



State-Tribal Collaboration Act July 31, 2025 Agency Report

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

Gina DeBlassie - Cabinet Secretary

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Executive Summary

The New Mexico Department of Health (NMDOH) is committed to improving the health and well-being of all New Mexicans through transformative partnerships, equitable services, and data-informed public health initiatives. Guided by the principles of accountability, transparency, and respect for Tribal sovereignty, NMDOH actively collaborates with Tribal Nations and other partners to expand access to care and address systemic health disparities across the state.

In alignment with the State Tribal Collaboration Act (STCA), the NMDOH Office of the Tribal Liaison (OTL) plays a pivotal role in fostering enduring, government-to-government relationships with Tribal communities. This includes encouraging NMDOH staff to engage meaningfully with Tribal partners in the design and delivery of culturally responsive health programs and services.

Report Highlights:

Primary Care Partnership with the Mescalero Apache Tribe

For the first time, NMDOH is utilizing its public health infrastructure to deliver primary care services in collaboration with the Mescalero Apache Tribe. This historic initiative led to the opening of the Ruidoso Primary Care Clinic, which offers wellness visits, chronic disease management, women's health, mental health, and pediatric services. Developed in partnership with Tribal leadership and backed by \$1.2 million in legislative funding, this pilot program integrates services within existing state public health office in Ruidoso. Evening and weekend hours are offered to better serve rural and Tribal communities. Key federal, state, and local collaborators include the Indian Health Service, Presbyterian Lincoln County Medical Center, and the Lincoln County Community Health Council.

Data-Sharing Agreement with the Navajo Nation

In a significant step toward improved health coordination, NMDOH and the Navajo Nation signed a Memorandum of Agreement (MOA) that enables ethical and secure data sharing. This agreement strengthens the capacity of the Navajo Nation to analyze health data and address key issues such as infant mortality, substance abuse, and chronic disease. It also supports initiatives like Navajos Healing Navajos, which focuses on community-led solutions to systemic health challenges. The MOA reinforces transparency, mutual respect, and a shared commitment to Tribal sovereignty and health equity.

Tribal Roundtables and Policy Collaboration

NMDOH, through the Office of the Tribal Liaison, regularly convenes Tribal Roundtables to support open, two-way dialogue with Tribal governments. These sessions foster mutual understanding, inform state policy development, address urgent community needs, and improve access to resources. Topics range from health equity and infrastructure to telehealth, education, and access to healthcare. By creating space for mutual exchange and direct input, these roundtables strengthen advocacy for Tribal priorities and deepen state-Tribal partnerships.

Coordinated Measles Response with Tribal Nations, Indian Health Service (I.H.S.) and Tribal Epidemiology Centers (TECs)

In response to a multi-jurisdictional measles exposure, NMDOH worked in close coordination with Tribal governments, the Indian Health Service (IHS), Tribal Epidemiology Centers (Albuquerque Area Southwest Tribal Epidemiology Center and Navajo Nation Tribal Epidemiology Center) and local public health offices to launch a culturally respectful and timely public health response. This collaborative effort included rapid case identification, vaccination clinics, contact tracing, and community education tailored to the needs of Tribes. NMDOH leveraged longstanding relationships and interagency protocols to ensure Tribal sovereignty was honored throughout the response process. This effort demonstrated the value of trusted partnerships in delivering swift, equitable care and highlighted the effectiveness of coordinated emergency preparedness planning among Tribal, state, and federal partners.

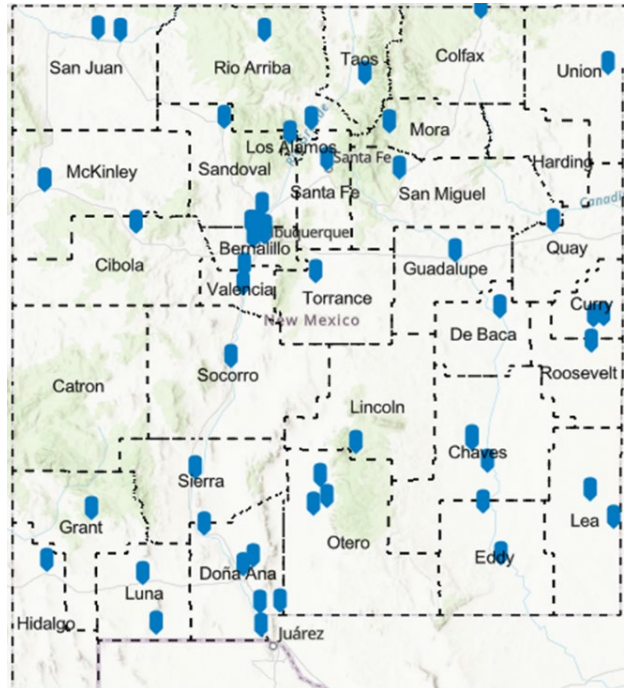
Through these efforts, NMDOH continues to build a more inclusive, accessible, and culturally attuned health system that respects the sovereignty and voices of New Mexico's Tribal Nations. These partnerships serve as models for collaborative governance and shared responsibility in protecting and promoting public health for all.

