo
2. BAAHAALI
3. Baca/Prewitt
4. Becenti
5. Beclabito
6. Casamero Lake
7. Chichiltah
8. Churchrock
9. Counselor
10. Coyote Canyon
11. Crownpoint
12. Crystal
13. Gadii ahi/To'Koi

14. Hogback/Tse'Daa Kaan
15. Iyanbito
16. Jicarilla Apache Nation
17. Juerfano
18. Lake Valley
19. Little Water
20. Manuelito
21. Mariano Lake
22. Mescalero Apache Tribe
23. Mexican Springs
24. Nageezi
25. Nahodishgish
26. Nenahnesad
27. Newcomb/Tiis Nideeshgish
28. Ohkay Owingeh
29. Ojo Encino
30. Pinedale
31. Pueblo of Acoma
32. Pueblo of Cochiti
33. Pueblo of Isleta
34. Pueblo of Jemez
35. Pueblo of Laguna
36. Pueblo of Nambe
37. Pueblo of Picuris
38. Pueblo of Pojoaque
39. Pueblo of San Felipe
40. Pueblo of San Ildefonso
41. Pueblo of Sandia
42. Pueblo of Santa Ana
43. Pueblo of Santa Clara
44. Pueblo of Santo Domingo (Kewa)
45. Pueblo of Taos
46. Pueblo of Tesuque
47. Pueblo of Zia
48. Pueblo of Zuni
49. Pueblo Pintado
50. Ramah
51. Red Rock
52. Rock Springs
53. San Juan
54. Sanostee/Tsealnaozt'ii
55. Sheep springs
56. Shiprock
57. Smith Lake
58. Standing Rock
59. T'iistoh Sikaad/Burnham
60. Thoreau
61. Toadlena/Two Grey Hills

62. Tohajilee
63. Tohatchi
64. Torreon/Star Lake
65. Tsayatoh
66. Twin Lakes
67. Upper Fruitland
68. Whitehorse Lake
69. White Rock

This contractor also provided tobacco control meetings, presentations and participated in events in the following communities:

1. Albuquerque Indian Center
2. Mescalero Apache Tribe
3. Dine College Health Event
4. Red Rock Chapter Meeting
5. Jones Ranch Chapter Meeting
6. Bochalli Chapter Meeting
7. Creating Community Circles for Change Gathering
8. Shiprock High School Presentation
9. Naschitti Elementary School Family Movie Night
10. Pueblo of Sandia Health Department Tobacco Education Event
11. GadiAhi Chapter Veterans' Meeting
12. Restoring and Celebrating Family Wellness Meeting
13. Crownpoint Chapter Meeting
14. Rock Springs Chapter Meeting
15. Tsyatoh Chapter Meeting
16. Beclabito Parent Teacher Conference
17. Southwest Tribal Tobacco Coalition Meeting
18. Red Valley Chapter Meeting
19. SASI Safe School Meeting
20. Beclabito Chapter Meeting
21. HEAD 2 TOE Conference
22. Dine College Student Achievement Awards Ceremony
23. GadAhi Chapter Meeting
24. Restoring and Celebrating Family Wellness Event
25. Nizhoni Day (Pueblo Dancers Performances) at University of New Mexico
26. Shiprock High School Mini CPR/First Aid Event
27. Shiprock Dine College CPR/First Aid Class
28. Laguna Health Department Meeting
29. Eastern Agency Meeting at the Becenti Chapter
30. Ramah Navajo Chapter Coalition Meeting
31. Ramah Navajo Chapter Housing Authority Meeting
32. Pueblo of Acoma Community Education Event
33. Becenti Chapter Meeting
34. Tse Daa Kan (Hogback) Chapter Meeting
35. Sheepsprings Chapter Meeting

36. Combined meeting with representation from Toadalena Chapter, Nenahnzad Chapter, Beclabito Chapter, Red Valley Chapter, Cove Chapter, Navajo Department of Transportation and Navajo Tourism Department
37. Shiprock Agency Meeting
38. Sanostee Chapter Meeting
39. Red Rock Chapter Meeting
40. Navajo Housing Authority Policy Revision Meeting
41. Native America Calling
42. Santa Fe Indian School's Brave Girls Organization

Additionally, "Smoke Free Signals," is a bi-monthly newsletter published as part of the TUPAC contract with Keres Consulting, Inc., that supports the work of strengthening secondhand smoke protections in Native American communities and is currently distributed to 181 interested recipients.

