



State-Tribal Collaboration Act July 31, 2017 Agency Report

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

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SECTION I. EXECUTIVE SUMMARY

In achieving national accreditation as a public health department in November 2015, the work before us as an agency, in maintaining accreditation, is continuous engagement in quality improvement efforts. Domains and standards for performance are rigorously reviewed by a national panel to assess agency competence every five years. National public health department accreditation was developed because of the desire to improve service, value, and accountability to stakeholders.

Accountability for our work on a government to government basis is demonstrated annually through this report, which serves as a record that demonstrates how the New Mexico Department of Health fulfills the requirements of the State Tribal Collaboration Act.

Based on the State-Tribal Collaboration Act, the New Mexico Department of Health (NMDOH) Office of the Tribal Liaison works to facilitate and encourage agency 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.

For this year's executive summary, the importance of collaboration in leveraging resources more effectively to work with American Indian Tribes, Pueblos and Nations are briefly highlighted through initiatives such as the Aspen Institute *TeamWork: Leadership for Healthy States* New Mexico project to address tribal food deserts, the Bureau of Health Emergency Management mapping of tribal emergency preparedness capacity and capability, and cross sector work undertaken by some of the chronic disease prevention programs in Indian Country New Mexico.

All of these initiatives have in common inclusion of many tribal and NMDOH programs in order to develop strategies that increase the reach of limited available resources.

Aspen Institute: Food Deserts in Tribal Communities

The *TeamWork: Leadership for Healthy States* program was created by the Aspen Institute in order to promote a health-in-all-policies approach to an identified public health issue of mutual interest among diverse government sectors. New Mexico submitted a proposal to address tribal food deserts. In particular, the award created an opportunity to focus on the relationship of food deserts, local food systems and food insecurity as factors that impact chronic disease risk reduction, prevention, and treatment.

The New Mexico team included 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, the NMDOH Tribal Liaison, the Director of the Office of Policy and Accountability, and state Senator Benny Shendo.

As the project developed, tribal and tribal-serving organizations were engaged in stakeholder meetings, a survey, and local feedback sessions to identify a strategy that could have an impact on food deserts. Stakeholders identified a need to concentrate on

supporting the business of tribal agriculture. In March 2017, an on-line toolkit that supports the business of tribal farmers and ranchers in the state was launched through this project.

The toolkit can be found at this link and includes a variety of resources by topic:
<http://nmdoh1.wixsite.com/fooddeserts/additional-resources>

Mapping Tribal Emergency Preparedness Capacity and Capability

The NMDOH Office of the Tribal Liaison, the NMDOH Bureau of Health Emergency Management (BHEM), Department of Homeland Security's Tribal Liaison, Albuquerque Area and Navajo Area Indian Health Service, and Navajo Nation Emergency Preparedness met to review available information as well as what was needed in order to understand the state of tribal preparedness capacity and capability. This resulted in the development of a big picture map that facilitates information exchange across agencies and governments. To date, the emergency preparedness contact list has been updated for all American Indian tribes, pueblos, and nations. The status of Emergency Preparedness Plans has been updated with the majority of tribes, pueblos, and nations providing information by personal visit, email, phone calls, and a survey of participants who attended the Partners in Preparedness (PIP) conference held at Isleta Pueblo in 2017. Completing the map with tribal partners is an opportunity to consider emergency preparedness planning efforts as well as agency resources at a federal, state, and tribal level.

Cross-Sector Work: Chronic Disease Prevention Program Partners

Some Public Health Division (PHD) programs have undertaken a year-long project to explore how to more effectively leverage resources together in Indian Country New Mexico. These programs include the Diabetes Program, Office of Nutrition and Physical Activity (ONAPA), Heart Disease and Stroke, and Chronic Disease Self-Management. The NMDOH Tribal Liaison has facilitated this planning process.

Health Status Priorities: Highlights

Given the number of programs and services included in this report, this section of the report only highlights the four key health status priorities for the agency: Diabetes (page 12 - 13), Obesity (page 13), Teen pregnancy (page 15), and Substance Misuse--which includes non-ceremonial use of tobacco (pages 23-27). These priorities are also identified as having high health disparities for the American Indian populations in the state.

While more detailed information is provided by the Division and program on the pages listed above, activity on these priorities is briefly summarized below:

Diabetes

- The Diabetes Prevention and Control Program (DPCP). The DPCP has a variety of intertwined initiatives that reflects the spectrum of prevention and treatment working together in a culturally tailored and centered context. DPCP builds capacity to prevent Type 2 diabetes through the National Diabetes Prevention Program (DPP) developed by the Centers for Disease Control and Prevention (CDC) for people who are pre-diabetic. 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.

- The DPCP program collaborates with the Native American Partnership for Diabetes Prevention and Control (NAP) on strategic planning efforts to align the needs of American Indian communities in New Mexico with the goals of the DPCP as they relate to the prevention of Type 2 diabetes. In addition, selected NAP members were supported to participate in the June 2nd 2017 New Mexico Diabetes Advisory Council meeting and the June 20th and 21st Diabetes Prevention State Engagement Meeting. Their input as stakeholders to New Mexico's diabetes prevention and control initiatives is crucial since American Indian populations experience the highest diabetes related health disparities of all the state's racial and ethnic groups.

Obesity

- Healthy Kids Initiative. Healthy eating and physical activity are the two main lifestyle behaviors that can help prevent obesity and reduce the burden of chronic disease. ONAPA's Healthy Kids Healthy Communities (HKHC) program works closely with five tribal communities (Pueblos of San Ildefonso, Zuni, Ohkay Owingeh, Santa Ana, and Santo Domingo) to implement sustainable policy, systems, and environmental changes that support healthy eating and physical activity behaviors in a multi-sector community coalition-driven approach. Key strategies include schools/childcare (e.g., strengthening wellness policies), food system (e.g, increasing access to a healthy and affordable food supply), and built environment (e.g., creating safe and active outdoor space).