Additionally, in furtherance of NMDOH's commitment to improving healthcare access for all New Mexicans, including the 24 Tribal nations, Public Health Offices are strategically located throughout the state, currently in 31 of 33 counties.

These offices serve as critical access points for safety net services such as immunizations, the Women, Infants, and Children (WIC) Nutrition Program, and other essential public health services.

NMDOH continues to work collaboratively with Tribal governments, Tribal serving organization, and community partners to ensure that these services are accessible, culturally responsive, and meet the unique needs of Tribal members across the state.

<https://www.nmhealth.org/location/public/>



SECTION II. AGENCY OVERVIEW/BACKGROUND/IMPLEMENTATION

A. Mission Statement

The mission of the NMDOH is to ensure health equity, we work with our partners to promote health and well-being and improve health outcomes for all people in New Mexico.

The Department strives to succeed in its mission by committing to the following Goals:

1. **We expand equitable access** to services for all New Mexicans
2. **We ensure safety** in New Mexico healthcare environments
3. **We improve health status** for all New Mexicans
4. **We support each other** by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

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:

Public Health Division

- Center for Access & Linkage to Health Care
- Center for Health Protection
- Center for Healthy & Safe Communities
- Center for Medical Cannabis & Psilocybin
- Office of Community Engagement
- Scientific Laboratory

Facilities Management

- Los Lunas Community Program
- Fort Bayard
- New Mexico Behavioral Health Institute
 - The Meadows
- New Mexico Rehabilitation Center
- New Mexico State Veterans' Home
- Sequoya Adolescent Treatment Center
- Turquoise Lodge Hospital

The Department's primary responsibility is to assess, monitor, and improve the health of New Mexicans. The Department provides a statewide system of health promotion, disease and injury prevention, community health improvement and other public health services. Prevention and

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

The Department currently operates six (6) 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.

C. Policy Applied

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

- **Primary Care Partnership with the Mescalero Apache Tribe:**
NMDOH partnered with the Mescalero Apache Tribe to open the Ruidoso Primary Care Clinic, delivering a wide range of health services through an integrated model supported by \$1.2 million in state funding. This pilot program, developed with Tribal leadership and local partners, offers extended hours to better serve rural and Tribal communities.
- **Data-Sharing Agreement with the Navajo Nation:**
NMDOH and the Navajo Nation signed a Memorandum of Agreement to enable ethical data sharing, enhancing the Tribe's capacity to address critical health issues and support initiatives like Navajos Healing Navajos. The agreement emphasizes transparency, sovereignty, and collaboration in advancing health equity.
- **Coordinated Measles Response with Tribal Nations and IHS:**
In response to a measles exposure, NMDOH coordinated with Tribal Nations, IHS, and local partners to deliver a culturally respectful, rapid public health response including vaccination, contact tracing, and education. The effort showcased the strength of trusted, interagency emergency collaboration.

On-going outreach and input opportunities are continually made available to the Tribes, Pueblos, and Nations and Tribal serving organizations. NMDOH's Tribal Liaison continues to facilitate these activities and opportunities, communicates identified Tribal needs and priorities to the Secretary and works collaboratively with NMDOH and Tribal Nations 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 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

Office of the Secretary

The Office of the Secretary provides executive leadership and strategic direction for the New Mexico Department of Health. It oversees department-wide initiatives, ensures alignment with state health priorities, and promotes collaboration across public health programs and agencies. To ensure coordinated delivery of health services and alignment of priorities, the Office includes direct reports such as the Deputy Secretary/Chief Operations Officer, Chief Medical Officer, and the Tribal Liaison.

The Office of the Secretary is committed to upholding the tenets of the State Tribal Collaboration Act (STCA), by fostering respectful and effective government-to-government relationships with New Mexico's sovereign Tribal Nations. Together, these efforts support the Department's mission to advance the health and well-being of all New Mexicans through effective policy, leadership, and cross-sector collaboration.

The Office of the Tribal Liaison (OTL) provides leadership in coordinating more effective leveraging of NMDOH resources dedicated to promotion of equity and reduction of health disparities among American Indian populations through participation in quality improvement, public health accreditation, development of the state health improvement plan, and other strategic initiatives undertaken by NMDOH.