TUPAC contracts with the Albuquerque Indian Center and Oso Vista Ranch Project provide outreach to Native Americans using a network model. Education material and presentations were provided to:

1. Taos Pueblo Youth
2. Kewa (Santo Domingo) Pueblo
3. San Ildefonso Pueblo
4. San Felipe Pueblo
5. Navajo Nation
6. Albuquerque Indian Center (Urban Indians)
7. Oso Vista Ranch Project
8. Southwest Tribal Tobacco Coalition
9. Santa Fe Indian Hospital Pharmacy Department

TUPAC contracts with Rescue Social Change Group to manage statewide educational and technical assistance initiatives to promote best practices in tobacco-free policies that take a comprehensive approach to controlling tobacco use and preventing nicotine addiction, with a focus on public high schools in New Mexico. Technical assistance was provided to schools in the following communities:

1. Shiprock
2. Kirtland
3. Jemez Valley
4. Gallup
5. Aztec
6. Newcomb

TUPAC also contracts with Rescue Social Change Group to engage high school-aged youth groups in community awareness activities to support policy development through a statewide project called Evolvment. Below is a list of Evolvment schools that directly engage tribal youth.

1. Navajo Prep School in Farmington
2. Crownpoint High School
3. Thoreau High School
4. Los Lunas High School
5. Pojoaque Valley High School
6. Aztec High School

FY16 Estimated Expenditures: \$462,000

Epidemiology and Response Division

Data and Epidemiology Services

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 agreements 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.

Birth and Death Certificates

Epidemiology and Response Division

New Mexico Bureau of Vital Records & 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. Additionally, the New Mexico Bureau of Vital Records and Health Statistics partners 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 FY16: All tribes in New Mexico.

FY16 Estimated Expenditures: Personnel and administrative costs only.

Youth Risk and Resiliency Survey & Behavioral Risk Factor Surveillance System Survey

(505)476-3569

Services: The NMDOH Survey Section 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).

In FY16 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 FY16: All tribes in New Mexico.

FY16 Estimated Expenditures: Personnel and administrative costs only.

NOTE: The Injury and Behavioral Epidemiology Bureau (IBEB) collaborated with the AASTEC to collect youth behavioral risk data using the YRRS. 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.

Community Health Assessment Program (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 information is available through the CHAP staff and NMDOH 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 FY16 All tribes in New Mexico.

FY16 Estimated Expenditures: Personnel and administrative costs only.

Tribal Epidemiologist (505)476-1788

Services: The job of the Tribal Epidemiologist at NMDOH is to leverage NMDOH 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. Over the course of FY2016 the Tribal Epidemiologist gave presentations for five Tribal or American Indian focused conferences on the topics of aging, traumatic brain injury, suicide, infectious disease, and emergency preparedness. Additionally, the Tribal Epidemiologist provided data for ten different tribal groups in FY16.

Served FY16 All tribes in New Mexico.

FY16 Estimated Expenditures: Personnel and administrative costs only.

National Tribal Epidemiology Activities (505)476-3575

Services: NMDOH 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 NMDOH to work with other states to define best practices for tribal epidemiology activities.

Served FY16: All federally recognized U.S. tribes.

FY16 Estimated In Kind Expenditures: Personnel and administrative costs only.