Teen Pregnancy

- Family Planning Services. This program provides comprehensive family planning services, including clinical reproductive health services, community education and outreach. Technical assistance and funding is provided for the Teen Outreach Program (TOP), a positive youth development program for preventing teen pregnancy and increasing school success, at Laguna-Acoma Junior/Senior High School and Navajo Preparatory School. TOP staff met with TEWA Women United staff in order to explore opportunities to complement one another's programs and services.

Substance Misuse (including non-ceremonial tobacco use)

- Tobacco Use Prevention and Control Program (TUPAC). 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.
- Through contracts with Keres Consulting Inc., Albuquerque Indian Center, Oso Vista Ranch Project, and Rescue Social Change Group:
 - A total of 69 tribal communities received baseline assessment call (to assess readiness to take on tobacco control activities in the community and identify technical assistance needs);
 - A total of 41 tribal communities participated in community tobacco control meetings,

presentations, and events; and,

-A total of 6 public high schools (Shiprock, Kirtland, Jemez Valley, Gallup, Aztec, Newcomb) received technical assistance through Rescue Social Change Group to promote best practices in tobacco-free policies that take a comprehensive approach to controlling tobacco use and preventing nicotine addiction.

- Prescription Drug Overdose Prevention Program. Legislation passed in 2016 (SB 262/HB 277), Section 24-23-1 NMSA, allows licensed prescribers to prescribe, dispense, or distribute naloxone under a standing order. The NMDOH has issued statewide standing orders for naloxone for pharmacists, law enforcement agencies, public health offices, registered Overdose Prevention and Education programs, and schools. The goal is to expand access to and increase the availability of naloxone, a life-saving opioid overdose reversal medication. All New Mexicans, including tribal members, can get naloxone from a pharmacy without actually having a written prescription from a medical provider.
- Naloxone information, drug overdose epidemiology data, and community based drug overdose prevention strategies have been provided to representatives from Ohkay Owingeh Pueblo, Kewa (Santo Domingo) Pueblo, Nambe Pueblo, Jemez Pueblo, Gallup Indian Medical Center, and the Executive Council of the Albuquerque Area Southwest Tribal Epidemiology Center, which serves all American Indian communities in New Mexico, except those served by the Navajo Tribal Epidemiology Center.

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 (Administrative Services, 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 four 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

NMDOH 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. States must assure CMS that it notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of its intent to submit a Medicaid waiver renewal request to CMS at least 60 days before the anticipated submission date.

Tribal, Indian Health Service (IHS) and Urban Indian Health programs were invited and apprised of the schedule for statewide public meetings conducted in June and July 2016 to gather input on changes proposed to the DDW renewal. The statewide public input meetings were conducted by DDSD in collaboration with the Human Services Department.

Additionally, on December 1, 2016, public notice was sent by HSD to tribal leaders and tribal healthcare providers of the opportunity to comment on the draft DDW renewal application in writing or in person at a public hearing held on February 1, 2017. HSD invited the public, including tribal leaders and tribal healthcare providers, to send comments by close of business on February 1, 2017.

CMS approved the DDW effective July 1, 2017 for a five-year period.

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

- NMDOH Infectious Disease Epidemiology Bureau (IDEB) epidemiologists work with tribal partners daily to investigate reportable infectious diseases that occur among tribal members. Investigations conducted by tribal public health nurses of isolated infectious disease cases and outbreaks are coordinated with IDEB staff, and IDEB provides subject matter expertise and consultation during these events.
- 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 have participated in these meetings. Funding has been allocated for future meetings and/or activities as determined by the partnership. A similar partnership exists through the NMDOH Comprehensive Cancer Program in which technical assistance is provided as requested in conducting cancer prevention and survivorship activities.
- NMDOH staff who work with tribal communities are required to take the cultural humility training which provides information on State Tribal Collaboration Act requirements; information that facilitates increased knowledge of historical events that shape tribal health care policies and tribal health care systems; and awareness and practice of culturally appropriate communication techniques when working with tribal communities. 130 NMDOH staff participated in this training known as *Working More Effectively with American Indian Tribes, Pueblos and Nations in New Mexico*, from August 2016 to June 2017.
- 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 identified tribal needs and priorities 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.

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 17 Estimated Expenditures: Personnel and administrative costs only.

Office of Community Health Workers

(505)827-0015

The OCHW Tribal Coordinator provides office updates to the NM/Southern Colorado Community Health Representative (CHR) Association meetings on a quarterly basis. The Tribal Coordinator also provides individual assistance in filling out the CHW certification application. The Tribal Coordinator also works to recruit the CHRs to become curriculum trainers, so they can train new CHRs (within their communities) for certification through the ten core competencies. The CHR Association is interested in learning how Medicaid can reimburse their programs for the services that they provide to their community members.

The OCHW Tribal Coordinator hosted in collaboration with the NM Direct Caregivers Coalition a Respite Care Meeting. There was representation from many of the tribes. They were interested in learning more about respite care and how to successfully obtain it prior

to care burnout.