- Serve as a central resource exchange mechanism between Tribal and staff NMDOH staff in regard to integration of western science best practices in public health, evidence-based models, and evaluation methods that complement indigenous knowledge and Tribal health systems development and improvement.
- Facilitate training to NMDOH staff regarding the State-Tribal Consultation Act (STCA).
- Provide technical assistance to NMDOH staff and programs in the development and implementation of policies, agreements, and programs that directly affect American Indian populations.

Communications Over the past fiscal year (July 2024-June 2025) NMDOH's Communications Department has worked closely with the Office of the Tribal Liaison to understand and promote its role in working with, and respecting, Tribal Nations and Tribal serving entities around the state. Communications Department director Robert Nott took part in a live Working with Tribes training class hosted by Tribal Liaison Janet Johnson. The Communications Department also reviewed many presentations and reports created by Tribal Liaison Johnson and attended a Tribal Workshop gathering in Albuquerque. In addition, The Communications Department helped Johnson draft a news release about the historic data-sharing memorandum of agreement between NMDOH and the Navajo Nation, which went out in early July. Nott also attended an open house for the new Public Health Office Clinic on Mescalero Apache land in the Ruidoso area and continues to work with the Office

of Tribal Liaison to promote this historic initiative. The Communications Department scheduled Johnson for a radio interview on the Santa Fe-based radio show “Health Para Todos” in which she talked about some of the barriers to health care that Tribes face. Additional radio interviews, as well as potential op-ed pieces about health issues facing Tribal communities, are planned for the coming year in tandem with the Office of the Tribal Liaison.

Policy and Performance: We serve as the primary liaison between the New Mexico Legislature and NMDOH. Our role is to provide support to the programs and senior leadership in the development and implementation of key policy initiatives and reporting on their status to the legislature.

- **Legislative Engagement** - During the interim we work closely with committees to ensure the Legislature is educated and well informed on the work we do. During the session we work to analyze the impact of legislation on both NMDOH as an agency and the overall public health of New Mexico
- **Local Government Engagement** – Our program serves as a conduit between local governments and our agency. We seek to gather input and work with our local governmental partners to improve New Mexico’s overall health. We seek to align our priorities with the diverse range of needs within our state by working directly with local officials to align key health priorities.
- **Strategic Planning** – Policy and Performance also manages strategic performance, quality improvement, and public health accreditation. Through these programs we help ensure NMDOH is meeting the needs of our state and is consistently improving and responsive to the needs of New Mexicans.

Public Health Division

Center for Linkage and Access to Healthcare

The Center for Linkage and Access to Healthcare offers public health offices throughout the State of New Mexico offering multiple public health programs. Services include: Children's Medical Services, (CMS) , Clinical Health Services (immunizations, family planning, Tuberculosis, breast and cervical cancer screening, harm reduction, etc.) Disease Prevention Services (DPS) (Sexually Transmitted disease (STD) and HIV Testing, tracking and treatment, harm reduction, etc.) epidemiology (surveillance, investigation, and treatment of reportable diseases), Health Promotion, School Health and Emergency Planning and Preparedness and Medicated Opioid Use Disorder Treatment.

Northwest Region

(505) 841-4110

Services: The Northwest Region Health Promotion staff collaborated with community Tribal health councils by providing technical support and assistance with community health improvement strategies at the local level. Technical assistance was provided to Santa Ana Pueblo, Pueblo of

Acoma, To'Hajiilee, Pueblo de Cochiti and Santo Domingo Pueblo. Their FY25 Health Council contracts totaled \$ 437,710 and was 100% State funded. All Tribal councils promoted local public health office services and communicated with community regarding the Measles outbreak in NM. For Violence Prevention, approximately 750 gunlocks were provided to the 5 Tribal communities. Narcan distribution occurred in 3 of the 5 Tribal communities and Nicotine Use, Prevention and Control efforts were supported with NMDOH promotional supplies. NMDOH staff provided in-person support to communities upon request including a Father's Day Health Fair in To'Hajiilee, a vaccine event for 150+ patients in Acoma, and capacity building guidance to the newest council in Santa Ana.

FY25 estimated expenditures: Personnel, administrative and transportation costs.

Northeast Region

(505) 476-2675

Services: The Northeast Region Health Promotion Team supported the work of 5 Tribal Health Councils with their respective Community Health Improvement Plans. 4 Health Promotion Specialists, Community Epidemiologist, Coordinator, and Manager provided regular and ongoing education, training, and technical assistance with each Councils' contracted deliverables for their local constituents. Nambe, Picuris, San Ildefonso, Tesuque, Santa Clara Pueblos received a combined total of over \$430,000– the full amount of FY25 funds allotted to these 5 councils and almost 6 times the amount awarded to Councils in FY24. Councils' priorities for FY25 continue to address hypertension, diabetes, mental/spiritual health, and access to care issues. Culturally appropriate and evidence-based practice were incorporated by Councils, emphasizing prevention strategies that strengthen protective factors (such as social skills, strong family bonds, attachment to school, and active involvement in the community), as well as cultural and traditional religious beliefs and practices. These strategies also endeavored to reduce risk factors that increase vulnerability to diabetes, obesity, substance abuse, and other unhealthy choices.

