



State-Tribal Collaboration Act July 31, 2020 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

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 (OTL) 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.

This year's executive summary is framed by the COVID-19 response from March 2020 to the present. COVID-19 has demanded mobilization and leveraging of resources among "health" agencies in the state in order to address the needs of tribes, pueblos, and nations located with the state's geographic boundaries.

In particular, with inter-agency and external partners, close collaboration has taken place with the Indian Affairs Department (IAD) in coordinating a tribal community and tribal enterprise test site and surveillance plan; with OTL, the Infectious Disease Bureau, the Epidemiology and Response Division (ERD) (that includes the Bureau of Health Emergency Management (BHEM) and the Tribal Epidemiologist and Medical Epidemiologist), with Public Health Division (PHD) regional directors and medical directors and staff who have filled in so many gaps for contact tracing and other functions, Albuquerque Area and Navajo Area Indian Health Service (IHS), the Southwest Tribal Epidemiology Center (Albuquerque Area Indian Health Board), Presbyterian Hospital, TriCore, the Navajo Nation Task Force, Navajo Nation Epidemiology Center, Navajo Nation Health Department, tribal leaders and Incident Commands that include Tribal Emergency Managers (and those designated to fill these roles), the "health" Secretaries, and many more staff and officials.

Prior to COVID-19's emergence as one of the most critical infectious diseases in public health history to emerge during this century, NMDOH focused on objectives related to behavioral health (including diseases of despair—alcohol use, suicide, unintentional and intentional deaths often connected to substance misuse), access to primary care, and chronic diseases prevention and reduction, immunizations, screening and services for maternal and child health, data collection, analysis, and distribution.

In the arena of substance use, the Office of Tribal Liaison (OTL), in collaboration with the Epidemiology and Response Division (ERD) and HSD, initiated a multi-faceted approach for reviewing the complex issue of substance use within tribal communities/populations. While there is a federal priority for opioid use and response, and NMDOH actively participates in these initiatives, for thirty years New Mexico has the highest alcohol-related death rate in the US. (December 2018. New Mexico Department of Health Substance Use Profile. Substance Abuse Epidemiology Section, Injury and Behavioral Epidemiology Bureau, Epidemiology and Response Division, p. vii).

OTL undertook a project to map tribal substance use prevention resources while ERD developed an assessment of treatment resources in the state. OTL/ERD began work with a number of tribal

partners and leaders in the area of substance use to develop a tribal roundtable on alcohol-related mortality rooted in indigenous perspectives, evaluation, and assessment informed by a historical and cultural context. Engagement in planning led to participation, engagement, and discussions on strategies and actions to address this public health concern through advocacy for a NMDOH supported Tribal Alcohol Task Force. While the urgency of COVID-19 has delayed further work on this topic, the intention is to regroup and continue dialog to action before year's end.

Health Status Priorities: Highlights

Given the number of programs and services included in this report, this section of the report highlights some health status priorities for the agency during the first part of the fiscal year: Diabetes (page 12-13), Obesity (page 14-15), and Substance use--which includes non-ceremonial use of tobacco (pages 25-30) and drug overdoses prevention (page 38).

While more detailed information is provided by the Public Health Division programs on the pages listed above, some activities for these priorities are briefly summarized below:

Diabetes

Through the Tribal Outreach Coordinator, Virtual training and implementation of the National Diabetes Prevention Program (National DPP), was offered to adults with prediabetes or at risk for type 2 diabetes--pueblos of Santo Domingo (Kewa) and Sandia; To'hajiilee Navajo Chapter, and Northern Navajo Medical Center. The year-long program focuses on moderate changes in both diet and physical activity to achieve modest weight loss in the range of five-seven percent of baseline body weight.

Obesity

Since 2010, the New Mexico Department of Health's (DOH) Obesity, Nutrition, and Physical Activity (ONAPA) and Healthy Kids Healthy Communities (HKHC) programs have partnered with three or more Indian Tribal Organizations on healthy eating, physical activity, and obesity prevention. American Indians experience disproportionate risk factors, chronic disease burden, and limited access to healthy, affordable food and places to be physically active. American Indian students in New Mexico also have the highest obesity prevalence compared to their Hispanic and White counterparts. In 2019, 29.3% of American Indian third graders were obese compared to 24.5% of Hispanic and 15.8% of White students. The HKHC program works with Ohkay Owingeh, San Ildefonso, and Zuni Pueblos and focuses obesity prevention efforts in the early care and education (ECE) setting, school setting, food system, and built environment. 10,578 tribal members were served across three communities.

Substance Use (including non-ceremonial tobacco use)

Tobacco Use Prevention and Control Program (TUPAC): Through contracts with Keres Consulting Inc., a variety of secondhand smoke policies were supported through Community Health Leader Awards (9); trainings on empowering policy change (15); numerous tribal events on secondhand

smoke protections (25 tribal and tribal serving organizations); technical assistance in drafting policies, etc. Technical assistance was provided to Pojoaque Pueblo by drafting policy language to eliminate cigarettes and e-cigarettes from all tribal buildings. Most recently, the Pueblo of Acoma passed a proclamation to protect the community from secondhand smoke and e-cigarette aerosols.

ERD: Overdose Prevention and Education Program: This program aims to reduce overdose incidents due to both prescription and non-prescription substances. The Program hired a new Tribal Overdose Prevention Coordinator just before COVID-19 shut-downs occurred in New Mexico. The new Tribal Overdose Prevention Coordinator is conducting outreach by phone to the tribes during the pandemic. The Program is also contracting with the Native American Training Institute, Inc. to coordinate the work of a community multidisciplinary task force to expand Naloxone availability, promote safe prescribing, increase access to Medication Assisted Treatment (MAT) through Primary Care Physicians (PCP), and promote other Substance Use Disorder (SUD) treatment to reduce overdose death rates in the 23 New Mexico Federally recognized Tribes, Pueblos and Nations

Other Topics of Interest

Food Insecurity and Food Deserts in Tribal Communities

The Office of Tribal Liaison worked in collaboration with the Obesity, Nutrition, and Physical Activity Program (ONAPA) and with the Women, Infant, Children (WIC) Farmers Market and Senior Farmers Market programs to provide a fourth gathering of tribal farmers and ranchers at Santa Ana Pueblo, Tamaya Wellness Center. The event was coordinated by Keres Consulting. The purpose of these gatherings is to strengthen the business of tribal agriculture and ranching. 56 participants attended the event and travelled from multiple locations such as Crystal, Santa Cruz, Sheep Springs, Jemez, Acoma, Vanderwagon, and Torreon. Topics covered included Farm to School procurement, Farm to Table, WIC, Creating a Better Image of Agricultural Products, and Extending the Selling Season by Creating Value-added products.

Developmental Disabilities Division

A formal consultation on Medicaid Supports Waivers for Home and Community-based Services was jointly coordinated by HSD and NMDOH with tribal leaders on October 28, 2019. Governor Lujan-Grisham's directive to HSD and NMDOH was to:

1. Develop a plan to provide assistance to individuals waiting for services on the Developmental Disabilities (DD) Waiver
2. Include development of a Supports Waiver program and evaluate entire DD Waiver program

Immunizations

A Community Health Worker (CHR) curriculum was developed by the Immunization Program to aid CHRs in educating communities about immunizations, including identification and implementation of best practices.

Development of a state immunizations plan led to an OTL facilitated series of meetings with the agency Immunizations team, school-based health advocates (nurses) and Bureau of Indian Education directors in order to renew and strengthen relationships.

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

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.
- NMDOH staff who work with tribal communities are required to take a 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. 94 NMDOH staff participated in this training known as *Working More Effectively with American Indian Tribes, Pueblos and Nations in New Mexico,*" from August 2019 to February 2020.
- 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 FOR AMERICAN INDIANS

Public Health Division

Office of Community Health Workers

(505)827-0015

Assistance CHW certification process for CHRs: Traveled to Santo Domingo, Santa Ana , Tesuque, Sandia, Ohkay Owingeh Pueblos ; Conference call with one CHR from Santa Clara Pueblo to assist with CHW certification application process

Training opportunities: Assisted the DOH, OOH with an oral health education training for Zuni and Santa Ana Pueblos; Conference call with Northern Arizona University regarding NAU offering CHW continuing education units for tribal CHRs; Conference call with a diabetes CHR from Acoma Pueblo wanting more training opportunities; Assisted the NMCHW Association with a quarterly meeting and training at Cochiti Pueblo CHR Program, about 20-25 tribal employees and community members attended

Reviewed a MOA, memorandum of agreement for Navajo Nation's re; health & wellness program Working with the DOH Fall Prevention program to determine the need for trainings in tribal communities

Participated in COPE Program's BOD quarterly meetings-working to assist Navajo Nation with health disparities, food insecurities, etc.

Attended the two-day PRAMS Tribal MCH data meeting

COVID-19: Bought several gallons of bleach, and other cleaning supplies. I traveled to Zia Pueblo to hand-deliver the supplies; Spoke with a Rep from the Kellogg Foundation regarding how can they help the tribes; Collected plastic jugs for water, for the people of Navajo Nation; Bought several large squirt bottles for hand sanitizer that will go to the Navajo Nation; Made phone contact with several tribal CHR programs during the pandemic.

FY20 Estimated Expenditures: Program fees go to support the administration of the certification process.

Office of Oral Health

(505) 827-0837

Population and Community Health Bureau

Oral health social marketing.

Each year the Department, New Mexico Delta Dental and the Hearst Corporation (KOAT TV Channel 7 Albuquerque) partner and promote oral health during Children's Oral Health Month February 2020. Oral health is promoted through KOAT TV's, Delta Dental, and the NM Department

of Health's face book, twitter and other social media venues throughout the state. Native Americans received our oral health information. In addition, a healthy smile campaign is conducted – individuals throughout the state submit original photos of a smile. 2,600 photos were submitted this year. 3 individual photos were selected winning a spot on KOAT TV and a monetary award. This year's first place winner was a Native American child.