The OCHW Tribal Coordinator:

- Provided CHW certification application assistance to San Felipe Pueblo, Santa Clara Pueblo, Navajo Nation, Santo Domingo Pueblo, Mescalero Apache, Cochiti Pueblo, Laguna Pueblo, Nambe Pueblo, Pojoaque Pueblo, Tesuque Pueblo, Zia Pueblo.
- Worked with the Community Outreach Patient Empowerment (COPE) Program of Gallup to provide a train the trainer workshop. Because of this workshop seven Navajo CHRs became certified CHW curriculum trainers.
- Presented at the Indian Health Service, Health Promotion Disease Prevention Council Meeting at Acoma Pueblo. There was discussion about social determinants of health and how the CHW/Rs can be instrumental in determining these social determinants as well and providing support and education regarding the identified determinants. The Tribal Coordinator provided information about CHW/R workforce development, CHW/R trainings and certification.
- Attended and provided CHW certification information at the Zia Pueblo Health Fair and San Ildefonso health fair.
- Presented at the NM Health Resources 25th Annual Health Provider Retreat held in Taos, NM. The OCHW Program Manager and the Tribal Coordinator were members of the planning committee and were able to incorporate several CHW tracks as continuing education units. These CHRs could obtain the necessary CEUs needed for CHW recertification. Some of the tracks that were offered are as follows: "The Importance of CHWs in NM", "Ethical Considerations for the Helping Professionals", "Self-care for the Helping Professionals", "Cultural Competency", "Dental Implants Success Rates with HIV Positive Patients", "NM Patients Using Medical Cannabis", "Current Concepts of Post-Operative Pain Management".

FY17 Estimated Expenditures: Program fees go to support the administration of the certification process.

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, 59 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 (SICI). 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 FY17: Over 245

FY17 Estimated Expenditure: \$22,704 (clinical services)

FY17 Estimated In Kind Expenses: Supplies (e.g. tooth brushes, etc.) and transportation. (<http://nmhealth.org/about/phd/hsb/ooh/>). Personnel and administrative costs.

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 Indian Health Service (IHS) clinics and hospitals (Albuquerque Area IHS Service Units and Navajo Area IHS Shiprock Service Unit), Jemez Pueblo Health Center, Alamo Navajo Health Center, Ramah Navajo Pine Hill Health Center, First Nations Community HealthSource, and at approximately 90 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 FY17 (YTD): 377 American Indian women 30 years of age or older, who live at or below 250 percent of the federal poverty level, and are uninsured/underinsured. To date in FY17, two (2) American Indian women have been diagnosed with invasive breast cancer, and one (1) American Indian woman has been diagnosed with in situ breast cancer. In addition, one (1) American Indian woman has been diagnosed with a pre-cancerous cervical condition, and no American Indian women have been diagnosed with invasive cervical cancer so far in FY17.

FY17 Estimated Expenditure: \$81,125 federal, state and other grant funds.

Comprehensive Cancer Program

(505)222-8601

Services: Provide support for culturally tailored cancer prevention, risk reduction, and screening education programs in partnership with the Albuquerque Area Indian Health Board (AAIHB). AAIHB, in partnership with the Comprehensive Cancer Program and other stakeholders, presented the Native American Cancer Education Leadership Institute in June 2017. Provider detailing sessions were conducted in Indian Health Service and tribal health facilities to educate providers on current cancer screening recommendations.

Served FY17: Approximately 50 American Indian families received information and/or education in programs supported by the Program, and 38 health care workers providing care to American Indians received professional education on cancer screening recommendations.

FY17 Estimated Expenditures: \$15,000 of support.

Diabetes & Chronic Disease Prevention and Management Initiatives

Public Health Division

Native American Partnership for Diabetes Prevention and Control

(505) 476-7613

Services: 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. 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 2017.

Served FY17: DPCP collaborated with the NAP on strategic planning efforts to align the needs of American Indian communities in New Mexico with the goals of the DPCP as they relate to the prevention of Type 2 diabetes. Through these strategic planning efforts, priorities were identified to guide the group's future culturally appropriate diabetes prevention efforts.

In addition, selected NAP members were supported to participate in the June 2nd NM Diabetes Advisory Council meeting and the June 20th and 21st Diabetes Prevention State Engagement Meeting. Their input as stakeholders to New Mexico's diabetes prevention and control initiatives is crucial since American Indian populations experience the highest diabetes related health disparities of all the state's racial and ethnic groups.

FY17 Expenditure: \$8,000

National Diabetes Prevention Program (505) 476-7613

Services: 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 FY17: DPCP offered two (2) NDPP Lifestyle Coach trainings. Four individuals from organizations that serve American Indian communities (Northern Navajo Medical Center, Santa Domingo Pueblo and the Indian Health Service) participated in the training. In addition, three (3) technical assistance conference calls were offered to all trained coaches.

Estimated FY17 Expenditure: Approximately \$5,000 (This is an estimate of the costs associated with training the 4 lifestyle coaches mentioned above.)

Kitchen Creations Cooking Schools for People with Diabetes (505) 476-7613

Services: 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 FY17: DPCP sponsored a total of twenty (20) Kitchen Creations schools, reaching 32 American Indian participants. One Kitchen Creations school was specifically taught for the Native American community in Bernalillo County.

Estimated FY17 Expenditure: \$9,689 (This is a rough estimate based on the first three quarters of FY17 for American Indian participants of Kitchen Creations.)

Chronic Disease Self-Management Education Programs (505) 476-7613

Services: A family of evidence-based Chronic Disease Self-Management Education Programs (CDSMEP), originally developed by the Stanford School of Medicine Patient Education Research Center, designed for adults of all ages, including those with disabilities, who are living with one or more chronic condition that requires daily self-management, such as diabetes, arthritis, pain, cancer, asthma, high blood pressure, or heart disease. Programs are offered in various community settings like worksites, health clinics, senior centers, or churches for 2½ hours, once a week for six-weeks.

Served FY17: A total of 19 American Indians participated in a CDSMEP.