FY26 estimated expenditures: Personnel, administrative, training, and transportation cost.

Southeast Region

(505) 222-4620

Services: The SE Region Public Health Office is located in Roswell and has previously supported public health efforts for the Mescalero Apache Tribe. We remain committed to ensuring health equity, working with our partners to promote health and well-being and improve health outcomes for all people in New Mexico.

FY25: No services provided

Southwest Region

(575) 528-5174

Services: The SW Region Public Health Office is located in Las Cruces and has previously supported public health efforts for the Mescalero Apache Tribe and Alamo Band of Navajo. We remain committed to ensuring health equity, working with our partners to promote health and well-being and improve health outcomes for all people in New Mexico.

FY 25: Mescalero Apache Tribe

Center for Healthy and Safe Communities

The Center for Healthy and Safe Communities is made up of four Bureaus and 30 programs that serve New Mexicans statewide in a variety of ways with the goal of improving the health of the population. Bureau staff write and report on grants; develop and monitor contracts; create and oversee budgets, finance, and staffing; develop program policies and procedures; collaborate with partners and other stakeholders; and provide overall guidance for program staff across the state. Many of the Bureau programs, such as WIC, Children's Medical Services, Harm Reduction, CARA, and Family Planning have staff working in the public health offices around the state. Others work with contractors and other partners on topics such as infectious disease, chronic disease, cancer prevention, and tobacco cessation.

Office of Community Health Workers

(505) 469-7150

During the reporting period, community outreach activities were carried out by the Office of Community Health Workers (OCHW) Director and team, due to vacancies in the Tribal & Northern Coordinator position from July 1, 2024, to September 14, 2024, and again from January 25, 2025, to June 25, 2025. Despite these gaps, the OCHW maintained continuity in engagement, ensuring effective collaboration, consultation, and technical assistance with Tribal communities and Indigenous Nations across New Mexico. Key community outreach and support activities included:

- Monthly Office of Community Health Workers (OCHW) Tribal and Northern Collaborative Meetings: Held on the second Tuesday of each month from July 09, 2024, and ending on June 10, 2025, these professional development and upskilling sessions consistently engaged 30–35 participants representing approximately 15–18 Tribal communities.
- Quarterly Community Health Representative (CHR) Association Engagement: Collective participation in four New Mexico & Southern Colorado (NMSC) Community Health Representative (CHR) Association meetings. Presentations focused on the New Mexico Community Health Worker (CHW) model, CHW training opportunities, certification pathways, and tailored technical assistance. These quarterly sessions included participation from up to 20 Tribal communities.
- National Representation and Advocacy Sponsorship: To ensure Tribal voices were represented on a National stage, the Office of Community Health Workers sponsored Iris Reano, a board member of the New Mexico & Southern Colorado (NMSC) CHR Association to attend the National Association of Community Health Workers (NACHW) Capitol Hill Event, held March 10–13, 2025, in Washington, D.C. Ms. Reano represented New Mexico's Community Health Representatives (CHRs), serving as a key advocate in National discussions on policy, funding, and workforce development. The total sponsorship amount was \$1,013.
- Support to Navajo Nation Service Areas: Provided Continuing Education Units (CEUs) and CHW certification technical assistance to staff from the Community Outreach and Patient Empowerment (COPE) program and To'Hajiilee Navajo Chapter. COPE partners closely with the Navajo Nation, including the Crownpoint Service Unit, which serves 18 distinct communities.
- 2024 Community Health Worker/Community Health Representative (CHW/CHR) Exchange Project - Advancing Cultural Competency: In July 2024, the NMDOH OCHW hosted the inaugural New Mexico Community Health Worker (CHW) & Community Health Representative (CHR) Exchange Project. Held July 14–19, this initiative showcased CHW and CHR scopes of practice

across diverse geographical regions. Southern New Mexico CHWs—serving as Promotoras de Salud—visited northern Tribal communities to learn about Indigenous traditions and health practices, fostering greater cultural understanding in support of reducing health disparities. In a reciprocal exchange from August 29–September 2, 2024, Tribal CHRs visited Las Cruces and surrounding southern communities to gain insight into regional cultures and community health service delivery models. This mutual exchange promoted cross-cultural competency, strengthened inter-community relationships, and broadened the knowledge base of participating CHWs and CHRs.