The Office of Oral Health has produced an oral health specialty track for Community Health Workers. Native American CHW's were asked to participate in a pilot training session. The CHW's were very happy to participate and reviews the document.

Services: The Office of Oral Health (OOH) conducts a mobile prevention program (dental sealant, fluoride varnish, and oral health education) targeting pre-school and elementary school aged children statewide. During the FY 20 school year, 160 American Indian students participated in the program throughout the state. The data varies year to year due to the number of students participating in the program. Due to COVID19 the school closed in March 2020.

Services were provided by state staff and state funded contractors. Students participated in the programs while attending public school and non-pueblo Head Start schools. Services included oral health education, a dental assessment/examination, application of a dental sealant or fluoride varnish (3 times a year), incentives (toothbrush, tooth paste and dental floss), dental examination, and dental case management. State staff assisted 32 students secure dental treatment.

OOH staff attended health fairs this past fiscal year at Sandia and Acoma Pueblos. Staff provide oral health education and toothbrushes, toothpaste, and dental floss were given to the participants.

OOH partners with the Southwestern Indian Polytechnic Institutes (SIPI). The Institute is a member of the NM Oral Health Coalition. SIPI staff provide oral health culturally appropriate education material to OOH, OOH staff distribute the material during health fairs.

OOH, the Family Health Bureau and the CHI St. Joseph's Foundation "Home Visiting Program" have partnered to promote oral health among pregnant women and their children. Native American women will in various Pueblos will be participating in the "Home Visiting Program".

OOH staff work in conjunction with the Office of Community Health Workers to promote oral health among the American Indian population. Various Native American communities have received oral health information and incentives (toothbrush, toothpaste).

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.

<https://ibis.health.state.nm.us/topic/healthcare/utilization/OralHealth.html>

[The Oral Health of American Indian and Alaska Native Children Aged 1-5 Years: Results of the 2014 IHS Oral Health Survey](#)

https://www.ihs.gov/doh/documents/IHS_Data_Brief_1-5_Year-Old.pdf

Served FY20: 310

FY20 Estimated Expenditure: \$19,796.59 (clinical services).

FY20 In Kind Expenses: Dental Sealant, Fluoride Varnish, dental clinical supplies, oral health education material. And incentives (e.g. toothbrushes, etc.). Additional cost includes vehicle and personnel costs.

Cancer

Public Health Division

Breast & Cervical Cancer Early Detection (BCC) Program (505) 841-5860

Services: Provide free breast and cervical cancer screening and related diagnostic follow-up care for American Indian individuals 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, First Nations Community HealthSource, and at approximately 80 other federally qualified health centers and hospitals throughout the state. Those 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 and education for 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 biennial basis, providing population-based estimates of mammogram and Pap test screening history. Estimates are available via indicator reports on the New Mexico Indicator-Based Information System (NM-IBIS) website.

Served FY20 (YTD): 457 American Indian women 21 years of age or older, who live at or below 250 percent of the federal poverty level and are uninsured. To date in FY20, one (1) American Indian woman has been diagnosed with invasive breast cancer and no American Indian women have been diagnosed with in situ breast cancer. In addition, no American Indian women have been diagnosed with a pre-cancerous cervical condition or invasive cervical cancer so far in FY20.

FY20 Estimated Expenditure: \$106,475 to date in federal grant and state funds.

Comprehensive Cancer Program (505) 222-8609

Services: Provide support for culturally and linguistically tailored cancer prevention, risk reduction, and screening education programs in partnership with the Albuquerque Area Indian Health Board (AAIHB). In FY20, AAIHB provided trainings to field health and ancillary staff (Community Health Representatives, health educators, medical assistants, and others) from the 22 Tribes, Nations and Pueblos in New Mexico about colorectal cancer screening modalities, as well as conducting follow-up with participants trained in the previous year. In addition, AAIHB provided resources and materials to providers in Indian Health Service and tribal health care facilities in New

Mexico highlighting United States Preventive Services Task Force recommendations for breast, cervical and colorectal cancer screening and recommendations from the Advisory Committee on Immunization Practices to support the uptake of HPV vaccination.

The Program also provided financial support to finalize an educational module to provide suggestions and guidance on implementing the New Mexico Native American Cancer Plan in Native communities. Input from community stakeholders from tribal communities and the Mexico Cancer Council's Native American Workgroup was collected to create and develop this document. In addition, the Program provided administrative support for the Native American Workgroup.

The Comprehensive Cancer Program continues to respond to requests for support of community events from Native American communities interested in conducting cancer prevention and risk-reduction activities. The program provided educational materials and the *Strollin' Colon*, an educational, inflatable, walk-through model of a colon, for community members of Sandia and Isleta Pueblos.

Served FY20: Approximately 350 healthcare providers and 200 community members received information and/or education in programs supported by the Comprehensive Cancer Program; no community members received direct services through the 2020 meetings of the New Mexico Cancer Council's Native American Workgroup.

FY20 Estimated Expenditures: \$34,500.00 as well as approximately \$500 in DOH staff salaries.

Diabetes & Chronic Disease Prevention and Management Initiatives

Public Health Division

Native American Partnership for Health & Wellness Promotion (505) 841-5871

Services: One of the Diabetes Prevention and Control Program's (DPCP) strategies is to build capacity for evidence-based diabetes prevention and management interventions in New Mexico's Native American communities to reduce diabetes-related health disparities. Due to COVID-19, the scheduled in-person meetings for NAP general members were cancelled, however the Core Committee continued conference calls to continue its outreach and training workgroups. The DPCP-HDSPP Tribal Outreach Coordinator continued to link programs with select information and resources via NAP's list serve (30 emails this fiscal year).

Served FY20: Over 100 contacts have been documented this fiscal year for NAP meetings, calls, and activities. Due to the COVID-19 safe practices and guidelines, this year's NAP annual conference was cancelled, however new Online Trainings were developed and posted on NAP's new website, www.nmnap.org. Also, based on needs expressed by NAP members for their programs and communities, the DPCP-HDSPP Tribal Outreach Coordinator collaborated with NAP's Core Committee and additional partners and stakeholders to host two live, online sessions

on June 16 and 17 with motivational speakers Chance and Tyler Rush (from their home in Oklahoma). Chance and Tyler are very active members of the Muscogee Creek Nation and their sessions were inspiring to those in attendance.

Estimated FY20 Expenditure: \$50,000 (100% federal funds paid by HDSPP)

National Diabetes Prevention Program

(505) 841-5861

Services: Build capacity to offer an evidence-based lifestyle intervention for preventing type 2 diabetes to communities. The National Diabetes Prevention Program (National DPP) was developed by the CDC for people who have been diagnosed with prediabetes or are at risk based on the CDC risk test. This intensive lifestyle intervention has been adapted from the original Diabetes Prevention Program National Institutes of Health study. The National DPP focuses on assisting participants with the skills to lose 5-7 percent of their starting weight and to accumulate 150 minutes of moderate physical activity each week.

Served FY20: DPCP National DPP Coordinator and Master Trainer offered one Lifestyle Coach training with two tribal members attending from To’Hajiilee (Canoncito Band of Navajos). In January 2020, a Refresher Training occurred on-site (and by request) at Northern Navajo Medical Center, “NDPP Group Dynamics and Burnout.” Eight individuals participated in this training. In addition, six (6) technical assistance calls were offered to all trained coaches, including a virtual NDPP class on how to utilize Zoom (tips and practice) with four attendees from Northern Navajo. Communication and outreach were delivered throughout the year to the following tribes and pueblos: To’Hajiilee, Northern Navajo, and the Pueblos of Santo Domingo (Kewa) and Sandia. Specifically, the National DPP State Coordinator was instrumental in bringing pertinent members of the Choctaw National DPP staff to New Mexico to discuss possible implementation in tribal communities.

Estimated FY20 Expenditure: \$2,500

Kitchen Creations Cooking Schools for People with Diabetes

(505) 476-7618

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 FY20: Twenty-eight (28) American Indians participated during FY20 out of 293 total participants. Note that three workshops had to be cancelled due to COVID-19 in McKinley County, Laguna Pueblo, and Albuquerque Indian Health Center.

Estimated FY20 Expenditure: 100% percent TSF funds, average cost per person was \$366. This is an estimate of FY20 for American Indian participants of Kitchen Creations Cooking Schools and is higher than usual due to the cancellation of workshops.

Chronic Disease Self-Management Education Programs

(505) 841-5841

Services: The Chronic Disease Self-Management Education Programs (CDSMEP) is a group of free self-management programs for adults of all ages, including those with disabilities, who are living with one or more chronic health condition that requires daily self-management. Conditions may include arthritis, chronic pain, asthma, cancer, HIV, diabetes, high blood pressure or heart disease. All workshops are led by two trained leaders, at least one of whom has a chronic health condition and are taught in community settings such as churches, hospitals, senior centers and worksites.

Participants meet for 2-1/2 hours once a week for six weeks.

Served FY20: A total of 30 American Indians participated in CDSMEP workshops at the Pueblos of San Felipe, Taos, and Ohkay Owingeh. Four workshops were cancelled due to COVID-19.