Data Sharing Agreements (505)476-1788

Services: NMDOH 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 NMDOH is able to obtain record level data with the Navajo Nation. These data are merged with the Hospital Inpatient Discharge Dataset (HIDD) and used for statewide health surveillance. Currently, these data sharing agreements continue under the current Health Cabinet Secretary Designate, Lynn Gallagher. Additionally, all other tribes within the state of New Mexico may request and receive tribe-specific data via the NMDOH Tribal Epidemiologist.

Served FY16: All tribes in New Mexico.

FY16 Estimated Expenditures: Personnel and administrative costs only.

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 FY16: All tribes in New Mexico.

FY16 Expenditures: Personnel and administrative costs only.

Substance Abuse Epidemiology Unit

In FY16, 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. In the fall of 2015, the Alcohol Epidemiologist presented data on alcohol outlet density at the Navajo Nation Behavioral Health Summit. Additionally, the Substance Abuse Epidemiologist presented a national study on drug overdose death on tribal lands at the Council for State and Territorial Epidemiologists annual conference in Anchorage, Alaska.

Served FY16: Several tribes in New Mexico. These tribes are not identified here to protect their confidentiality.

FY16 Estimated In Kind Expenditures: Personnel and administrative costs only.

New Mexico Indicator-Based Information System (505)827-5274

Services: The NM-IBIS website provides access to public health datasets and information on New Mexico's priority health issues. This website publishes data from NMDOH 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 NM-IBIS website is the premier resource for health data in New Mexico. Additionally, the NM-IBIS 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 FY16: All tribes in New Mexico.

FY16 Estimated Expenses: \$30,000.

Bureau of Health Emergency Management & Emergency Preparedness Efforts

Epidemiology and Response Division

Cities Readiness Initiative for Medical Countermeasures Dispensing and Public Health Preparedness for

Albuquerque/Bernalillo County Metro Area (505) 476-8292

The NMDOH Bureau of Health Emergency Management (BHEM) enters into an Intergovernmental Grant Agreement with tribal partners within the Albuquerque Metropolitan Statistical Area (MSA), in Sandoval and Bernalillo Counties, for participation in the Center for Disease Control and Prevention (CDC) Cities Readiness Initiative (CRI). Through this program, BHEM collaborates with Cochiti, Isleta, Jemez, San Felipe, Sandia, Santa Ana, Santa Domingo, and Zia Pueblo partners in emergency preparedness planning, training, and exercises. During FY16, federal funding was provided to support participation in the statewide full-scale medical countermeasure distribution exercise.

Served in FY16: The Pueblos of Cochiti, Isleta, Jemez, Santa Ana, Santo Domingo, Sandia and Zia

FY16 Estimated Expenditures: \$34,200. BHEM's primary source of funding is through federal funding opportunities.

New Mexico Healthcare Preparedness Program (505) 476-8226

Services: The Healthcare Preparedness Program (HPP), engages the New Mexico IHS healthcare facilities to partner with the four NM Regional Healthcare Coalitions (HCCs) on current HPP program priorities. Throughout FY16, the HPP provided technical assistance, subject matter expertise (SME), and support to all New Mexico healthcare facilities and to NM HCCs 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 in FY16: Acoma-Canoncito-Laguna (ACL) IHS, Santa Fe Indian Hospital, Mescalero Service Unit, Northern Navajo Medical Center in Shiprock, Crownpoint Service Unit, and Gallup Indian Medical Center.

FY16 Estimated Expenditures: \$30,000. BHEM's primary source of funding is through federal funding opportunities.

Medical Countermeasure Emergency Preparedness Program (505) 476-8258

Services: In May of 2015, BHEM and the CDC Division of Strategic National Stockpile staff conducted a Medical Countermeasures Receiving, Storage, and Staging (RSS) training course for Navajo Nation, Indian Health Services, and local emergency management personnel in McKinley County. This two-day course trained participants to effectively organize and operate a RSS warehouse to respond to a public health event.