Estimated FY17 Expenditure: \$5,700

Obesity, Nutrition and Physical Activity Program

Healthy Kids Healthy Communities

(505)476-7616

Services and Interventions: Healthy eating and physical activity are the two main lifestyle behaviors that can help prevent obesity and reduce the burden of chronic disease. ONAPA's Healthy Kids Healthy Communities (HKHC) program works closely with five tribal communities (Pueblos of San Ildefonso, Zuni, Ohkay Owingeh, Santa Ana, and Santo Domingo) to implement sustainable policy, systems, and environmental changes that support healthy eating and physical activity behaviors in a multi-sector community coalition-driven approach. Key strategies include:

- **Schools/Childcare:** Strengthening wellness policies to include specific language around healthy eating, physical activity, and staff wellness; establishing edible gardens and providing gardening lessons; conducting fruit and vegetable tastings; implementing walk and roll to school programs and in-school walking clubs; establishing safe and active schoolyards that are open for community use; increasing elementary students' participation in the Healthy Kids 5.2.1.O Challenge (eat at least 5 fruits and vegetables a day, trim screen time to 2 hours or less a day, get at least 1 hour of physical activity a day, and drink lots of H₂O every day for 21 consecutive days); working with childcare centers and Head Starts to implement the Healthy Kids Healthy Childcare Challenge to limit screen time to 30 minutes or less per week and get at least 120 minutes of physical activity a day for four weeks.
- **Food System:** Increasing access to a healthy and affordable food supply by establishing healthy food stores or mobile grocery stores, farmers' markets, and community gardens.
- **Built Environment:** Creating safe and active outdoor space and increasing the number of safe walking and biking routes that connect neighborhoods to schools and other community sites.

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. Obesity among American Indian third grade students has decreased from 36.6 percent in 2010 to 27.1 percent in 2016 (a 26 percent change). During the same time frame, American Indian kindergarten students show a more modest decrease in obesity from 25.5 percent to 23.3 percent (a 9 percent change). Despite this downward trend, rates of obesity and overweight remain high; more than one-in-three (34 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 (48.7 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 FY17: 22,815 tribal members across five communities.

FY17 Expenditures: Total FY17 budget: \$280,000. 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)827-0219

Services: Provided immunizations at four (7) 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 FY17: All American Indian children ages birth through 18 years in New Mexico, and uninsured adults at select IHS facilities.

FY17 Estimated Expenditures: \$23,000. 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 FY17: Approximately 72,394 American Indian children ages birth through 18 years.

FY17 Estimated Expenditures: Approximately \$2,634,417.

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 positive youth development program for preventing teen pregnancy and increasing school success, at Laguna-Acoma Junior/Senior High School and Navajo Preparatory School.

Served FY17: Clinical services for 369 females and 114 males; and educational programming for 46 teens.

FY17 Estimated Expenditures: \$279,826

Infectious Diseases

Public Health Division and Epidemiology and Response Division (ERD)

Infectious Disease Epidemiology Bureau Epidemiology and Response Division (ERD)

(505)827-0006

Services: New Mexico Department of Health (NMDOH) Infectious Disease Epidemiology Bureau (IDEB) epidemiologists work with tribal partners daily to investigate reportable infectious diseases that occur among tribal members. Investigations conducted by tribal public health nurses of isolated infectious disease cases and outbreaks are coordinated with IDEB staff and, IDEB provides subject matter expertise and consultation during these events. IDEB also conducts active surveillance for a variety of conditions through the Emerging Infections Program (EIP) that includes tribal members statewide.

Surveillance: IDEB conducts surveillance among tribal members statewide for all reportable infectious diseases to include active surveillance for pathogens included as part of EIP Active Bacterial Core surveillance (ABCs), FoodNet surveillance, Flu-SurvNet surveillance.

Served FY17: All tribes in New Mexico.

FY17 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 (FNCH) is a funded HSP that specifically targets American Indians in both the Albuquerque metropolitan area and the northwestern part of the state. FNCH provides services from offices in Albuquerque, Farmington and Gallup to serve persons from a variety of parts 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 FY17: Unable to determine unduplicated count.

FY17 estimated expenditures: \$100,000 for HSP contract, \$9,000 for dental contract with First Nations Community HealthSource, and other expenditures for clients served across the HSP network.

Healthcare-Associated Infections Program Epidemiology and Response Division (ERD)

(505)476-3520

Services: Continued collaboration including provision of subject matter expertise and written guidelines or tools with Indian Health Service (IHS) facilities as a part of the NMDOH Infectious Disease Epidemiology Bureau's (IDEB) Core Surveillance and on-call response activities which includes response to routine and emergent notifiable conditions and healthcare-associated outbreaks on tribal lands. IHS facilities are invited to participate in the NMDOH HAI program National Healthcare Safety Network (NHSN) quarterly best practice calls 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) and the antimicrobial stewardship teleECHO clinic.

Served FY17: All tribes in New Mexico.

FY17 Estimated Expenditures: Personnel and administrative costs only.

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 FY17: Unable to determine unduplicated count.

FY17 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 FY17: 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 FY17: Services available for all tribes within New Mexico.

FY17 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 17 Services:

Caseload –

- Monthly average 49,239
- 884,385 total participants served

FY17 Estimated Expenditures: \$13,178,494.00

Federal Administrative costs: \$12,810,117.89

State General Fund: \$368,377.23

Farmers' Market Nutrition Program (FMNP)

(505)476-8816

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

FY17 served: 7,329 WIC families spent \$140,995 at Farmers' Markets in New Mexico.

Senior Farmers' Market Nutrition (SFMNP) (FMNEP)

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 on fresh fruit and vegetables at authorized Farmers' Markets throughout the state of New Mexico, during the summer growing season.

FY17 served: 18,605 seniors spent \$365,060 at authorized New Mexico's Farmers' Markets.

Participating Tribal, Pueblo, and Nation, Farmers' Markets: San Felipe Pueblo, Jemez Pueblo, Mescalero Apache, Santo Domingo Pueblo, Taos Pueblo, Pojoaque Pueblo and Hasbidito Mobile Farmers' Market serving: Ojo Encino, Nageezi and Torreon Chapters of the Navajo Nation.

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 FY17: Services provided to approximately 51 American Indian families statewide.

FY17: Estimated Expenditures: \$26,000.

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 FY17: 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.