Estimated FY20 Expenditure: \$ 10,500 (100% federal funds, average cost per person \$350)

Heart Disease and Stroke Prevention Program (HDSPP)

(505) 841-5871

American Heart Association's Go Red for Native American Women

Services: In recognition of National Heart Health Month, the American Heart Association, in partnership with the Department of Health's Heart Disease and Stroke Prevention Program, held the 8th annual Go Red for Native Women Heart Health Summit, "Drum to the Beat of a Healthy Heart." The summit was held on Friday, February 7, 2020 in Albuquerque. More than 240 participants attended from pueblos, tribes and nations throughout New Mexico, Arizona and Colorado. Go Red was developed to bring attention and research dollars to a neglected area: women's heart health. Heart disease is the number one killer of women. Heart attack symptoms are often subtler in women than in men

Royale Da (San Ildefonso), anchor/reporter for the Action 7 News, welcomed everyone as facilitator for the third year. Dr. Julianna Reece (Navajo), the Albuquerque Area Indian Health Service Medical Officer, was the Keynote Speaker. She gave a wonderful educational session about women and heart disease. Denisa Livingston (Dine, New Mexico), a community health advocate for the Dine Community Advocacy Alliance (DCAA) spoke about her involvement in the successful passage of several laws, most notably the Healthy Dine Nation Act of 2014. Tee Benally (Navajo) with Keres Consulting talked about the dangers of vaping. Paula Tsoodle (Taos) and Personal Trainer with Taos Health and Community Services showed a popular new video, "Pow Wow Sweat – Dancing to the Beat of Your Own Drum."

Served FY20: A total of 240 American Indians participated in the Go Red Event.

Estimated FY20 Expenditure: \$10,000 (100% federal funds paid by HDSPP)

Obesity, Nutrition and Physical Activity Program

Healthy Kids Healthy Communities

(505) 476-7616

Services and Interventions:

Since 2010, the New Mexico Department of Health's (DOH) Obesity, Nutrition, and Physical

Activity (ONAPA) and Healthy Kids Healthy Communities (HKHC) programs have partnered with three or more Indian Tribal Organizations on healthy eating, physical activity, and obesity prevention. HKHC currently works with Ohkay Owingeh, San Ildefonso, and Zuni Pueblos and focuses obesity prevention efforts in the early care and education (ECE) setting, school setting, food system, and built environment. Key strategies include:

Early Care and Education Setting:

- Establishing and implementing preschool wellness policies that support increased healthy eating and physical activity, decreased screen time, water consumption, breast feeding support, and staff wellness.
- Implementing the Healthy Kids Healthy Preschool Challenge a 4-week initiative to increase physical activity to 120 minutes per day and decrease or eliminate screen time for preschool age children attending ECE programs
- Implementing the Family 521O Challenge, a fun four-week initiative supporting parents with children attending ECE programs to practice healthy habits at home.

School Setting

- Updating, strengthening, and implementing school wellness policies that support healthy eating and physical activity
- Establishing edible school gardens and salad bars
- Purchasing local produce for school meals
- Supporting healthy cafeteria environments
- Nutrition education and fruit and vegetable tastings
- Healthy fundraising
- Implementing the Healthy Kids 5.2.1.O Challenge and Eat Smart to Play Hard social marketing campaign to support healthy habits and family engagement
- Increasing physical activity opportunities before, during, and after school
- Active celebrations

Food System:

- Establishing farmers' markets and community gardens
- Nutrition education including fruit and vegetable tastings or cooking demonstrations
- Establishing and supporting edible gardens in senior centers
- Purchasing local produce for senior meals
- Healthy food preparation and nutrition education training for Indian Health Service staff, tribal clinical staff, and community health representatives

Built Environment:

- Creating safe and active outdoor space
- Increasing the number of safe walking and biking routes connecting neighborhoods to everyday destinations

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.

Rates of childhood obesity and overweight remain high in New Mexico and American Indian students continue to have the highest obesity prevalence rates among all racial and ethnic groups. In 2019, 29.3 percent of American Indian third grade students and 21.5 percent of kindergarten students were obese.

Served FY20: 10,578 tribal members across three communities.

FY20 Expenditures: Total FY20 budget: \$400,000. The three communities also leveraged additional funding and resources to support HKHC implementation efforts.

Immunizations

Public Health Division

Immunization Advocacy

(505) 827-0219

Services: Provided immunization education and administered vaccines statewide during many outreach events serving both pediatric and adult populations: school-based vaccine clinics, community-located hepatitis A vaccine clinics, and influenza vaccine point of dispensing sites (PODs). Other advocacy activities include the annual “Got Shots?” back-to-school event and collaborations with other agencies on identifying strategies to improve immunization rates. In addition, many bus wraps in the NW quadrant of the state were used to promote Immunization.

Ongoing collaboration in the Influenza and Pneumococcal Reduction initiative continues, and Epidemiology and Response Bureau leads the effort in facilitating meetings to ensure the activities outlined in the strategic plan are completed. Public Service Announcement’s during flu season are run from the end of September – October in Navajo on the local radio station. Reminder-recall postcards are mailed monthly to increase flu and pneumococcal vaccinations. The Community Health Worker (CHW) curriculum was developed by the Immunization Program to aid CHWs in educating communities about immunizations, including identification and implementation of best practices. In 2019, the office of CHWs representing several pueblos and tribes adopted the curriculum and use it to train CHWs and providers in AI/AN communities in dispelling myths and identifying reasons why people are not getting vaccinated.

Served FY20: All American Indian children ages birth through 18 years in New Mexico; children and adults served at outreach sites.

FY20 Estimated Advocacy Federal Fund Expenditures: \$82,980.96

Vaccines for Children

(505) 827-2898

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

Served FY20: Approximately 84,040 American Indian children ages birth through 18 years.

FY20: Estimated Federal Fund Expenditures: Approximately \$2,801,053.20

Family Planning Services

Public Health Division

Family Planning Services

(505) 476-8882

This program provides comprehensive family planning services, including clinical reproductive health services, community education and outreach. Technical assistance and funding are 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.

Served FY 20: Clinical services for 299 American Indian or Alaska Native individuals; and educational programming for teens which included 67 American Indian or Alaska Native youth who successfully completed programming.

FY 20 Estimated Expenditures: Personnel and administrative costs only including \$100,300 for the education contract.

Infectious Diseases

Public Health Division and Epidemiology and Response Division (ERD)

Infectious Disease Epidemiology Bureau

(505) 827-0006

Epidemiology and Response Division (ERD)

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 FY20: All tribes in New Mexico.

FY20 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 (PLWH) 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 tribal and urban areas statewide, 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 FY20: Unable to determine unduplicated count.

FY20 estimated expenditures: \$275,000 for HSP contract plus \$9,000 for dental contract with First Nations Community HealthSource. Additional expenditures for American Indians served across all providers in the HSP network.

HIV Prevention Program

(505)476-3624

Services: 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) from their offices in Albuquerque, Gallup and Farmington. 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.

Delivers culturally competent HIV testing services in the Northwest Region and Albuquerque metropolitan area to expand access via contracts with community-based organizations.

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 FY20: First Nations provided targeted HIV tests to 220 clients in Albuquerque, 29 clients at SIPI school, and 199 clients in the far northwest region of the state on and near the Navajo Nation during calendar 2019. Unable to determine unduplicated count for participants reached by HIV prevention.

FY20 Estimated Expenditures: \$166,400 for First Nations Community HealthSource to deliver culturally specific prevention 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 FY20: Unable to determine unduplicated count.

FY20 Estimated Expenditures: Approximately \$165,000 in personnel costs for the regional Disease Prevention Team.

Tuberculosis Program

(505) 827-2471

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 FY20: Services available for all tribes within New Mexico.

FY20 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.

FY20

Services: Caseload--Monthly average

47,000

FY20 Estimated Expenditures:

- Federal Fund (Admin): \$14,637,715
- Federal Fund (food): \$15,577,688
- Total Federal Funds: \$30,215,403
- State General Fund: \$145,731

Farmers' Market Nutrition Program (FMNP)

(505) 476-8816

Services: Provides USDA funding in the form of a \$30 book of checks (\$30.00 maximum per household) for income-eligible WIC participants to spend on fresh fruit and vegetables at authorized Farmers' Markets throughout the state of New Mexico during the summer growing season.

FY20 served: 6,711 WIC clients spent \$120,600 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.

FY20 served: 13,000 seniors spent \$288,000 at authorized New Mexico's Farmers' Markets.

Participating Tribal, Pueblo, and Nation, Farmers' Markets:

San Felipe Pueblo, Jemez Pueblo, Santo Domingo Pueblo, Taos Pueblo, Pojoaque Pueblo & . Five Sandoval Indian Pueblos. Hasbidito Mobile Farmers' Market serving: Ojo Encino, Nageezi and Torreon. The Alamo and Shiprock Chapters of the Navajo Nation.

Senior Farmers' Market Nutrition Program participating senior centers:

Ohkay Owingeh and San Ildefonso Pueblos.

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 FY20: Services provided to approximately 28 American Indian families statewide.

FY20: Estimated Expenditures: \$16,800.

School-Based Health Centers

Public Health Division

School-Based Health Centers

(505) 222-8682

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 FY20: 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.

FY20 Estimated Expenditure: \$975,000 (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 (NMCAL); and the National Suicide Lifeline. Agora and the National Suicide Lifeline have added an on-line CHAT to their existing call capabilities. This CHAT feature has proven to be a very popular communication venue for teens. Calls are answered by trained professionals and volunteers with supervision and backup by a licensed behavioral health provider.

Screening Programs

Public Health Division

Newborn Genetic Screening Program

(505) 476-8868

Children's Medical Services

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 FY20: 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.

FY20: Estimated Expenditures: \$342,000

Newborn Hearing Screening Program

(505) 476-8868

Children's Medical Services

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 FY20: Approximately 200 American Indian children required follow-up services.

FY20: Estimated Expenditures: \$48,730

Children's Medical Services

Public Health Division

Children's Medical Services (NMCMS)

(505) 476-8860

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 FY20: 400 American Indian youth and children with special health care needs statewide.

FY20 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.

Since 2011, New Mexico MCHEP staff have worked in formal partnership with the TECs to improve survey participation and have sustained significant representation of Native women in New Mexico PRAMS. Together with the TECs, PRAMS staff continuously improve survey development, revision and data translation. 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 AZ and NM Title V and MCHEP staff, monthly. We work 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 2012-2018 births). We work across all three sites to develop media and data or policy applications with organizations serving Native American women, statewide and with staff of state and tribal WIC programs.