- In December of 2015, BHEM and the CDC Division of Strategic National Stockpile staff conducted a Medical Countermeasures Receiving, Storage and Staging (RSS) training course for Navajo Nation Department of Health, Health Emergency Management, and tribal emergency management personnel in Chinle, Arizona. This two-day course trained participants to effectively organize and operate a RSS warehouse. The training was conducted to develop the capability for the Navajo Nation to distribute or redistribute medical countermeasure to the Nation's population in response to a public health emergency in coordination with state and federal partners.

The Northeast Public Health Regional Emergency Preparedness Specialist attended and presented public health and emergency preparedness material at the Jicarilla Apache Nation Health Fair, Tesuque Health Fair, American Indian Day at Ragle Park in Santa Fe, San Ildefonso Health Fair, and at American Indian Day at the Roundhouse.

Ebola Preparedness

BHEM and the Infectious Disease Epidemiology Bureau (IDEB) conducted a pilot Tribal Infectious Disease Tabletop Exercise. This exercise included first talking with the individual tribes, pueblos, and nations to inquire about what specific infectious disease information they were interested in receiving and then developing an open discussion and talking point format that also included handouts for future reference.

Served in FY16: The Pueblos of Cochiti, Isleta, Jemez, Santa Ana, Santo Domingo, Sandia, San Felipe, and Zia; the Navajo Nation, and the Mescalero Apache Band.

FY16 Estimated Expenditures: \$54,000. BHEM's primary source of funding in through federal funding opportunities.

Injury Prevention Education and Training

Emergency and Response Division

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 FY16: Four (4) tribal communities within New Mexico.

FY16 Estimated Expenditures: Personnel and administrative costs only.

Sexual Violence Prevention

Epidemiology and Response Division

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 (TWU). TWU 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 16 Estimated Expenditures: \$34,750.

Division of Health Improvement

Health Facility Licensing

Incident Management Bureau

(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 FY16: Developmental Disabilities Waiver-288 American Indian adults, Medically Fragile waiver-20 Native American clients.

FY 16 Estimated Expenditures: \$72,000

Quality Management Bureau

(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 FY16: Developmental Disabilities Waiver-288 American Indian adults, Medically Fragile waiver-20 Native American clients.

FY 16 Estimated Expenditures: \$105,000

Health Facility Licensing and Certification/DHI

(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. Investigate allegations of abuse, neglect and exploitation in licensed and certified facilities.

Served FY16: Laguna Nursing Center, Mescalero Care Center, Mescalero Family Center Dialysis Center, Jicarilla Apache Nation Dialysis Center.

FY16 Estimated Expenditures: \$72,000.

Developmental Disabilities Supports Division

Children's Medical Services

(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 American Indian population in Southeast, Northwest, Central and North Central areas of New Mexico. Clinics include: Cleft Lip and Palate, Genetic, Metabolic, Nephrology, Cardiology, Dysmorphology, Endocrine, Neurology and Pulmonary.

Served FY16: 400 American Indian youth and children with special health care needs statewide.

FY16 Estimated Expenditures: \$75,000. Estimated costs related to NMCMS care coordination for these three (3) programs listed above would be \$1,074,000.

Developmental Disabilities Waiver

(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 FY16: 395 American Indian clients served.

FY16 Estimated Expenditures: \$27,684,298

Family Infant Toddler Program (FIT)

(877)696-1472

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 FY16: 1,386 American Indian children

FY16 Estimated Expenditures: \$4,439,954.

Medically Fragile Waiver Services

(877)696-1472

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. Individuals are served in their homes.

Served FY16: 23 American Indian clients received services under the Medically Fragile Waiver. There are 2 additional individuals, in the budgeting process for these services.

FY16 Estimated Expenditures: \$469,496 were budgeted for 23 recipients of Medically Fragile Waiver services. Note that not all monies budgeted may be spent in the fiscal year, but will follow the cycle of the yearly plan for the child.

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 FY16: 103 American Indian clients served.

F16 Estimated Expenditures: \$3,878,804

Scientific Laboratories Division

Environmental Testing, Bureau of Indian Affairs & Navajo Tribal Utility Authority

(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 and 45 samples for chemical analyses.