FY17 Estimated Expenditure: \$950,000 (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 Children's Medical Services

(505) 476-8857

Services: New Mexico requires that all newborns receive screening for certain genetic, metabolic, hemoglobin and endocrine disorders. The New Mexico Newborn Screening Program oversees the bloodspot screening for 27 disorders performed in birthing hospitals. Newborns are also required to be screened for congenital heart defects prior to discharge as well. The program has a nurse consultant who assists with follow-up and access to critical medical care and treatment for newborns identified with a congenital condition.

Served FY17: 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.

FY17 Estimated Expenditures: \$342,000

Newborn Hearing Screening Program Children's Medical Services

(505) 476-8857

Services: The Newborn Hearing program assures that all newborns receive a hearing screen prior to discharge from the hospital for early detection of congenital hearing loss. The program provides follow-up services to assist families in accessing needed medical care and early intervention when their infants require follow-up on their newborn's hearing screening.

Served FY17: Approximately 200 American Indian children required follow-up services.

FY17: Estimated Expenditures: \$48,730

Children's Medical Services

Public Health Division

Children's Medical Services (NMCMS)

(505) 476-8868

Services: CMS provides safety net services and care coordination to Native American children with special health care needs that meet program eligibility requirements to assist families in accessing health care. CMS social workers coordinate multidisciplinary pediatric specialty clinics serving the Native American population in Southeast, Northwest, Central and North Central areas of New Mexico. The clinics help families access specialty medical

care for their children with special needs. Specialty care includes: Cleft Lip and Palate, Genetic, Metabolic, Nephrology, Cardiology, Dysmorphology, Endocrinology, Neurology, Pulmonary and Gastroenterology.

Served FY17: 400 American Indian youth and children with special health care needs statewide.

FY17 Estimated Expenditures: \$75,000. Estimated In Kind Contributions related to NMCMS care coordination for these three (3) programs listed above would be \$1,074,000.

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 (AASTEC), Navajo Nation Epidemiology Center (NEC), tribal WIC programs and community organizations such as Tewa Women United for PRAMS surveillance operations and Title V MCH Block Grant monitoring. In addition, these partners work actively on health equity initiatives to improve reproductive health indicators and reporting in NM. For example, we developed new metrics and adopted validated survey questions on health discrimination to learn more about unequal treatment in perinatal healthcare, and the impact of these experiences on maternal and infant health outcomes. The Pregnancy Risk Assessment Monitoring System (PRAMS) steering committee has statewide representation from stakeholders, including American Indian/Alaska Native (AI/AN) populations. The Navajo Nation Maternal Child Health/PRAMS work group also convenes MCHEP staff, monthly.

Starting in 2011, New Mexico MCHEP staff worked with the TECs to improve survey participation and significantly increased representation of Native women in New Mexico PRAMS surveillance. Together with the TECs, PRAMS staff improved survey development, revision and input, and enhanced surveillance methodologies to improve survey participation and reporting. We worked in a consensus-based manner to establish in-kind and compensated contributions from NEC and AASTEC staff for data sharing and shared analysis products (e.g. Navajo PRAMS Surveillance report 2000-2005). We worked across all three entities to inform media development to encourage PRAMS participation among American Indian women, statewide and with NEC and Navajo WIC programs.

Through ongoing communication and development of multi-jurisdictional data sharing agreements, NMDOH MCH Epidemiology helped lead efforts for a Navajo-specific PRAMS-like surveillance. We worked together with AZ and UT to provide the Navajo Nation Epidemiology Center with technical assistance and agreements for their application to the CDC PRAMS cooperative agreement. Although the Navajo Nation did not obtain a cooperative agreement with the CDC to conduct PRAMS, the tribal epidemiology center staff worked with NM PRAMS and AASTEC to develop a statewide Native American/American Indian PRAMS surveillance program. In FY17 MCH Epidemiology staff helped AASTEC apply for private foundation revenue to operationalize the sampling

design, data collection procedures and IRB approvals to include surveillance across all AASTEC NM service area tribes and Navajo Nation. We established a communications contract and implemented the first stages and pilot-beta testing for the first birth year. This culminated with training and a shared media strategic plan for the three entities (NMDOH, AASTEC, NEC) in June 2017.

Served FY17: All federally recognized U.S. tribes.

FY17 Estimated Expenditures: \$60,000 for communication, technical assistance-capacity building, collaborative media development and staff training for both Tribal Epidemiology Centers.

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:

- Natural Helpers Peer-to-Peer Programs were funded in the following predominately NA-serving schools in 2016-2017 school year:
 - 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.
 - Aztec
 - Kirtland
 - Espanola
 - Pojoaque
 - Farmington
 - Native American Community Academy (NACA)
 - Nambe Pueblo
 - Ruidoso
 - Santa Fe Schools
- QPR Suicide Prevention Program Gatekeeper Program was presented to:
 - Pecos Medical Center (all staff) (40)
 - Penasco HS Health classes (15)
 - Taos MS teachers (40)
 - Taos MS students (291)
 - Taos Charter schools (14) (Rocky Mt Learning Center and Non-Violence Center)
 - Taos HS teachers (42)
 - Wingate School (All students and staff)
- 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 Native Life Health Education program through the after-school dorm activities. NPS teachers, staff and administrators have been trained in QPR and have received intensive training on the ‘pre-Pare’ curriculum for crisis intervention and response.

Served FY17: Over 30 communities annually.

FY17 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 FY17: 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'istoh 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 Evolvement. Below is a list of Evolvement 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

FY17 Estimated Expenditures: \$462,000

Epidemiology and Response Division

Data and Epidemiology Services

The Epidemiology and Response Division (ERD), as well as other epidemiologists within NMDOH 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. NMDOH'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. NMDOH 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.