In 2017 the NM Tribal PRAMS Study began with a census of all NM Native American women giving birth, except Navajo women, of whom 50% are randomly selected. Native American women participating in the NM state PRAMS and in the NM Tribal PRAMS contribute to aggregated responses from both studies (using identical survey instruments) and can be reported in a unified data source. Results were shared at the Second Annual Tribal PRAMS Symposium in February 2020 which was planned by the Albuquerque Area Southwest Tribal Epidemiology Center with support from MCEHP PRAMS staff. Over 200 health and human services staff, CHRs, tribal serving organizations and MCH researchers participated in the 2018 and in the 2020 symposia.

Maternal Morbidity and Maternal Patient Safety Bundles

FY20 objectives in the Title V MCH Block Grant and State Systems Development Initiative (SSDI) included a hospital-level monitoring of severe maternal morbidity (SMM)

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/severe-morbidity-ICD.htm> and identify predictors or underlying conditions reported on the birth certificate and in complementary data sources. A linkage of 2015 births with 2014-2016 hospitalizations analysis was shared in a brief update at the Navajo Epidemiology Center and First Lady Nez in April 2019. AZ and NM severe maternal morbidity rates indicate that Native American women experience two-times higher prevalence of events considered severe enough to be ‘near-miss death’ cases, meaning they could have resulted in death. Maternal death review among women passing away during pregnancy or within one year of pregnancy end review also reveal negative disparities for Native women in both states.

Following the Navajo Nation consultation and release of national maternal mortality publications, the National Indian Health Board held a meeting with Tribal Epidemiology Centers in February 2020. The main purpose of the meeting was to consult with tribes and TECs on the expansion of maternal mortality reviews and if those reviews should happen within state committees with tribal participation or if tribes will create their own review committees. New Mexico has a state review, and tribal members are invited to participate on that committee, pending vetting with the Office of the Governor.

Data translation and Policy

The FY20 objectives to make maternal and child health data more accessible began with technical assistance from Wayfinder Media to develop a Title V website and data dashboards to share results from NM and Tribal PRAMS. The website will be released to the public in July 2020 and will make reports and data queries from NMDOH and TECs consolidated and more accessible. Policy development in the areas of maternity level, pregnancy accommodations, lactation support, home visiting and primary care provision continue to highlight data to action with direct service impact. This makes New Mexico exemplary among the U.S. PRAMS sites, earning us national awards.

Workforce Development

Staff at the University of New Mexico College of Population Health, MCH Epidemiology and the TECs launched an inaugural competitive **MCH Epidemiology Traineeship** in February 2020. The first cohort of five minority students were placed in internship positions with NMDOH and the TECs or partnering tribal organizations. Three students were Native American and are pursuing advanced degrees in medical and public health programs. The second cohort is set to begin in September 2020 and will bring 3-5 students into internship placement.

Served FY20: All federally recognized U.S. tribes.

FY20 Estimated Expenditures: \$85,000 for communication, technical assistance-capacity building, collaborative media development and intern training with 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:

Thirty (30) Natural Helpers Peer-to-Peer Programs were funded including the following predominately NA-serving schools in the 2019-2020 school year:

1. 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.
2. Aztec
3. Kirtland
4. Espanola
5. Pojoaque
6. Farmington
7. Native American Community Academy (NACA)
8. Nambe Pueblo
9. Ruidoso
10. Santa Fe Schools

Question Persuade and Refer (QPR) a Suicide Prevention Gatekeeper Program was presented to four other state agencies including Children Youth and Families, Public Education, Corrections and Human Services. There were also eleven school districts and a number of municipalities included in the training schedule. New this year was the addition of master trainer classes provided teaching our partners “to fish,” or build their own cadre of gatekeepers rather than waiting for a training from us.

Served FY20: Over 30 communities annually.

FY20 Estimated Expenditure: \$225,000

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 Native American 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 indicators. The Youth Risk and Resiliency Survey (YRRS) collects data on cigarette and other tobacco use among middle and high school students biennially, most recently in Fall 2019. TUPAC provides funding that supports both the BRFSS and YRRS. 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.

TUPAC Anti-Oppression Framework

TUPAC works to identify and eliminate tobacco-related health disparities among population groups that have been targeted by the tobacco industry. Key to addressing this goal is the development of strong, trusting partnerships, often with groups of people that have a history of being oppressed, marginalized, and having promises on treaties broken by government agencies.

Many institutions inadvertently create systems that can present oppressive obstacles to accessing and providing services. TUPAC operates from the belief that helping our staff, contractors and partners better understand the dynamics of oppression is essential to identifying and addressing the

barriers, obstacles and misunderstandings that hold back the development of strong, trusting, and effective partnerships essential to identifying and addressing tobacco-related disparities. Through the incorporation of an [anti-oppression framework](#), TUPAC expects to see the harmful and addictive use of tobacco decrease more rapidly, as tobacco –related health disparities are identified, addressed, and eliminated.

FY20 Services

FY 20 services to American Indian populations in New Mexico are provided through contracts and partnerships between TUPAC and Keres Consulting, Inc., Rescue Agency, Alere Wellbeing, Inc., Oso Vista Ranch Project, Southwest Tribal Tobacco Coalition, Acoma Health & Wellness Department, and the New Mexico Allied Council on Tobacco. These organizations 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.

The New Mexico Department of Health's Tobacco Use Prevention and Control (TUPAC) Program contracts with Keres Consulting to manage [Smoke Free Signals](#), which provides educational and technical assistance initiatives in Native American communities to promote protections from secondhand commercial tobacco smoke and nicotine aerosols that are not currently assured by voluntary or legislated policy.

In FY 20, *Smoke Free Signals* granted 12 Community Health Leader (CHL) awards to tribal community champions to work toward a range of secondhand smoke policy initiatives to protect people from exposure to secondhand smoke. FY20 award recipients include:

1. Acoma Pueblo (two CHL awards supported this tribe)
2. Jemez Pueblo (two CHL awards supported this tribe)
3. Laguna Pueblo
4. Pojoaque Pueblo
5. Taos Pueblo
6. Zia Pueblo
7. Navajo Nation Tooh Haltsooi Council of Naataanii Chapter
8. Navajo Nation Shiprock Chapter
9. Navajo Nation Eastern Agency
10. Navajo Nation To'hajiilee Chapter

The Community Health Leader orientation delivers the training, “Empowering Policy Change,” to assist Community Health Leaders with identifying a policy for their community and developing a policy action plan to achieve that policy.

In FY 20, “Empowering Policy Change,” was presented by *Smoke Free Signals* to the following communities. Note that all presentations from March 2020 onward were cancelled due to COVID-19.

1. Indian Health Service Albuquerque Area Office Health Promotion Disease Prevention Health Council Quarterly Meeting
2. Santa Fe Indian School
3. Santa Fe Indian School (different date and set of students)
4. Zia Pueblo presentation to Zia Health Taskforce, Zia Diabetes Prevention Program, and Zia School Culture Project
5. Community Health Leadership Program orientation meeting
6. Community Health Leadership Program orientation meeting (different date and set of attendees)

This contractor participated in numerous tribal events to provide education on secondhand smoke protections through environmental policies, including the following communities. Note that all presentations from March 2020 onward were cancelled due to COVID-19.

1. Buffalo Thunder Together We Are Stronger New Mexico Youth Summit
2. Go Red for Native Women Heart Health Summit “Drum to the Beat of a Healthy Heart”
3. HEMISH and NHI Jemez Pueblo Fun Run and Health Fair
4. Indian Health Service Albuquerque Area Great American Smokeout
5. Native American Community Academy Annual Laughter is Medicine Comedy Show
6. Navajo Housing Authority Tohajiilee Subdivision Prevention Summit
7. Native American Veterans Health and Wellness Symposium
8. Pojoaque Pueblo Annual Celebrate a Culture of Healing Event
9. Pojoaque Pueblo Summer Youth Empowerment Program
10. Annual Ramah vs. Pine Hill Alumni Basketball Tournament (Navajo Nation)
11. Santo Domingo Annual Health Fair
12. Tesuque Pueblo Annual Health and Safety Fair
13. Zia Pueblo Housing and Community Health Fair
14. Zuni Housing Authority Annual Health Fair

In FY20, the Naataanii Chapter passed a tobacco free resolution, prohibiting all forms of tobacco, inclusive of smokeless and e-cigarettes, in public places. The resolution was supported with custom signs for Naataanii Chapter stating the resolution number and previous Navajo Nation executive order number. No tobacco-use signs have been hung in conspicuous places including at the flea market, Chapter House, wellness center, warehouse, senior center, visitor center, and headstart. Naatannii Chapter’s CHL is teaming with Navajo Nation Delegate Crotty to have the Northern Agency adopt this resolution (extending existing no tobacco policy to be 100% with e-cigarettes and smokeless tobacco) to the Northern Agency, which will then be brought to Navajo Nation at large for consideration of implementation.

Technical assistance was also provided to the Pojoaque Pueblo Community Health Representative Director as she works to encourage tribal and enterprise leadership to open Pojoaque's casinos as 100% smoke free once COVID-19 closures have been lifted.

Additionally, *Smoke Free Signals* publishes a bi-weekly 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. The newsletter is currently distributed to 417 recipients.

Rescue Agency

The TUPAC Program contracts with Rescue Agency to support youth engagement through Evolvement, which activates the power of local youth leaders to contribute to behavior change through policy change and health education, while providing leadership and skill-building to youth members. Evolvement groups representing tribal populations are located at:

1. Navajo Preparatory School
2. Newcomb High School

Alere Wellbeing, Inc.

The TUPAC Program contracts with Alere Wellbeing, Inc. to provide a variety of tobacco cessation services, including individual nicotine addiction treatment provided through telephonic and online QUIT NOW Cessation Services, online training for health professionals, and The Health Systems Change Training and Outreach Program.