Served FY16: Pueblos of Jemez and Laguna; Canoncito/Tohajiilee, Alamo, Navajo

FY16 Estimated Expenditures: \$13,467 (Time period July 2015 – May 2016)

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 FY16: Navajo (Shiprock) and Ramah Navajo, Pueblos of Laguna, Sandia, Santa Ana, Santa Clara, Taos, and Zuni, Jicarilla Apache Nation, Mescalero Apache Tribe, Crownpoint, Ohkay Owingeh, , Acoma, Na-Nizhooshi Center.

FY 16 Estimated Expenditures: Training and instrument certification/repair \$5,876.25. This service does not include costs that are not chargeable due to tribal entities being contributors to the Administrative Office of the Courts.

Facilities Management

Fort Bayard Medical Center (FBMC)

(575)537-3302

Services: FBMC is licensed long-term, intermediate, and skilled care facility. FBMC provides services to elders, veterans, and their spouses and families who can no longer care for themselves. .

Served FY16: Several tribal communities.

Yucca Lodge

(575)537-8825

Services: Yucca Lodge is a licensed chemical dependency unit (CDU) that provides social rehabilitation therapy and treatment to individuals that have a history of substance abuse.

Served FY16: Several tribal communities.

New Mexico Behavioral Health Institute (NMBHI)

(505)454-2100

Services: NMBHI has five divisions:

- Center for Adolescent Relationship Exploration (CARE): Offers residential treatment for young men 13-17 who have caused sexual harm and have a mental health diagnosis.
- Long Term Services Division (LTSD): Offers nursing home care, including skilled nursing services.
- Community-based Services (CBS): Offers adult outpatient psychiatric treatment, case management for Developmental Disabilities (DD) and Centennial Care clients, and rehabilitation services.
- Adult Psychiatric Division (APD)-a licensed psychiatric hospital: Offers acute hospitalization, treatment, and assessment for individuals experiencing an exacerbation of symptoms due to a mental illness.
- The Forensic Division-a licensed psychiatric hospital and the only secure locked forensic hospital: Offers competency restoration through basic medical, psychological, social work, psycho-social rehabilitation and nursing services.

Served FY16: Several tribal communities.

New Mexico State Veterans Home (NMSVH)

(575)894-4200

Services: NMSVH is a licensed long-term and skilled care bed facility for Veteran residents and qualified individuals accepted by the Veterans Administration criterion. The facility also has a secure unit for Veterans and qualified individuals with dementia or Alzheimer's disease.

Served FY16: Several tribal communities.

New Mexico Rehabilitation Center (NMRC)

(575)347-3400

Services: NMRC is a specialty hospital that offers medical rehabilitation to patients with spinal cord injuries, traumatic brain injuries, strokes, orthopedic issues including hip or knee replacement and various other medical conditions that require intensive therapy services. NMRC also offers services to clients with addiction problems to various drugs and alcohol.

Served FY16: Several tribal communities.

Sequoyah Adolescent Treatment Center (SATC) (505)222-0355

Services: SATC offers residential treatment to adolescent males from the ages of 13 -17. The adolescent must be violent or have history of violence, have a mental disorder or diagnosis, and be amenable to treatment. The adolescent must have the cognitive capacity to benefit from verbal therapies and milieu programming offered at SATC. Normally, this would mean intellectual functioning at least within the borderline range. SATC does not accept admission of adolescents with a diagnosis of a developmental intellectual disability. SATC has an education department which provides education and credit recovery for the adolescents.

Served FY16: Several tribal communities.

Turquoise Lodge Hospital (TLH) (505)841-8978

Services: TLH is a substance abuse hospital for adults (18 and up) and offers medical detoxification services and social rehabilitation services in an in-patient setting.

Served FY16: Several tribal communities.