Training & Technical Assistance Efforts || State Community Health Worker/Representative (CHW/R) Scope of Work, Certification Process & Scholarships:

1. Community Site Visits:

- a) November-December 2024: Nambe Pueblo, Sandia Pueblo, Tesuque Pueblo, and Pojoaque Pueblo
- b) February 2025: Mescalero Apache Tribe
- c) May 2025: Santa Clara Pueblo
- d) June 2024: Pine Hill Navajo Nation

2. July 2024 – June 2025: In alignment with State General Fund priorities, five (5) scholarships were awarded to support Community Health Workers (CHWs) from Tribal communities in offsetting the costs associated with certification and reinstatement. The scholarships, ranging from \$45 to \$75 depending on individual certification or reinstatement status, were granted to CHWs representing the Pueblos of Tesuque, San Felipe, and Jemez, as well as the Navajo Nation. This targeted support helped reduce financial barriers and promote continued workforce development and credentialing within Tribal communities.

Training & Technical Assistance Efforts || New Mexico CHW/R Medicaid Reimbursement Model:

- 1. Participating Communities: Santo Domingo Pueblo, Isleta Pueblo, San Felipe Pueblo, Mescalero Apache Tribe, Navajo Nation
- 2. Site Visit: September 2024 – San Felipe Pueblo; 10 CHRs attended
- 3. Site Visit: February 2025 – Pine Hill Health Center Navajo Nation

CHW Academic Career Pipeline Program

Santa Fe Indian School (SFIS): The Office of Community Health Workers (OCHW) proudly supports a training endorsement partnership with Santa Fe Community College to strengthen the CHW academic and career pipeline. Through this collaboration, students at Santa Fe Indian School (SFIS) participating in Health Career Programs have the opportunity to become certified Community Health Workers. This pathway serves as a bridge to higher education and careers in Community Health, Public Health, and related health or social service fields. The initiative directly supports workforce development and addresses provider shortages in Tribal and underserved communities across New Mexico. Nineteen (19) students were enrolled in the 2024-25 SFIS academic year.

CHW/R Specialty Trainings

1. Clinical Support Skills Training – June 2025 In partnership with Community Outreach and Patient Empowerment (COPE), the Office of Community Health Workers hosted an in-person Clinical Support Skills training in Albuquerque, NM. This training supported specialty credentialing for Community Health Representatives (CHRs) and Community Health Workers (CHWs). Seven (7) Tribal CHRs successfully completed the Lead Trainer certification, enhancing their clinical support competencies within Tribal health programs and addressing training needs statewide.

2. Maternal Child Health (MCH) Specialty Training – May 2025 and Ongoing Through a specialty training collaboration and endorsement with the University of New Mexico Project ECHO, the Maternal Child Health (MCH) CHW/R Specialty Track was developed to address public health and community trends. An initial in-person training was delivered on May 29–30, 2025, with fifteen (15) Tribal CHRs successfully completing the course. Additionally, virtual specialty sessions are offered twice monthly (every 1st and 3rd Wednesday), covering a range of maternal and child health topics. These sessions are endorsed by OCHW and provide Continuing Education Units (CEUs) for CHW/Rs across New Mexico in support of state CHW certification.

• **October 29-30, 2024** - OCHW offered eight (8) scholarships to attend the 2024 NM Statewide Community Health Workers (CHWs) Conference at the Santa Ana STAR Hotel & Casino in Santa Ana Pueblo, NM; recipients were from the Navajo Nation, Santo Domingo Pueblo, Sandia Pueblo, San Ildefonso Pueblo, and Dulce Apache Tribe. Funding source: Community Conference Sponsors (non-state funds).

FY25 Estimated Expenditures: Program fees go to support the administration of the certification process.

Office of Oral Health (OOH)

(505) 827-0837

This report presents an overview of oral health interventions conducted by the New Mexico Oral Health Office (OOH) within Tribal communities across the state. Recognizing the significant oral health disparities faced by Indigenous populations, the report underscores the importance of culturally sensitive, community-driven approaches to improve oral health outcomes.

Tribal communities in New Mexico experience higher rates of dental diseases such as tooth decay and periodontal disease compared to the general population. Contributing factors include limited access to dental care, geographic isolation, socioeconomic challenges, and historical barriers that affect trust and engagement with healthcare systems.

The interventions described in this report include outreach and collaboration, and preventive measures offered by the Office of Oral Health (OOH), such as oral health education, preventive clinical services, and partnerships with Tribal leaders and Tribal health organizations such as the Native American Professional Parent Resources (NAPPR). These efforts incorporate traditional knowledge and respect for Tribal sovereignty, with the goal of enhancing community participation.

The OOH delivers these interventions primarily through outreach events within Tribal communities. Preventive clinical services provided by the OOH include dental screenings and fluoride varnish and sealants applications. Additionally, the OOH provides incentives such as toothbrushes, toothpaste, and dental floss to participants.