NMDOH maintains data sharing with the Navajo Nation Epidemiology Center, Navajo Area Indian Health Service, as well as the Albuquerque Area Indian Health Service. These data sharing agreements improve the quality of the data used to describe American Indian Health in New Mexico. NMDOH Epidemiologists 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 3,800 births and 1,600 deaths of American Indians each year. The bureau issues certified copies of birth and death certificates to American Indian families and executes amendments, affidavits of paternity and delayed registration of births to assist American Indians in collaboration with tribal registrars to address issues with record registrations for their administrative and legal needs. This year, the major initiative was conducting delayed birth registration events to assist tribal members in obtaining a Real ID driver's license. Additionally, the New Mexico Bureau of Vital Records and Health Statistics participated in the 69th Navajo Nation Fair in Window Rock, AZ to share information about birth certificates. Vital Records also partnered with the tribal epidemiologist at the New Mexico Department of Health to improve the quality of tribally identified vital records data through geospatial analysis.

Served FY17: All tribes in New Mexico.

FY17 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, Epidemiology and Response Division, administers two major population-based surveys that produce significant data about the American Indian population: Youth Risk and Resiliency Survey (YRRS) and the adult Behavioral Risk Factor Surveillance Survey (BRFSS). The YRRS epidemiologist and BRFSS epidemiologist sit on the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) Technical Assistance Council. They provide technical assistance to AASTEC on an as needed basis and mutual collaboration on recruiting schools to participate in the state-wide YRRS survey to increase the sample size of the American Indian student population.

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

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

The BRFSS epidemiologist worked with the Navajo Nation Epidemiology Center on the development of the Navajo BRFSS sample design and questionnaire development. The BRFSS epidemiologist has collaborated with the diabetes epidemiologist on a Native

American diabetes dataset for questions asked to adults on the state-wide telephone survey. Each year, the BRFSS Epidemiologist works closely with a CDC sampling statistician to develop a plan to over-sample American Indian adults, thereby providing a more robust sample resulting in improved estimates for this population. The NM BRFSS has oversampled American Indian adults since 2004.

Served FY17: All tribes in New Mexico.

FY17 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 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 FY17 All tribes in New Mexico.

FY17 Estimated Expenditures: Personnel and administrative costs only.

Tribal Epidemiologist (505)476-1788

Services: The job of the Tribal Epidemiologist at the 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 Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) and the Navajo Nation Tribal Epidemiology Center (NEC). In addition to these organizations, the Tribal Epidemiologist provides data and technical assistance to all tribes, nations, reservations and pueblos within New Mexico. The Tribal Epidemiologist maintains NMDOH data sharing agreements with the Albuquerque Area Indian Health Service, the Navajo Area Indian Health Service, and the Navajo Nation Tribal Epidemiology Center in order to facilitate this sharing of data and resources. In June 2016 the Tribal Epidemiologist, in collaboration with AASTEC and NEC, presented an analysis at the annual Conference of State and Territorial Epidemiologist regarding alcohol-related deaths on and off tribal.

Served FY17 All tribes in New Mexico.

FY17 Estimated Expenditures: Personnel and administrative costs only.

National Tribal Epidemiology Activities (505)476-3575

Services: NMDOH State Epidemiologist is the co-chair 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 FY17: All federally recognized U.S. tribes.

FY17 Estimated 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 shares record level data with the Navajo Nation. Currently, these data sharing agreements continue under the current Health Cabinet Secretary 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 FY17: All tribes in New Mexico.

FY17 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. The HSEP plans on making this population based hospitalization dataset publicly available through NM-IBIS.

Served FY17: All tribes in New Mexico.

FY17 Expenditures: Personnel and administrative costs only.

Substance Abuse Epidemiology Unit

In FY17, the Alcohol Epidemiologist presented to the Tribal Health Councils and, with the Tribal Epidemiologist and the Community Health Assessment Program, developed a tribal-specific alcohol-related mortality online module. She presented this module with the Tribal Epidemiologist to Cochiti Pueblo health staff. The Alcohol Epidemiologist is also working with the New Mexico Tribal Epidemiology Centers and the Tribal Epidemiologist on a project to assess methodology for providing tribal-specific data, using alcohol-related mortality data as a pilot.

Served FY17: Several tribes in New Mexico. These tribes are not identified here to protect their confidentiality.

FY17 Estimated 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 the New Mexico Department of Health online for public use, and allows users to calculate rates of disease, health events, risk and protective factors for American Indians within New Mexico. The 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 FY17: All tribes in New Mexico.

FY17 Estimated Expenditures: Personnel and administrative costs only.

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

Services: The NMDOH Bureau of Health Emergency Management (BHEM) and Public Health Regions collaborated with the Tribal Partners within the Albuquerque Metropolitan Statistical Area (the Pueblos of Cochiti, Isleta, Jemez, Sandia, Santa Ana, Santa Domingo, and Zia) in the Centers for Disease Control and Prevention (CDC) Cities Readiness Initiative (CRI). This included participation in emergency preparedness planning, training, drills, and exercises. Federal funding was provided to CRI Tribal Partners, through Intergovernmental Agreements, to support emergency preparedness activities.

Served FY17: Pueblos of Cochiti, Isleta, Jemez, Santa Ana, Santo Domingo, Sandia, and Zia