Los Lunas Community Program (LLCP) (505)222-0901

Services: Customized Community Supports: Based on the preferences and choices of those served, the LLCP assists adults with developmental and intellectual disabilities to increase independence strengthen the ability to decrease needed paid supports, establish or strengthen interpersonal relationships, join social networks and participate in community life.

Community Integrated Employment: Based on the informed choice of those served, the LLCP assists adults with developmental and intellectual disabilities to become employed in the community in jobs that increase economic independence, self- reliance, social connections, and career development.

Living Supports: In the community of choice, the LLCP assists those served to live as independently as possible providing supports designed to assist, encourage, and empower those served to grow and develop, gain autonomy, become self-governing, and pursue personal interests and goals.

Dental: As a provider of choice, the LLCP operates a full dental clinic in Albuquerque specializing in dental services and supports for those with developmental and intellectual disabilities.

LLCP operates an Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IDD). ICF/IDD is an intermediate care facility that provides food, shelter, health or rehabilitative and active treatment for individuals with a developmental or intellectual

disability or persons with related conditions whose mental or physical condition require services on a regular basis that are above the level of a residential or room and board setting and can only be provided in a facility which is equipped and staffed to provide the appropriate services. The individuals residing in the LLCP ICF/IDD facility are court ordered there for rehabilitation..

Served FY16: LLCP is currently serving a total of six (6) American Indian/Native American individuals in both supported living and ICF/IDD.

Section IV. Key Names and Contact Information

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 in New Mexico.

Division	Name/Title	Email	Phone
Office of the Secretary	Lynn Gallagher Cabinet Secretary Designate	Lynn.Gallagher@state.nm.us	(505)827-2613
Office of the Secretary	Gabrielle Sanchez-Sandoval, Deputy Secretary	Gabrielle.SanchezSandoval@state.nm.us	(505)827-2613
Office of the Secretary	James Ross, Deputy Secretary	James.Ross@state.nm.us	(505)476-2184
Office of Tribal Liaison	Aiko Allen, Tribal Liaison	Aiko.Allen@state.nm.us	(505)827-2627
Office of Policy and Accountability	Dawn Hunter, Director	Dawn.hunter@state.nm.us	(505)476-3656
Office of Health Equity	Vacant, Director		(505)476-3656
Public Health Division	Vacant, Director		(505)827-2389
Public Health Division	Barbara Howe, MS, RD, IBCLC Deputy Director, Regions	Barbara.Howe@state.nm.us	(505)827-2691
Public Health Division	Cathy Rocke, MBA Deputy Director, Programs	Cathy.Rocke@state.nm.us	(505)827-2334
Public Health Division	Chris Novak, MD, MPH Chief Medical Officer	Christopher.Novak@state.nm.us	(505)476-3668
Public Health Division, Metro Region,	Connie Dixon, BS Region Director	Connie.Dixon@state.nm.us	(505)722-4391
Public Health Division, NW Region	Melissa Charlie, RN Deputy Region Director (Farmington)	Melissa.Charlie@state.nm.us	(505)327-4461
Public Health Division, NE Region	Susan K. Gonzales, MPA Region Director	Susan.Gonzales@state.nm.us	(505)476-2659
Public Health Division, SW Region	Dawn Sanchez Region Director	Dawn.Sanchez@state.nm.us	(575)528-5148