Outreach and preventive interventions include:

In the Southern part of New Mexico, the Las Cruces OOH Team supported the Indian Health Services

Dental Team by providing oral health education to 40 participants, 40 dental screenings and 40 fluoride varnish applications at a Child Find event in Mescalero Apache. Additionally, 40 toothbrushes, 40 toothpaste tubs and 40 flossers were provided among participants.

The Santa Fe Office participated in the following outreach events providing oral health education, dental screenings, fluoride varnish applications, case management, and dispensed adjuncts such as toothbrushes, toothpaste and dental floss.

- San Idelfonso Food Depot Distribution event: the OOH provided oral health education to 79 attendees, 2 dental screenings, 2 fluoride varnish applications, and 13 dental home referrals. Additionally, 79 toothbrushes, 79 toothpaste tubs, 79 dental floss dispensers, and 6 finger toothbrushes were provided.
- Nambe Pueblo Food Depot Distribution event: the OOH provided oral health education to 57 attendees, 1 dental screening, 1 fluoride varnish application and 9 dental home referrals. Additionally, 57 toothbrushes, 57 toothpaste tubs, 57 dental floss dispensers, 41 flossers, and 3 finger toothbrushes were provided.
- Acoma Pueblo Health Fair: the OOH provided oral health education to 1 attendee, 1 dental screening, and 1 dental home referrals. Additionally, toothbrushes, toothpaste tubs, dental floss dispensers were provided.
- The Eight Northern Pueblos event: 88 adults and 43 children attended the event. The OOH provided oral health education, 16 dental screenings, 16 fluoride varnish applications and 3 dental home referrals. Additionally, 131 toothbrushes, 131 toothpaste tubs, 78 dental floss dispensers, 43 flossers, and 6 finger toothbrushes were provided.

The Albuquerque Office participated in the following outreach events providing oral health education, dental screenings, fluoride varnish applications, case management, and dispensed adjuncts such as toothbrushes, toothpaste and floss.

- Santa Clara Child Find event: 84 adults and 52 children attended this event. The OOH provided 36 dental screenings, 15 fluoride varnish applications, and oral health education to 51 attendees. Additionally, 121 toothbrushes, 132 toothpaste tubs, 98 dental floss dispensers, 72 flossers, and 12 finger toothbrushes.
- Gathering of Nations partnership event with the New Mexico Dental Association Foundation. At this event the OOH provided oral health education to 40 attendees. Additionally, the OOH distributed 40 toothbrushes, 40 toothpaste tubs, and 40 dental floss dispensers.
- Go Red for Native Women: 154 adults and 8 children attended this event. The OOH provided oral health education and distributed 162 toothbrushes, 162 toothpaste tubs and 154 dental floss dispensers.
- Santa Clara Oral Health Education event: 15 parents attended this event. The OOH provided oral health education, and distributed toothbrushes, toothpaste and dental floss dispensers for the families represented in this event.

Preventive Services:

OOH conducts a mobile prevention program targeting early head start, head start, pre-school and elementary school aged children statewide. During the FY25 -25 school year American Indian students participated in the program throughout the state.

A total of 118 Native American children participated in the fluoride varnish program, where received

oral health education, dental screening, fluoride varnish application and oral health incentives such as toothbrush, toothpaste and dental floss dispenser after the intervention.

A total of 8 Native American children participated in the sealant program, where received oral health education, dental screening, dental sealants application and oral health incentives such as dark glasses, toothbrush, toothpaste and dental floss dispenser after the intervention.

Community Served in FY25:

- 124 students enrolled in the Office of Oral Health prevention programs.
- 661 individuals were served at community events
- 483 individuals received oral health education at community events
- 136 dental screenings were provided at community events
- 114 fluoride applications were provided at community events
- 25 referrals were provided at community events
- 2048 incentives were provided at community events.

FY25 Estimated Expenditure: Expenditures have not been tracked for a specific population. **FY25 In Kind Expenses:** General Fund: dental clinical supplies, oral health education material, staff presentations, staff, state vehicle and travel time to Native American events.

Breast and 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 First Nations Community Health Source, and at approximately 40 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 mammography and cervical cancer screening history.

Served FY25 (YTD): 43 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 for FY25, 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 FY25. Approximately 200 community members received information and/or education via programs supported by the Breast and Cervical Cancer Early Detection Program.

FY25 Estimated Expenditure: \$10,880 to date in federal grant and state funds.

Comprehensive Cancer Program **(505) 841-5860**

Services: The Comprehensive Cancer Program (CCP) provides support for culturally and linguistically tailored cancer prevention, risk reduction, and screening education programs in partnership with Tribal entities.