FY17 Estimated Expenditures: \$38,000 CRI Federal funding

New Mexico Healthcare Preparedness Program

(505) 476-8226

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

- In December 2016, in Saint Michaels, AZ partners from the Navajo Nation, IHS, New Mexico Department of Health, Navajo IHS, local responders and NMDOH participated in a joint medical countermeasure distribution exercise hosted by IHS.
- NMDOH BHEM hosted the University of Pittsburgh Center for Public Health Practice's "Preparing for a Public Health Emergency: A Law and Science Workshop" as a pre-conference activity for the Annual Partners in Preparedness Conference. 105 learners participated composed of eleven NM Tribes, Pueblos, and Nations; four federal agencies; and twelve state and local agencies.
- NMDOH participated in the 2017 American Indian Day at the NM State Legislature. An informational health booth was provided that included community preparedness information on public health, healthcare preparedness, and information for: Access and Functional Needs, SNS, Risk Communications, Healthcare Coalition Support, Volunteer Management, Preparedness Planning, Health Alert Network, Cities Readiness Initiative, Interoperable Communications, and Training and Exercise.
- The NMDOH BHEM presented the 2017 New Mexico Partners in Preparedness Annual Conference (NMPIP) to nearly 400 participants. In collaboration with the NM Secretary of Indian Affairs office, IHS, the NM Environment Department and the NM Department of Agriculture and Santa Clara Pueblo Governor J. Michael Chavarria presented "Santa Clara Pueblo flooding" during the pre-conference full-day tribal workshop.
- On May 3rd & May 12th, 2017 the NMDOH BHEM conducted Emergency Public Health Information and Communication(EPHIC) Training aimed towards emergency management, public information officers, directors and community health program managers. The event was attended by IHS, and the pueblos of Laguna and Sandia.
- Chris Emory – Chief BHEM/ERD and Greg Manz – Program Manager BHEM/ERD, continue to serve on the Advisory Boards of the Mountain West Preparedness and Emergency Response Learning Center at the Mel and Enid Zuckerman College of Public Health at the University of Arizona.

Served FY17: 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.

Tribal Health Fairs

Services: Throughout the fiscal year several members attended various health fairs and provided public health preparedness information and materials to attendees.

Served FY17: Sandia, Nambe, Santa Ana, Zia, and Santo Domingo

Ebola Preparedness

The NMDOH BHEM presented a Tribal Preparedness Workshop open to all NM Tribes, Pueblos, and Nations. New Mexico Tribes requested an all-hazards preparedness approach to the workshop presented by tribal authorities. The project began as assessment of Tribal partner needs for infectious disease response to determine future training and exercise needs and in 2016 became a Tribal Infectious Disease pilot workshop. The program was expanded in 2017 to include all NM Tribes, Pueblos, and Nations.

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

Served FY17: All New Mexico tribes

FY17 Estimated In Kind Expenditures: Personnel and administrative costs only.

Injury Prevention Education and Training **Emergency and Response Division**

Childhood Injury

(505)827-2582

Services: Provide home/vehicle 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 (Tesuque Pueblo, Sandia Pueblo, Navajo Nation – Gallup, San Idlefonso Pueblo, Ohkay Owingeh Pueblo); and planning/promoting local bicycle assembly/repair, safety and adventure programs.

Served FY17: Five (5) tribal communities within New Mexico.

FY17 Estimated Expenditures: Personnel and administrative costs only.

Adult Falls Prevention

(505)827-5146

Services: Provide Falls Prevention by training Instructors in evidence-based programs “Tai Ji Quan: Moving for Better Balance” and “A Matter of Balance”. Instructors then provide education and exercise programs to older adults in their perspective areas.

FY17: Served and trained Instructors: Southwest Tribal Epidemiology Center; Ohkay Owingeh; Pueblo of Sandia; Pueblo of Santa Ana; Acoma Canoncito Laguna; Taos Pueblo

Sexual Violence Prevention

Epidemiology and Response Division

Sexual Violence Prevention

(505)827-2725

Services: Provide acute short-term services for people in crisis resulting from sexual violence; complete community outreach and education events about sexual assault and services; work with middle and high school students by providing peer support groups and referral services; conduct evidence-supported sexual violence primary prevention program trainings through a contract with Tewa Women United. Tewa Women United is located in Espanola and serves other locations, providing culturally appropriate group healing modalities to survivors of sexual assaults and uses a culturally appropriate curriculum in primary prevention trainings for children, adolescents, and adults

Served FY17: All tribes in New Mexico.

FY 17 Estimated Expenditures: \$52,150.00

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 FY17: Developmental Disabilities Waiver-288 American Indian adults, Medically Fragile waiver-20 Native American clients.

FY 17 Estimated Expenditures: \$72,000

Quality Management Bureau

(505)222-8633

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

Served FY17: Developmental Disabilities Waiver-288 American Indian adults, Medically Fragile waiver-20 Native American clients.

FY 17 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 FY17: 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

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 FY17: 469 American Indian clients served.

FY17 Estimated Expenditures: \$28,785,344. Estimates based on HSD annual Tribal Consultation letter and average cost per participant for 10 months of services of \$61,376 (average cost, HSD/MAD, 5/5/17)

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 FY17: 1,305 American Indian children

FY17 Estimated Expenditures: \$3,675,669.60. Estimates based on 10 months of billed services (July 2016-May 2017). Source: DDSD/FIT, 6/6/17.

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 FY17: 15 American Indian clients received services under the Medically Fragile Waiver.

FY17 Estimated Expenditures: \$97,290. Estimates based on HSD annual Tribal Consultation letter and average cost per participate for 10 months of services of \$6,486 (average cost, HSD/MAD, 5/5/17).

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 FY17: 92 American Indian clients served.

FY17 Estimated Expenditures: \$4,227,492. Estimates based on HSD annual Tribal Consultation letter and average cost per participate for 10 months of services of \$45,951 (average cost, HSD/MAD, 5/5/17).

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 253 for Total Coliform MMO-MUG and 128 samples for chemical analyses.

Served FY17: Pueblos of Jemez, San Ysidro, Laguna; Canoncito/Tohajiilee, Alamo, Navajo

FY17 Estimated Expenditures: \$15,978 (Time period July 2016 – June 2017)

Implied Consent Training and Support

(505)383-9086

Services: Provide classes to certify 122 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 FY17: Navajo (Shiprock) and Ramah Navajo, Pueblos of Laguna, Jemez, Isleta, Sandia, Santa Ana, Taos, Zuni, Jicarilla Apache Nation, Crownpoint, Ohkay Owingeh, Acoma, Na-Nizhooshi Center, BIA Southern Pueblos, Mescalero BIA, Tesuque and Pojoaque.