Division	Name/Title	Email	Phone
Public Health Division, SE Region	Jeff Lara, BS Region Director	Jeff.Lara@state.nm.us	(505)347-2409 Ext. 6227
Public Health Division, Health Systems Bureau	Britt Catron, Bureau Chief	Britt.Catron@state.nm.us	(505)222-8671
Public Health Division, Chronic Disease Prevention Bureau	Britt Catron, Bureau Chief	Britt.Catron@state.nm.us	(505)222-8671
Public Health Division, Family Health Bureau	Janis Gonzales, MD, MPH, Bureau Chief	Janis.Gonzales@state.nm.us	(505)476-8854
Public Health Division, Infectious Disease Bureau	Dan Burke, Bureau Chief	Daniel.Burke@state.nm.us	(505)827-2412
Public Health Division, Office of Oral Health	Rudy Blea, BA Program Manager	Rudy.Blea@state.nm.us	(505)827-0837
Public Health Division, Office of Obesity, Nutrition, Physical Activity	Rita Condon, Acting Program Director	Rita.condon@state.nm.us	(505)476-7623
Public Health Division, Diabetes Prevention and Control Program	Judith Gabriele, Diabetes Program Manager	Judith.Gabriele@state.nm.us	(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	Monica.Patten@state.nm.us	(505)841-5844
Public Health Division, Office of Community Health Workers	Diana Abeyta Statewide Coordinator, Tribal Coordinator	Diana.Abeyta@state.nm.us	(505)827-0015
Public Health Division, WIC Program	Sarah Flores-Sievers, Director	Sarah.Flores-Sievers@state.nm.us	(505)476-8801
Public Health Division, Commodity Supplemental Food & Farmer's Market Nutrition Programs	Martin Miller, Program Manager	Martin.Miller@state.nm.us	(505)476-8808
Public Health Division,	Susan Chacon, Program Manager	Susan.Chacon@state.nm.us	(505)476-8860

Division	Name/Title	Email	Phone
Children's Medical Services			
Public Health Division, Newborn Genetic and Hearing Screening Programs	Brenda Romero Program Manager	Brenda.Romero@state.nm.us	(505)476-8857
Public Health Division, Family Planning Program	Susan Lovett Title X Director	Susan.Lovett@state.nm.us	(505)476-8879
Public Health Division, Office of School and Adolescent Health	Yolanda Cordova, Director	Yolanda.Cordova@state.nm.us	(505)841-5889
Public Health Division, Comprehensive Cancer Program	Dana Millen, Program Manager	Dana.Millen@state.nm.us	(505)222.8601
Public Health Division, Hepatitis Program	Dominic Zurlo, Program Manager	Dominic.zurlo@state.nm.us	(505)827-2507
Public Health Division, HIV, STD and Hepatitis Section	Andrew Gans, MPH Section Manager	Andrew.Gans@state.nm.us	(505)476-3624
Public Health Division, Tuberculosis Program	Diana Fortune, RN Manager	Diana.Fortune@state.nm.us	(505)827-2473
Public Health Division, Immunizations Program	Vacant, Program Manager		(505)827-2463
Public Health Division, Cancer Prevention and Control Section	Beth Pinkerton, Program Manager	Beth.Pinkerton@state.nm.us	(505)841-5847
Epidemiology and Response Division	Michael Landen, MD, MPH State Epidemiologist and Director	Michael.Landen@state.nm.us	(505)476-3575
Epidemiology and Response Division	Pending, Tribal Epidemiologist		(505)476-1788
Epidemiology and Response Division, Office of Injury Prevention	John McPhee, Childhood Injury Prevention Coordinator New Mexico Consumer Product Safety Commission Designee New Mexico Safe Kids Coalition Coordinator	John.McPhee@state.nm.us	(505)827-2582