To date in FY 20, QUIT NOW Cessation Services has provided individual services to 237 Native Americans in New Mexico. The Health Systems Change Training and Outreach Program offers free consultation, technical assistance, and training for tobacco treatment health systems change. The program provides training and outreach curriculum, including pre/post treatment surveys, Brief Tobacco Intervention training for staff and providers, Cessation Services and Referral training for staff and providers. In FY20, sixteen (16) organizations that specifically serve Native Americans participated in the Health Systems Change Training and Outreach Program including:

1. Alamo Navajo Health Center
2. Albuquerque Area Southwest Tribal Epidemiology Center
3. Albuquerque Indian Dental Clinic
4. Albuquerque Indian Health Center
5. Eight Northern Indian Pueblos/Circle of Life North
6. Eight Northern Indian Pueblos/Circle of Life South
7. Jemez Comprehensive Health Center
8. Jicarilla Department of Corrections
9. Mescalero Apache Tribe
10. Mescalero Community Health Representative Program
11. Native American Community Academy

12. Northern Navajo Medical Center
13. Pueblo of Acoma
14. Pueblo of Pojoaque
15. Taos Pueblo
16. Zia Pueblo – IHS

Oso Vista Ranch Project (OVRP)

Provided advisement and outreach, designed to reach, involve, and mobilize Navajo Nation and NM Native American communities, schools and organizations.

In FY20, OVRP contacted and provided 15 Diné serving schools with requested TUPAC materials. A group presentation delivered to Ramah Navajo Diabetes Prevention Program by Diné comedian Ernie Tsosie. The commercial tobacco prevention presentation included information regarding diabetes and commercial tobacco use. TUPAC information was also distributed at this presentation. OVRP worked with Diné comedian, Ernie Tsosie, to develop and produce five short commercial tobacco prevention educational videos on the following topics: vaping, spit tobacco, diabetes and commercial tobacco use, smoking in video games and how to encourage a loved one to quit tobacco. These videos are posted on a public sharing site for use by interested collaborative partners, schools, and organizations serving NM Native Americans.

OVRP has collaborated with the following organizations and communities to help dissemination of the above-mentioned outreach videos. These organizations are sharing access to the Ernie Tsosie prevention videos with their lists, on their websites and in their newsletters.

1. Keres Consulting-Smoke Free Signals Newsletter
2. NM Indian Affairs Department
3. Navajo Nation Department of Health Epi Center
4. Navajo Nation Diabetes Prevention Program
5. Sandoval County Prevention Program SWTTC
6. Albuquerque Area IHS
7. Gallup McKinley County Schools
8. First Nations Community Health Source
9. Navajo Nation Diné Department of Education.
10. Magdalena Mid and High Schools
11. Alamo Mid and High Schools
12. Mescalero Mid and High Schools
13. Dulce Mid and High School
14. Zuni Boys and Girls club
15. Pojoaque Pueblo
16. Pojoaque Boys and Girls Club
17. San Felipe Pueblo
18. Laguna/Acoma Pueblo
19. Ramah Navajo Chapter

20. Cuba Mid and High school
21. Bernalillo Schools
22. Santa Fe Indian school
23. Santo Domingo Pueblo
24. Albuquerque Indian Center
25. Pine Hill Schools
26. Tohajiilee Chapter
27. Ramah Navajo Wellness Program

Southwest Tribal Tobacco Coalition

The TUPAC Program provides support to contractors and tribal community representatives to participate with the Southwest Tribal Tobacco Coalition. The coalition works to acknowledge and collaborate with tribal communities in honoring and respecting the sacred use of tobacco by educating people about the differences between traditional and commercial tobacco use. Established in 2006, the Southwest Tribal Tobacco Coalition has a truly statewide reach, bringing together partners from the diverse American Indian cultures across New Mexico.

The coalition currently has about 60 members who share activities they do in their representative communities about commercial tobacco prevention and cessation. Their work provides support for the estimated 31,000 American Indian adults in New Mexico who smoke cigarettes, as well as an estimated 4,600 American Indian youth who smoke cigarettes, and people who use other types of commercial tobacco.

Acoma Health & Wellness Department

The TUPAC Program supports the “Have a Heart” campaign, which educates people on the dangers of secondhand smoke for people living with diabetes and asks friends and family to support and respect people living with diabetes by doing their part to keep the air clear of secondhand cigarette smoke. The campaign features heart-shaped pins that are attached to cards which feature artwork by various Native artists from the communities where the cards are being distributed. For each of the past ten years, the Program has supported a different tribal community to promote this important health message. In FY 20, TUPAC partnered with the Acoma Health & Wellness Department to promote the message of the “Have a Heart” campaign to the people of the Acoma Pueblo. The campaign was interrupted due to COVID-19 restrictions and will resume in FY21 when restrictions are lifted.

New Mexico Allied Council on Tobacco

TUPAC provides member support to its contractors that represent Native American communities to participate in the New Mexico Allied Council on Tobacco. The mission of the New Mexico Allied Council on Tobacco (NM ACT) is to advocate for proven tobacco use prevention policies through statewide partnerships to improve and save lives by reducing commercial tobacco abuse. The [2020 New Mexico ACTION Conference](#) was held virtually on Wednesday, May 27 and Thursday, May 28. The conference was titled, “UNITED: Invigorating partnerships to prevent commercial tobacco

use for a healthier New Mexico.” The conference offered three different tracks and featured Ernie Tsotsie, from the Navajo Nation, as a Keynote presenter and presenter for one of the tracks for Youth and Parent engagement.

Estimated Expenditures: \$543,200 – NM Tobacco Settlement Funds – 100%

Epidemiology and Response Division

Data and Epidemiology Services

The Epidemiology and Response Division (ERD), as well as other epidemiologists within DOH are committed to serving tribal communities. Bureaus within ERD conduct epidemiological surveillance within tribal communities and use these data to assess health related trends and disparities within the State of New Mexico.

DOH’s Tribal Epidemiologist works with other epidemiologists to monitor and track the health status of tribal communities in New Mexico. Tribes may access specific data through the Tribal Epidemiologist. The DOH maintains close partnerships with New Mexico’s two Federally funded tribal epidemiology centers: the Albuquerque Area Southwest Tribal Epidemiology Center and the Navajo Nation Epidemiology Center.

DOH maintains data sharing with the Navajo Nation Epidemiology Center, Navajo Area Indian Health Service, as well as the Albuquerque Area Indian Health Service. These data sharing agreements improve the quality of the data used to describe American Indian Health in New Mexico. Epidemiologists at the New Mexico Department of Health will continue to serve American Indian populations and all New Mexicans by monitoring health status and describing health disparities within New Mexico.

Birth and Death Certificates | Epidemiology and Response Division

Served: All tribes

Bureau of Vital Records and Health Statistics

(505) 827-0121

Services: The Bureau of Vital Records and Health Statistics registers about 2,665 births and 1,617 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, our major initiatives

continued to focus on conducting registration & issuance events to assist tribal members in obtaining a Real ID driver's license. One of those events was a multi-day mega event collaborating with Arizona and Colorado Vital Records. The other issuance events were held regionally at four different Pueblos in New Mexico, where we partnered with the New Mexico Motor Vehicle Division. Additionally, NMVRHS participated in the annual IHS Health Information Technology Conference, providing an overview of Vital Records and Health Statistics and its pertinence to health information technology practices. Vital Records also directed three Electronic Certification training sessions providing instruction and support for Pueblo leadership officials and tribal enrollment staff as they transitioned from paper to electronic registration procedures.

Served FY20: All tribes in New Mexico.

FY20: Estimated Expenditures: Personnel, travel and administrative costs.

Data and Epidemiology Services | Epidemiology and Response Division Served: All tribes

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

DOH maintains data sharing with the Navajo Nation Epidemiology Center, Navajo Area Indian Health Service, as well as the Albuquerque Area Indian Health Service. These data sharing agreements improve the quality of the data used to describe American Indian Health in New Mexico. Epidemiologists at the New Mexico Department of Health will continue to serve American Indian populations and all New Mexicans by monitoring health status and describing health disparities within New Mexico.

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

Services: The 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 also collects data on health conditions such as asthma, height, and weight, and produces population-based estimates of body mass index, overweight, and obesity. 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. While this is not specifically tribal data, the expanded data collection is centered in geographical areas that will maximize participation by American Indian students, including Cibola, McKinley, Rio Arriba, Sandoval, Santa Fe, Bernalillo, Lincoln, and Otero Counties

The NM BRFSS has over-sampled American Indian adults since 2004. 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 BRFSS collects data on health risk behaviors, health conditions, and height and weight on an annual basis. The BRFSS also provides population-based estimates of body mass index, overweight, and obesity for the adult population. Estimates are available via annual reports and NM-IBIS (New Mexico-Indicator-based Information System).

The survey operations unit which collects NM BRFSS data occasionally administers other surveys. Most, recently the survey unit collected data for the Albuquerque Area Southwest Tribal Epidemiology Center with the target population being American Indians who live on tribal lands. This survey was similar to the NM BRFSS and will provide data on health risk behaviors and health conditions.

Served FY20: All tribes in New Mexico.

FY20 Estimated Expenditures: Personnel and administrative costs only.

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

Services: The Community Health Assessment Program (CHAP) maintains the NM-IBIS website, which publicly provides access to public health datasets and information on New Mexico's health issues. Data are made available through IBIS to be used by researchers and community stakeholders alike. The NM-IBIS website allows the user to query several different data sets by demographic and geographic characteristics. Training and education using the NM-IBIS website and other sources of publicly available is available through the CHAP staff and DOH regional epidemiologists. Data that identifies a specific tribe is not publicly available, but this information is available to tribes through the IBIS secure tribal query for birth, death, and population data. Additionally, the Tribal Epidemiologist can provide technical assistance to tribes in providing tribe-specific health data. The Tribal Epidemiologist position is supervised by CHAP.