FY 17 Estimated Expenditures: Training and instrument certification/repair

\$5,325.00. 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 FY17: 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 FY17: Several tribal communities.

New Mexico State Veterans Home (NMSVH) (575)894-4200

Services: NMSVH is a licensed skilled and long-term care facility for Veterans, their spouses, and Gold Star Parents. Clinical services offered include short-term rehabilitation, secure memory unit, palliative, and long-term care.

Served FY17: 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 FY17: 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 FY17: Several tribal communities.

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

Services: TLH is a substance use treatment hospital for adults aged 18 and over. TLH currently offers inpatient medical detoxification and social rehabilitation services, and will begin offering Intensive Outpatient (IOP) Services in 2017.

Served FY17: Through 5/11/17 – 116 admissions representing 15 New Mexico 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 FY17: No tribal members served

Section IV. Key Names and Contact Information

Following are the names, email addresses, and phone numbers for the individuals in NMDOH 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	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	Vacant, Deputy Secretary		
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	Joaquin Baca Director	Joaquin.Baca@state.nm.us	(505)827-2358
Public Health Division	Lynn Carroll Division Director	Lynn.Carroll@state.nm.us	(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
Public Health Division, SE Region	Jeff Lara, BS Region Director	Jeff.Lara@state.nm.us	(505)347-2409 Ext. 6227

Division	Name/Title	Email	Phone
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, 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.Abeys@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, Children's Medical Services	Susan Chacon, Program Manager	Susan.Chacon@state.nm.us	(505)476-8860
Public Health Division, Newborn	Robert Morrison Program Manager	Robert.Morrison@state.nm.us	(505)476-8857

Division	Name/Title	Email	Phone
Genetic and Hearing Screening Programs			
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	Vacant, Director		(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	Erica Martinez, Manager	Erica.Martinez@state.nm.us	(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	Brooke Doman, Tribal Epidemiologist	Brooke.Doman@state.nm.us	(505)476-3654
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 of Health Improvement	Jeff Foxhood	<u>Jeff.Foxhood@state.nm.us</u>	(505)476-8804

Division	Name/Title	Email	Phone
Developmental Disabilities Supports Division	Jim Copeland, Director	Jim.Copeland@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)537-8600
New Mexico Behavioral Health Institute	Frances Tweed, Administrator	Frances.Tweed@state.nm.us	(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
Sequoya Adolescent Treatment Center	Carmela Sandoval, Administrator	Carmela.Sandoval@state.nm.us	(505)222-0375
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 : ADMINISTRATIVE SERVICES

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 the Office of Border Health and the Office of the Tribal Liaison.

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 State Personnel Act and State Personnel Board rules, training, and 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 those 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, long-term 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 the State Tribal Collaboration Act 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 NMDOH Agreements, MOUs/MOAs with tribes that are currently in effect.

Tribe	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
Cherokee Nation	MOSAIC (EBT/MIS) WIC Support/Services	NMDOH – CNO MOA	In effect	Sarah Flores-Sievers	(505) 476-8801
Pueblo of Isleta	MOSAIC (EBT/MIS) WIC Support/Services	NMDOH – POI MOA	In effect	Mary Dominguez	(505) 924-3181
Mescalero Apache Tribe	WIC services	MOA	In effect	Barbara Garza	(575) 528-5135
Pueblo of Laguna	Family Infant Toddler Program	Provider Agreement	In effect	Andy Gomm	(505) 476-8975
Mescalero Apache	Family Infant Toddler Program	Provider Agreement	In effect	Andy Gomm	(505) 476-8975
Navajo Nation	Family Infant Toddler Program	MOA	In effect	Andy Gomm	(505) 476-8975
Navajo Nation	STD Investigation and control	Operational partnership	In effect	Antoine Thompson	(505) 722-4391 ext 117
Mescalero Apache Schools	Primary & behavioral health care in school-based health center	MOA	In effect	Jim Farmer	(505) 222-8682
Navajo Preparatory School	Early identification, referral and follow-up of all students through the school based health center; additional health education topics incorporated into the Natural Helpers program.	MOA	In effect	Nancy Kirkpatrick	(505) 222-8683
UNM, Pediatrics, Div of Prevention and Population Sciences	Teen Pregnancy Prevention Program (TPP) 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
Navajo Preparatory School Farmington	Teen Pregnancy Prevention Program (TPP)	MOA	In effect until June 30, 2018	Julie Maes	505-476-8881
Navajo Area Indian Health Service	Receipt, Storage and Staging site for the Strategic National Stockpile program	MOA	In Effect	John Miller	(505) 476-8258
IHS ABQ Area	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
IHS Navajo Area	Breast and Cervical Cancer Screening and DX	PA PA	In Effect In Effect	Beth Pinkerton	505-841-5847 505-841-5847
Alamo Navajo School Board	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847

Jemez Pueblo	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
Ramah Navajo School Board/Pine Hill Health Center	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
First Nations Community HealthSource	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
Albuquerque Area Indian Health Board (AAIHB)	Public and professional education on breast, cervical and colorectal cancer screening.	Request for Proposal (RFP)	In Effect	Beth Pinkerton	505-841-5847
Jicarilla Apache Health Care Facility	Influenza Surveillance	PA	In Effect	Diane Holzem	(505) 759-7233
Taos-Picuris Indian Health Center	Influenza Surveillance	PA	In Effect	Ben Patrick	(505) 758-6922
Acoma-Canoncito-Laguna (ACL) Hospital	Influenza Surveillance	PA	In Effect	Tammy Martinez	(505) 552-5355

E. NMDOH'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 Americans 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 reinitiate 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 dissention, and whether its final recommendation be to facilitate implementation or pursue additional consultation.

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

Acknowledgements

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Aiko Allen,
Tribal Liaison
Department of Health



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