Division	Name/Title	Email	Phone
Division of Health Improvement	Vacant		(505)476-8804
Developmental Disabilities Supports Division	Cathy Stevenson, Director	Cathy.Stevenson@state.nm.us	(505)827-2574
Developmental Disabilities Supports Division	Andy Gomm, FIT Program Manager	Andy.Gomm@state.nm.us	(505)476-8975
Scientific Laboratory Division	Lixia Liu, Ph.D., Director	Lixia.Liu@state.nm.us	(505)383-9001
Scientific Laboratory Division	Twila Kunde, Deputy Director	Twila.Kunde@state.nm.us	505)383-9003
Scientific Laboratory Division, Environmental Testing	Dr. Phillip Adams, Chemistry Bureau Chief	Phillip.Adams@state.nm.us	(505)383-9023
Scientific Laboratory Division – DWI	Dr. Rong-Jen Hwang, Toxicology Bureau Chief	Rong.Hwang@state.nm.us	(505)383-9086
Fort Bayard Medical Center	Todd Winder, Administrator	Todd.Winder@state.nm.us	(505)573-8669
Yucca Lodge	Eddeana Ueland, Director	Eddeana.Ueland@state.nm.us	(505)573-3302
New Mexico Behavioral Health Institute	Vacant, Administrator		(505)454-2100
New Mexico State Veterans Home	Colleen Rundell, Administrator	Colleen.Rundell@state.nm.us	(575)894-4205
New Mexico Rehabilitation Center	Brad McGrath, Administrator	Brad.McGrath@state.nm.us	(575)347-3400
Sequoia Adolescent Treatment Center	Carmela Sandoval, Administrator	Carmela.Sandoval@state.nm.us	(505)222-0355
Turquoise Lodge Hospital	Shauna Hartley, LISW, Administrator	Shauna.Hartley@state.nm.us	(505)841-8978
Los Lunas Community Program	Jill Marshall, Administrator	Jill.Marshall@state.nm.us	(505)222-0901

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

SECTION V. APPENDICES

A. Brief Description of the Department's Program Areas

PROGRAM AREA : ADMINISTRATION

The mission of the Administrative Services Division 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. This Division 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.

The Administrative Services Division is responsible for all financial functions of the Department, including management of a \$550 million annual budget and approximately 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.

PROGRAM AREA: 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 the 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: 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: 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: 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 residents who need safety net services.

PROGRAM AREA: 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: 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: 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

NMDOH has a long history of working and collaborating with American Indian nations, pueblos, tribes in New Mexico, as well as Off-Reservation Groups. NMDOH 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 as they developed or changed policies, programs or activities that had tribal implications. The 2007 STCP provided critical definitions and a communication policy, procedures and processes that have guided agency activities over several years.

However, with the signing of Senate Bill 196 (SB196) in March 2009, also known as the State-Tribal Collaboration Act (STCA), a new commitment was established that required the State of New Mexico 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 NMDOH, 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 SB196 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 NMDOH 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 NMDOH.

NMDOH 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 NMDOH 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	MOSAIC (EBT/MIS) WIC Support/Services	NMDOH – CNO MOA	In effect	Sarah Flores-Sievers	(505) 476-8801
Pueblo of Isleta	DOH	MOSAIC (EBT/MIS) WIC Support/Services	NMDOH – POI MOA	In effect	Mary Dominguez	(505) 924-3181
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 Schools	DOH	Primary & behavioral health care in 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 topics explored in the after-school program and incorporated into the Natural Helpers program.	MOA	In effect	Nancy Kirkpatrick	(505) 222-8683
UNM, Pediatrics, Div of Prevention and	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, 2018	Julie Maes	505-476-8881

Population Sciences

Navajo Preparatory School	DOH	Teen Pregnancy Prevention Program (TPP) at Navajo Preparatory School, Farmington TPP Programs consists of Teen Outreach Program	MOA	In effect until June 30, 2018	Julie Maes	505-476-8881
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	Beth Pinkerton	505-841-5847
Alamo Navajo School Board	DOH	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
Jemez Pueblo	DOH	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
Ramah Navajo School Board/Pine Hill Health Center	DOH	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
First Nations Community HealthSource	DOH	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
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	Beth Pinkerton	505-841-5847
Jicarilla Apache	DOH	Influenza Surveillance	PA	In Effect	Diane Holzem	(505) 759-7233

Health Care
Facility

Taos-Picuris Indian Health Center	DOH	Influenza Surveillance	PA	In Effect	Lesley (Jeanne) Bailor	(505) 758-6915
Acoma- Canoncito- Laguna (ACL) Hospital	DOH	Influenza Surveillance	PA	In Effect	Tammy Martinez	(505) 552-5355

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 X. 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.

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Aiko Allen,
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