Served FY20 All tribes in New Mexico.

FY20 Estimated Expenditures: In-kind services with Tribal Epidemiologist staff salary.

Tribal Epidemiologist (505) 476-3654

Services: The job of the Tribal Epidemiologist at the NM DOH is to leverage DOH epidemiology

resources to analyze and disseminate health data, provide training in epidemiology and public health assessment, improve disease and injury surveillance and reporting systems, and advocate for utilization of American Indian health data. The Tribal Epidemiologist works closely with 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.

With the onset of the COVID-19, the Tribal Epidemiologist has spent all of her time dedicated to the AI/AN COVID team, working with tribes to get the technical support they need and ensuring they are kept up-to-date with cases occurring in their communities.

Served FY20 All tribes in New Mexico.

FY20 Estimated Expenditures: In-kind services with Tribal Epidemiologist staff salary.

NM State Epidemiologist:

Services: Along with an epidemiologist with the Navajo Nation Epidemiology Center, the State Epidemiologist co-chairs the Council for State and Territorial Epidemiologists Tribal Epidemiology Subcommittee. This work focuses on improving epidemiology capacity to improve the health status of AI/ANs nationally.

FY20 Estimated Expenditures: In-kind services

Health Systems Epidemiology Program

(505) 827-2642

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) collects tribal affiliation in the state of New Mexico. The HIDD integrates IHS hospitalizations (from Navajo Nation and Albuquerque Service Units) into the state-wide dataset. The dataset is currently being formatted to be publicly available through NM-IBIS in aggregate form.

HSEP provided a subset of the HIDD dataset to AASTEC for their work developing an American Indian/Alaskan Native Injury Atlas for the Albuquerque-Southwest area. Continuous data analysis occurs to support collaborations with tribal partners to enhance American Indian health systems surveillance as well as provide insights to support tribal partner decision making. A few examples include: providing AASTEC with aggregate level overdose-related ED visits stratified by race and county to support their efforts; conducting analysis that illustrates hospitalization utilization of non-federal facilities verse IHS facilities to better understand how the American Indian population is accessing various care; continuing focus to onboard Rehoboth McKinley Christian Healthcare System into the syndromic surveillance database to better capture non-federal facility ED visit clinical document of a facility that may be utilized heavily by the American Indian population.

Emergency Department discharge data from 2011-2015 is currently being utilized to evaluate temporal and spatial proximity to emergency department by race/ethnicity, with a focus on improved understanding of access to healthcare.

Served FY20: All tribes in New Mexico.

FY20 Expenditures: Personnel and administrative costs only.

Tribal Cancer Concerns:

(505) 827-0006

Services: The Environmental Public Health Tracking Program within the Epidemiology and Response Division of the NMDOH and the NM Tumor Registry convened the Cancer Concerns Work Group (CCW), a cross-agency collaboration. The CCW is comprised of experienced public health professionals with complementary expertise in the areas of epidemiology, environmental and occupational health, toxicology, and health promotion. The CCW established a formal protocol to address public inquiries about cancer clusters based on recommendations from the Centers for Disease Control and Prevention. The group created standardized protocols to govern investigations, communications, and report templates. Activities have been promoted via online and public meetings. When requested, the CCW has provided tribes, nations, and pueblos with reports about the incidence of cancer in their communities.

FY20 Estimated Expenditures: Personnel and administrative costs only.

Occupational Health:

(505) 827-0006

Services: The Environmental Health Epidemiology Bureau (EHEB) Occupational Health Surveillance Program's Epidemiologist started in November 2019 and was in the process of reaching out to various tribes in New Mexico to establish partnerships to receive occupational health data from the tribes. Due to COVID-19 the efforts were halted.

Served FY20: All tribal communities within New Mexico.

FY20 Estimated Expenditures: Personnel and administrative costs only.

Private Wells Program

(505) 841-5894

Services: Filled a data request for Tesuque area private well water quality data for New Mexico Environment Department (NMED) Environmental Health Bureau for a project with the Tesuque Water Board. This information used for a proposed meeting with Tesuque area residents. FY20 water testing and educational workshop events shared with partners at Albuquerque Area Southwest Tribal Epidemiology Center for promotion and sharing with tribal partners. A free well water testing event, a partnership with NMED Ground Water Quality Bureau, was planned with Jemez Pueblo 3/28/2020, but was cancelled due to Covid-19 concerns.

Served FY20: All tribes in New Mexico.

FY20 Estimated Expenditures: Personnel and administrative costs only.

NM Environmental Public Health Tracking Program:

(505) 827-0006

Services: The New Mexico Environmental Public Health Tracking Program (NMEPHT), within the Environmental Health Epidemiology Bureau (EHEB), Epidemiology and Response Division, has continued to provide environmental health data on the NMEPHT portal available for all the residents of New Mexico.

Served FY20: All tribal communities within New Mexico.

FY20 Estimated Expenditures: Personnel and administrative costs only.

Asthma Control Program

(505) 841-5894

Services: Provided presentation about asthma related to healthy housing at the Albuquerque Area Southwest Tribal Epidemiology Center's annual Healthy Homes Program meeting to about 30 attendees. Provided presentation about childhood asthma prevalence, risk factors, and public health programming initiatives at the annual Tribal Pregnancy Risk Assessment Monitoring Conference to about 150 attendees.

Served FY20: All tribal communities within New Mexico.

FY20 Estimated Expenditures: Personnel and administrative costs only.

Infectious Disease Epidemiology Bureau

(505) 827-0006

Services: Infectious Disease Epidemiology Bureau (IDEB) has been working closely with the Navajo Epidemiology Center (NEC) and Gallup Indian Medical Center (GIMC) on surveillance and investigations of infectious diseases through the New Mexico Electronic Disease Surveillance System NMEDSS system. NMEDSS is a web-enabled database for the tracking and investigation of infectious diseases of public health significance that is maintained at NMDOH. Indian Health Service staff have been trained to use NMEDSS and GIMC staff have been conducting investigations of all cases of notifiable conditions that reside in their jurisdiction and sending that information back to IDEB for final notification to the Centers for Disease Control and Prevention (CDC).m

From March 2020 to July 2020, IDEB staff worked with IHS, tribes and pueblos to coordinate the SARS-CoV-2 pandemic response in New Mexico and on sovereign lands. NMDOH established a team of epidemiologists, case investigators, contact tracers and case monitors to collaborate with tribal investigators to share data and coordinate response activities.

There were two American Indian hantavirus patients whose specimens were tested and handled at the NMDOH Scientific Laboratory Division. Our Zoonotic Disease staff assisted as needed in the coordination of the investigations. The investigations were primarily handled by the tribal investigators in Arizona.

As part of the data sharing agreement between NMDOH and Navajo Nation Epidemiology Center, NMDOH Emerging Infections Program's (EIP) Active Bacterial Core surveillance system provides record level data for American Indian patients that meet the EIP case definitions for surveillance of invasive bacterial pathogens. This data assists NEC in their ongoing surveillance efforts and/or collaborations with other entities, including John Hopkins Center for American Indian Health.

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.

Pharmacists from the Indian Health Service, including Gallup Indian Medical Center, Fort Defiance, Northern Navajo Medical Center, Santo Domingo Health Center, Four Corners Regional Health Center and Hopi Healthcare Center participate in the Antimicrobial Stewardship teleECHO weekly clinic sponsored by NMDOH Healthcare-associated Infections Program.

Served FY20: All tribes in New Mexico.

FY20 Estimated Expenditures: In-kind services with staff salaries from epidemiologists.

Emergency Preparedness | Epidemiology and Response Division

I

Served: All tribes

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

Services: The Bureau of Health Emergency Management (BHEM) and Public Health Regions collaborate with the Tribal Partners within the Albuquerque Metropolitan Statistical Area (the Pueblos of Cochiti, San Felipe, Isleta, Jemez, Sandia, Santa Ana, Santa Domingo, and Zia) in the Centers for Disease Control and Prevention (CDC) Cities Readiness Initiative (CRI). This includes 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. Due to the COVID-19 pandemic, the CRI tribal partners were unable to complete all of the deliverables, and only gained partial funding in FY20, fortunately, the remainder of the FY20 funding will be forwarded to FY21.

Served FY20: Pueblos of Cochiti, Jemez, Santa Ana, Santo Domingo, and Sandia.

BHEM's Preparedness Program (505) 476-8333

Services: BHEM is federally funded through the Assistant Secretary for Preparedness and Response (ASPR) and the Centers for Disease Control and Prevention (CDC). BHEM works with local and state public safety and public health officials along with Tribal partners to respond to public health emergencies, natural disasters, or acts of terrorism.

Served FY20: All New Mexico tribes

Emergency Operations Center Representative (EOCR) (505) 231-5506

ERD/BHEM staff serve as Emergency Operations Center Representatives (EOCR) 24/7/365 coordinating support and providing situational awareness for the New Mexico State Emergency Operations Center during health and medical related events.

Served FY20: All New Mexico tribes

The Department Operations Center (DOC)

On March 9th, the DOC was activated in response to the COVID-19 outbreak/pandemic in support of the State Emergency Operations Center (SEOC) and subsequently managed the initial personal protective equipment (PPE) allocation and delivery and the management of COVID-19 testing kits. The DOC continues activation and support of the SEOC for COVID-19 health and medical related missions. The DOC Tribal Liaison also gives updates and participates in tribal partner weekly calls.

Served FY20: All New Mexico tribes

Tribal Public Health Emergency Preparedness Conference

Services: ERD and the Albuquerque Area Indian Health Board along with tribal partners were planning the conference to be held in Farmington New Mexico. The 23 New Mexico Tribes, Pueblos, and Nations would have been invited as attendees. Unfortunately, due to the COVID-19 pandemic, the conference had to be cancelled.