With funding from the Comprehensive Cancer Program in FY25, the Albuquerque Area Indian Health Board (AAIHB) conducted a capacity building training on evidence-based cancer screening for 32 Community Health Representatives (CHRs) from 12 New Mexico Tribal/Pueblo communities on the burden of breast, cervical, and colorectal cancer among Native populations, current screening recommendations, and evidence-based strategies to improve the delivery of breast, cervical and colorectal cancer screening and to improve uptake of human papillomavirus (HPV) vaccination. The University of New Mexico's Prevention Research Center collaborated with Mescalero Apache and Navajo communities to deliver a community summit in May 2025 in which Tribal community members, community health representatives, and health council members shared best practices in primary prevention of cancer (and other chronic diseases) to increase physical activity and healthy eating in Tribal communities through policy, systems, and environmental changes. In addition, six Tribal health clinics serving Navajo and four Pueblo communities participated in the Project ECHO Colorectal Cancer series in 2024 which provided practical support to primary care clinics and providers on how to improve colorectal cancer screening rates.

The Program also provided administrative and programmatic support to the New Mexico Cancer Council's Native American Work Group (NAWG), which continued to support implementation of the New Mexico Cancer Plan in Native American communities and promote utilization of New Mexico Tumor Registry data for program planning, implementation, and evaluation. The NAWG present data on cancer mortality and incidence on the Navajo Nation at the July 2024 meeting of the New Mexico Cancer Council. The NAWG continues to network and outreach to various Native American and Indigenous groups and organizations, and those who serve them, to increase its membership.

Served FY25: Approximately 100 community members received information and/or education via programs supported by the Comprehensive Cancer Program; no community members received direct services though the FY25 meetings of the New Mexico Cancer Council's Native American Workgroup.

FY25 Estimated Expenditure: \$51,000 to date in federal grant [51%] and state [49%] funds, as well as approximately \$1500 in NMDOH staff salaries [federal].

Tribal Cancer Concerns:

(833) 796-8773

Services: The Cancer Concerns Work Group (CCW) was formed as a cross-agency collaboration in partnership with the Center for Health Protection (Environmental Health Epidemiology and Community and Health Systems Epidemiology Bureaus) and Center for Healthy and Safe Communities (Population and Community Health Bureau) within the Public Health Division of NMDOH and the NM Tumor Registry at the University of New Mexico Health Sciences Center. 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 group created standardized protocols to govern investigations, communications, and report templates. Activities have been promoted via online and public meetings. When requested, the CCW provides Tribes, Nations, and Pueblos with reports about the incidence of cancer in their communities. Formal requests have been received in FY25 from Zia and San Felipe pueblos, and are being worked on by the CCW. The Indian Health Service provided access to the needed data to address their request. In addition, members of the CCW participate in the monthly Navajo Cancer

Workgroup. Information about how to submit an inquiry to the CCW can be found at <https://nmtracking.doh.nm.gov/health/cancer/CancerConcernsWorkgroup.html>

FY25 Estimated Expenditures: Personnel and administrative costs only.

Diabetes & Cardiovascular Health Section

Family Healthy Weight Program

Services: In FY25, DPCP implemented the Family Healthy Weight Program (FHWP), Smart Moves for Kids. This evidence based FHWP is a 12-week program for children aged 7-17 who have been diagnosed with obesity. Children, adolescents, and their families and caregivers meet twice per week for exercise and once per week for a nutrition education or behavior modification class using the Smart Moves Workbook. Each 12-week session includes topics in nutrition education, behavioral modification, parent/caregiver classes, and physical activity. This program is modifiable and can be adapted to meet cultural and community needs.

Served FY25:

- Tesuque Pueblo FY25
 - 9 families (cohort 1)
 - FY25 funding Tesuque Pueblo for implementation and tailoring of program for Cohort 1
 - \$35,000 federal funds via CDC Grant, \$10,000 via state general funds
- Taos Whole Community Health FY25
 - 8 families (cohort 1)
 - FY25 funding Taos Whole Health for implementation and tailoring of program for Cohort 1
 - \$35,000 via state general funds
- Organizational Rebel FY25
 - Funding to support Tesuque Pueblo and Taos Whole Community Health, and additional partners in curriculum tailoring, implementation and evaluation
 - \$60,000 federal funds via CDC Grant
- Smart Moves for Kids
 - Curriculum purchase, support, and training with the curriculum developer
 - \$12,500 via state general funds

Estimated FY25 Expenditure: \$152,500.00 paid by DPCP State General Funds and Federal funds

National Diabetes Prevention Program

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 Centers for Disease Control and Prevention (CDC) for people who have been diagnosed with prediabetes or are at high risk for diabetes 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. The Diabetes Prevention and Control Program (DPCP) also trains individuals to become certified lifestyle coaches, so they are prepared to implement the National DPP in their communities. Advanced Skills Training is also offered to trained lifestyle coaches, which are required to maintain their certification.