Injury Prevention Epidemiology and Response Division

Served Several Tribes and Pueblos

Drug Overdose Prevention Program

(505) 827- 6870

Services: The goals of the program are to decrease the number and rate of drug overdose deaths occurring in New Mexico, in part by conducting outreach to Tribes, Pueblos, and Nations. The Program hired a new Tribal Overdose Prevention Coordinator just before COVID-19 shut-downs occurred in New Mexico. The new Tribal Overdose Prevention Coordinator is conducting outreach by phone to the tribes during the pandemic. The Program is also contracting with the Native American Training Institute, Inc. to coordinate the work of a community multidisciplinary task force to expand Naloxone availability, promote safe prescribing, increase access to Medication Assisted Treatment (MAT) through Primary Care Physicians (PCP), and promote other Substance Use Disorder (SUD) treatment to reduce overdose death rates in the 23 New Mexico Federally recognized Tribes, Pueblos and Nations. Contract deliverables include: facilitating community multidisciplinary work group meetings, conducting workgroup and community group presentations and discussions on state and county overdose death rates and related data and prevention, referring providers to academic detailing, and conducting overdose prevention training.

Served FY20: 23 tribes, pueblos, and nations

FY20 Estimated Expenditures: Personnel and administrative costs and a \$50,000 contract with the Native American Training Institute, Inc.

Childhood Injury Prevention

(505) 827- 6816

Services: Conducted home/vehicle/personal safety workshops for home daycare providers, home visitors, emergency medical services technicians and paramedics, parents and grandparents for American Indian nations, tribes, and pueblos across the state. Participated in the Tribal Injury Prevention summit meeting that focused on motor vehicle safety.

Served FY20: Served three tribal communities, including Navajo Nation, Tesuque Pueblo and Pojoaque Pueblo.

FY20 Estimated Expenditures: Personnel and administrative costs only.

Suicide Prevention Program

(505) 827-2488

Services: Suicide Prevention Program staff direct their efforts to reduce the rate of suicide in New Mexico. In October of 2019, FY20, the first meeting of the state-wide New Mexico Suicide Prevention Coalition was convened with approximately 90 individuals attending, of whom approximately 12 were tribal, and Native American service agencies involved in suicide prevention-related work in the state. At this meeting, the representatives expressed a strong interest in having a Native American population-focused workgroup as a standing workgroup of the Coalition. Several

Tribal individuals have actively participated on the Coalition Leadership Team's teleconference meetings which have occurred during the second half of FY20.

Served in FY 20: Representatives included individuals from the Albuquerque Area Indian Health Service (AAIHS), the University of New Mexico's *Honoring Native Life Program*, the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC), the Institute of American Indian Arts, Santa Fe Indian School, and individual members from Kewa, Ohkay Owingeh, Acoma, and Santa Clara Pueblos.

FY 20 Estimated Expenditures: Personnel and administrative costs only

Adult Falls Prevention

(505) 476-3042

Services: The program trained medical providers, community health workers, and other medical workers to use the STEADI (Stopping Elderly Accidents, Deaths, and Injuries) programs. This included events in Los Alamos, Albuquerque, and some of these trainees will serve American Indians. The STEADI training that was held in Albuquerque was in partnership with AASTEC and aimed on training health professionals who work with American Indian populations. This program participated in the Tribal Injury Prevention Coalition meetings hosted by AASTEC to address elderly falls within American Indian communities. The program attended the National Council on Aging joint call with tribal organizations to discuss services and implementation of falls prevention for American Indian populations. The program also trained instructors in evidence-based exercise-and-balance falls prevention programs, specifically Tai Chi for Arthritis for Falls Prevention". The instructors then led education and exercise programs. The program offered skill building trainings for Tai Chi for Arthritis instructors and update trainings for A Matter of Balance coaches, some of which are American Indian or work directly within American Indian communities.

Served FY20: Trainers who provided training statewide for all racial-ethnic groups, including American Indians.

FY 20 Estimated Expenditures: Personnel and administrative costs only.

Sexual Violence Prevention

(505) 827-2725

Services: The program contracts with community-based organizations throughout New Mexico to reduce incidence of sexual violence. This includes conducting evidence-based/informed sexual violence primary prevention programming to elementary, middle, and high school youth, parents, and coaches. Community level prevention such as policy and procedure reviews and updates is provided to agencies, organizations, and groups through contracts with La Pinon Sexual Assault Recovery Services (Las Cruces), Tewa Women United (Espanola), Sexual Assault Services of Northwest New Mexico (Farmington), and other statewide agencies serving the Tribal population.

Served FY20: Tribal members within the service areas of the above listed agencies.

FY 20 Estimated Expenditures: \$132,000.00

Division of Health Improvement

Division of Health Improvement

(505) 841-5829

The mission of the Division of Health Improvement (DHI) is to assure safety and quality of care in New Mexico's health facilities and Home and Community Based Waiver (HCBW) community programs. DHI accomplishes its mission by conducting various oversight activities including regulatory surveys or inspections of health facilities and HCBW community programs, completing investigations regarding allegations or complaints of abuse, neglect, exploitations, injuries of unknown origin, environmental hazards and deaths in health facilities and HCBW community programs, coordinating the certified nurse aide registry and training program, and annually conducting 40,000+ caregiver criminal history screenings for newly hired caregivers working in New Mexico health facilities and HCBW community programs.

In New Mexico, DHI licenses and certifies four healthcare facilities that receive Medicare or Medicaid funding including; Laguna Nursing Center, Mescalero Care Center, Mescalero Family Center Dialysis Center, and Jicarilla Apache Nation Dialysis Center. DHI also provides oversight to three HCBW community providers Coyote Canyon Rehabilitation Center, Tohatchi Area of Opportunity and Services and Zuni Entrepreneurial Enterprises/Empowerment Inc.

Currently there are 377 Native Americans receiving services in various HCBW community programs throughout the state, as well as an undetermined number of Native America's who are accessing health care at other licensed and certified health facilities around the state.

DHI is committed to providing cultural competent services and requires its surveyors and investigators to complete the State Personnel Office training "Working More Effectively with Tribes". This training has also been provided exclusively for DHI staff.

The regulatory and oversight services conducted by DHI are funded by a combination of state and federal funds. The DHI budget expenditures are not allocated by population and are provided as "in-kind" services for Native America's. DHI has many variables that can impact the expenses of licensing and surveying a health facility or monitoring a HCBW community program or conducting an investigation of abuse, making it difficult to provide a specific cost for these in-kind services.

Developmental Disabilities Supports Division

Developmental Disabilities Waiver

877-696-1472

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 FY20: 278 American Indian clients served (Based on Omnicaid Claims Reports through April 2019 – New Mexico Department of Health, Developmental Disabilities Supports Division).

FY20 Estimated Expenditures: \$18,972,740.36 (Based on Omnicaid Claims Reports through April 2019 – New Mexico Department of Health, Developmental Disabilities Supports Division).

Medically Fragile Waiver Services

877-696-1472

Services: Serve individuals, diagnosed before age 22, with a medically fragile condition and who are at risk for, or are diagnosed with, a developmental delay. This program provides nursing case management which coordinates private duty nursing, home health aides, physical, speech, and occupational therapy, psychosocial and nutritional counseling and respite care. Individuals are served in their homes.

Served FY20: 12 American Indian clients received services under the Medically Fragile Waiver. (Based on Omnicaid Claims Reports through April 2019 – New Mexico Department of Health, Developmental Disabilities Supports Division)

FY20 Estimated Expenditures: \$220,956. (Based on Omnicaid Claims Reports through April 2019 – New Mexico Department of Health, Developmental Disabilities Supports Division)

Mi Via Waiver

877-696-1472

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 FY20: 90 American Indian clients served. (Based on Omnicaid Claims Reports through April 2019 – New Mexico Department of Health, Developmental Disabilities Supports Division)

FY20 Estimated Expenditures: \$4,415,609 (Based on Omnicaid Claims Reports through April 2019 – New Mexico Department of Health, Developmental Disabilities Supports Division)

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. Note: In 2020, FIT moved to the Early Childhood Education and Care Department.

Served FY20: 1133 American Indian children

FY20 Estimated Expenditures: \$3,691,646.50. Estimates based on 10 months of billed services (July 2018-May 2019). Source: DDSD/FIT, 6/14/2019.

Scientific Laboratories Division

Environmental Analysis

(505)383-9023

Services: Analyze drinking water for chemicals, biological, and radiological testing under Federal Safe Drinking Water Act. Total number of samples was 80 for Total Coliform MMO-MUG and 169 samples for chemical analyses.

Served FY20: Jemez Pueblo, To'hajiilee Navajo Chapter, Alamo Navajo Chapter

FY20 Estimated Expenditures: \$9,620

Implied Consent Training and Support

(505)383-9086

Services: Provide classes to certify 103 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 FY20: Acoma Tribal Police, Aztec Tribal Police, Crownpoint Dept. of Corrections, Crownpoint Navajo PD, Jicarilla Apache PD, Na’Nihoозi Center, Navajo PD – Chief of Police, Ohkay Owingeh Tribal Police Department, Pueblo of Laguna Tribal Police, Ramah Navajo Police Department, Sandia Tribal Police Department, Santa Ana Pueblo Police Department, Shiprock Police Department, Navajo Police Department, Taos Pueblo Police, Tesuque Pueblo Police Department, Zuni Police Department, Mescalero Bureau of Indian Affairs, BIA Southern Pueblos, BIA Northern Pueblos, Santa Clara Tribal Court, Santa Clara Tribal Police, Taos Tribal Police Department and Laguna Tribal Police.

FY 20 Estimated Expenditures: Training and instrument certification/repair \$ 6938.65. This service does not include costs that are not chargeable due to tribal entities being contributors to the Administrative Office of the Courts.

Implied Consent Sample Analysis

(505) 383-9086

Services: Analyze blood samples for alcohol and drugs of abuse for impairment testing. Total number of 34 cases.

Served FY20: : Acoma Pueblo, BIA Northern Pueblos, BIA Southern, Crownpoint PD, Isleta Tribal PD, Jicarilla Apache Tribal Police, Laguna Pueblo Tribal Police, Ohkay Owingeh PD, Sandia Tribal Pueblo PD, Santa Ana Pueblo PD, Santa Clara Indian Pueblo PD, Shiprock Navajo Criminal Investigations, Taos Pueblo PD.

FY 20 Estimated Expenditures: Cost of these services is a minimal of \$2040

Facilities Management

Fort Bayard Medical Center (FBMC)

(575) 537-3302

Services: FBMC is a 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. Clinical services offered include short-term rehabilitation, secure memory unit, palliative, and long-term care.

Served FY20: Through FY20 Quarter 3, 12 tribal members from 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. (Served 1 YTD)
- Long Term Services Division (LTSD): Offers nursing home care, including skilled nursing services and VA services. (Served 9 YTD)
- Community-based Services (CBS): Offers adult outpatient psychiatric treatment, Psychosocial Rehabilitation Services, Comprehensive Community Support Services and rehabilitation services. (Served 14 YTD)
- 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. (Served 41 YTD)
- 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 11 YTD)

Served FY20: Through FY20 Quarter 3, 184 tribal members from several tribal communities.

Turquoise Lodge Hospital (TLH)

(505) 841-8978

Services: Turquoise Lodge Hospital (TLH) is a Joint Commission accredited facility who provides

substance abuse treatment services to adult New Mexico residents 18 years and older. TLH provides best practice recovery services in a tobacco free environment. TLH provides medical detoxification, social rehabilitation, Intensive Outpatient services, both day and evening tracks and, outpatient Addiction Medicine Services.

Priority patients for services include pregnant substance abusers, other injecting drug users, women with dependent children, and women and men seeking to regain custody of their children.

TLH also established contracts with both Bernalillo County Metro Court and Young Children's court where individuals affiliated with these systems be prioritized for social rehabilitation service if they meet ASAM 3.5 criteria.

Served FY: Through 6/19/20, 41 tribal members, representing 12 New Mexico 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 a variety of substance abuse programming for adult clients with addiction problems to various drugs and alcohol. Service provisions include inpatient medical detox, 28 day inpatient residential treatment, and Intensive Outpatient Programming.

Served FY20: Through FY20 Quarter 3, 6 tribal members from 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 FY20: 5 tribal members served. SATC receives state funding.

Los Lunas Community Program (LLCP) (505) 506-7614

Services:

- **Living Supports (Residential Services):** LLCP assists persons with IDD to live as independently as possible by providing supports designed to assist, encourage, and empower individuals to grow and develop, gain autonomy, become self-governing, and pursue personal interests and goals.

- **Customized Community Supports (delivered in both individual and group settings):** Based on the preferences and choices of individuals served, LLCP assists adults with IDD 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 preferences and choices of individuals served, LLCP assists adults with IDD to become employed in the community in competitive jobs that increase economic independence, self-reliance, social connections, and career development.
- **Adult Nursing:** LLCP nurses provide health care services, coordination, monitoring, training, and medication management to adults with IDD participating in any of our programs/services.
- **Intensive Medical Living Supports:** Through its nurses and other trained direct care staff, LLCP provides individualized and specialized medical supports to our residents with IDD who have high-acuity medical issues and needs.
- **Crisis Support:** LLCP also serves as the statewide crisis support provider for adults with IDD. Crisis supports provide temporary residential and other services for adults with IDD who are in crisis.
- **State General Funds (Non-DD Waiver):** LLCP also serves individuals with IDD that are funded by State General Funds. LLCP works on money management skills, meal preparation, routine household chores, individual health maintenance, assistance with ADL's, and community integration with the individuals. LLCP also continues to follow the allocation processes to get a SGF individual on the DD Waiver.
- **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 FY20: Through FY 20: Seven individuals residing at Los Lunas Community Program representing three New Mexico and one Alaska tribal communities.

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	Kathyleen M. Kunkel Cabinet Secretary	Kathy.Kunkel@state.nm.us	(505)827-2613
Office of the Secretary	Acting Deputy Secretary Jason Cornwell	Jason.cornwell@state.nm.us	(505)660-3453
Office of Tribal Liaison	Aiko Allen Tribal Liaison	Aiko.Allen@state.nm.us	(505)827-2627
Office of Policy and Accountability	Aryan Showers, Director Martin Brown, Deputy Director	Aryan.Showers@state.nm.us Martin.Brown@state.nm.us	(505)827-2270 (505)476-3656
Office of Health Equity	Vacant		
Public Health Division	Acting Division Director Jeff Lara	Jeffrey.Lara1 @state.nm.us	(505)827-2691
Public Health Division	Vacant, Deputy Director, Regions		
Public Health Division	Cathy Rocke, MBA Deputy Director, Programs	Cathy.Rocke@state.nm.us	(505)827-2334
Public Health Division	Chris Novak, MD, MPH Medical Director	Christopher.Novak@state.nm.us	(505)827-2389
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Division	Name/Title	Email	Phone
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Public Health Division, Family Health Bureau	Janis Gonzales, MD MPH, Bureau Chief	Janis.Gonzales@state.nm.us	(505)476-8854
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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
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Public Health Division, Diabetes Prevention and Control Program	Vonne Strobbe, Tribal Outreach Coordinator, Diabetes Program	Vonne.Strobbe@state.nm.us	(505)841-5888

Division	Name/Title	Email	Phone
Public Health Division, Tobacco Use Prevention and Control	David Tompkins, Manager, Community Health Initiatives	David.Tompkins@state.nm.us	(505)841-5874
Public Health Division, Tobacco Use Prevention and Control	Monica Patten Tribal Outreach Coordinator, TUPAC Program	Monica.Patten@state.nm.us	(505)841-5844
Public Health Division, Office of Community Health Workers	Diana Abeyta Statewide Coordinator, Tribal Coordinator	Diana.Abeyta@state.nm.us	(505)827-0015
Public Health Division, WIC Program	Sarah Flores-Sievers, Director	Sarah.Flores-Sievers@state.nm.us	(505)476-8801
Public Health Division, 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 Genetic and Hearing Screening Programs	Brenda Romero Program Manager	Brenda.Romero@state.nm.us	(505)476-8857
Public Health Division, Family Planning Program	Susan Lovett Title X Director	Susan.Lovett@state.nm.us	(505)476-8879
Public Health Division, Office of School and Adolescent Health	Jim Farmer, Director	Jim.Farmer@state	(505)222-8682
Public Health Division, Cancer Prevention and Control Program	Beth Pinkerton, Section Head	Beth.Pinkerton@state.nm.us	(505)841-5847
Public Health Division, Breast and Cervical Cancer	Kristin Hansen, Education and Outreach Manager	Kristine.Hansen@state.nm.us	(505)841-5836

Division	Name/Title	Email	Phone
Early Detection Program			
Public Health Division, Hepatitis Program	Joshua Swatek, Program Manager	Joshua.Swatek@state.nm.us	(505)827-3260
Public Health Division, HIV, STD and Hepatitis Section	Andrew Gans, MPH Section Manager	Andrew.Gans@state.nm.us	(505)476-3624
Public Health Division, Maternal and Child Health Services	Eirian Coronado, Maternal Health Epidemiologist	Eirian.Coronado@state.nm.us	(505) 476-8895
Public Health Division, Tuberculosis Program	Diana Fortune, RN Manager	Diana.Fortune@state.nm.us	(505)827-2473
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Epidemiology and Response Division, Office of Injury Prevention	Vacant		
Epidemiology and Response Division, Environmental Health Epidemiology Bureau	Srikanth Paladugu Bureau Chief	Srikanth.Paladugu@state.nm.us	

Division	Name/Title	Email	Phone
Division of Health Improvement	Christopher Burmeister, Director	Christopher.Burmeister@state.nm.us	(505)476-8804
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Developmental Disabilities Supports Division	Roberta Duran, Deputy Director	Roberta.Duran@state.nm.us	(505)476-8923
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Scientific Laboratory Division	Vacant		
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Scientific Laboratory Division – DWI	Dr. Samuel Kleinman, Toxicology Bureau Chief	Samuel.Kleinman@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	Jose Gurrola, Administrator	Jose.Gurrola@state.nm.us	(575)347-3400

Division	Name/Title	Email	Phone
Sequoia 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	Shauna Hartley, Acting Administrator	Shauna.Hartley@state.nm.us	(505)252-1053

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 Division

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	Brenda Carter Tahlequah, OK Brenda-carter@cherokee.org	(918) 453-5291
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
UNM, Pediatrics, Div. of Prevention and Population Sciences	Teen Pregnancy Prevention Program (TPP) Laguna-Acoma Jr. Sr. High School	Master Services Agreement	In effect	Julie Maes	505-476-8881
Navajo Area Indian Health Service	Receipt, Storage and Staging site for the Strategic National Stockpile program	MOA	In Effect	Chris Emory	(505) 473-8333
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	In Effect	Beth Pinkerton	505-841-5847	§41
Alamo Navajo School Board	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 as well as HPV vaccination	Request for Proposal (RFP)	In Effect	Christine Brown	505-222-8609	
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	
Connie Garcia	Develop educational module to promote Native American section of NM Cancer Plan; support Cancer Council Native American Workgroup	PSC	In Effect	Christine Brown Janet Quintana-Cook	(505) 222-8609	

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.

Kathyleen M. Kunkel
Cabinet Secretary
Department of Health
Date of Signature: 07/29/2019

F. 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.

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Thanks for the tremendous effort of all programs and divisions to provide the annual updates in the midst of being called to take on so many tasks and roles during the COVID-19 pandemic. You are our heroes and heroines as well as all our tribal leaders and community members.

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