Served FY25:

- 6 participants or 19% of all participants in National DPP identified as American Indian or Alaskan Native
- 1 participant or 3% of all participants in National DPP identified as Indigenous
- NMSU
 - Implement National DPP in FY25
 - \$20,000 via State General Funds
- Three Sister's Kitchen
 - Implement National DPP in FY25
 - \$20,000 via state general funds

Estimated FY25 Expenditure: \$40,000.00 paid by DPCP State General Funds.

Kitchen Creations Cooking Schools for People with Diabetes

Services: Kitchen Creations is an evidence-based series of cooking classes on nutrition and cooking for adults with diabetes and their families or caregivers. 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 FY25:

Kitchen Creations in FY25 had 15 participants who identified as Native American from the following Tribes:

- 8 Navajo/Diné
- 2 Santa Ana Pueblo
- 1 Navajo and Zuni
- 1 Mescalero Apache
- 1 Mimbreno
- 1 Ojibwe
- 1 did not specify
- Kitchen Creations is funded via IGA with NMSU, approximately \$50,000 of that agreement funds Kitchen Creations. Those funds are all state general funds.

Estimated FY25 Expenditure: \$50,000.00 from DPCP State General Funds

Total Estimated FY25 Expenditures: \$242,500.00

**Obesity, Nutrition and Physical Activity Program
Healthy Kids Healthy Communities Program**

(505) 903-3100

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 multiple Indian Tribal Organizations on healthy eating, physical activity, and obesity prevention efforts. HKHC currently works with Zuni Pueblo and focuses on obesity prevention efforts in the preschool setting, school setting, food system, and built environment.

HKHC coordinators in Zuni Pueblo conducted the following activities in FY25. These are but a few of the ongoing healthy eating and physical activity efforts in Zuni Pueblo:

Healthy Eating and Physical Activity – Zuni Head Start and Shiwi T'sana Elementary

HKHC Zuni coordinators were able to connect to the Zuni Head Start program and worked with staff to support nutrition education and physical activity including hands-on preparation of foods and leading dance classes. They also worked with local cultural leaders to teach Zuni dance during PE classes at Shiwi T'sana elementary school that culminated in a performance for their families and communities during their Indigenous Day celebration. For the first time they were able to include pedometers and step data tracking to gain insights into the level of physical activity that comes from Zuni dances. For the first time, HKHC was able to engage Shiwi T'sana school leadership in supporting National Walk and Bike to School Day in May. All students were able to participate, had to wear a helmet and learn bike safety if they rode a bike. Families and school staff also participated. Because of this success, HKHC Zuni coordinators are confident they will be able to participate in Walk and Roll to School Day in October.

Healthy Eating in Communities

HKHC Zuni coordinators did a public survey to better understand and inform how to support home gardening in Zuni and received a large number of responses. This will help them with planning over the next couple of years on increasing the number of home gardening workshops and the resources needed to support ongoing and sustainable home gardening.

HKHC Zuni coordinators are working with the senior center on teaching elders healthy breakfast options using both traditional and non-traditional foods. The elders have appreciated the interactions and time spent with them learning more about healthy eating.

Finally, HKHC Zuni coordinators applied for and received a small grant to support the Lakeside community development area on installing home gardens. They have helped set up growing areas and built garden beds and assisted with planting seeds. Supplies provided included a large water tank, raised garden beds, trellises, and automated drip irrigation systems.

Physical Activity in Communities

The HKHC Built Environment department is continuing to work with paid summer youth trail crew to repair and maintain Zuni's many trails including trail maintenance and vegetation removal, litter and illegal trash dumping clean-up, and maintaining/replacing mile markers and way finding signs. The youth trail crew program will work throughout June and July.

In FY25, the ONAPA program conducted the following statewide efforts:

Since 2021, the ONAPA program has partnered with the Native American Professional Parents Resource (NAPPR) organization to deliver nutrition education presentations to Native American families. The presentations are focused on plant-based meal preparation using traditional and cultural foods. Plans are underway to partner with NAPPR on giving a nutrition education presentation to families attending the Maternal Wellness Summit in Albuquerque in September.

Surveillance: Each year since 2010, ONAPA has conducted the NM childhood obesity surveillance system except for the 2020 school year due to COVID. American Indian students continue to have the highest obesity prevalence compared to their Hispanic, White, Asian, and African American counterparts. In 2024, 33% of American Indian third grade students had obesity. This ongoing trend

may reflect inequities such as socioeconomic status, food insecurity, and community infrastructure that have a substantial health impact on the well-being of historically marginalized communities.

Served FY25:

HKHC in Tribal communities' reach: approximately 10,000 individuals

Families served by NAPPR who received ONAPA nutrition education presentation

ONAPA and HKHC will have the following contract in FY26 to support Tribal communities:

Zuni Youth Enrichment Project

FY25 Expenditures: \$275,000 (73% state funds, 27% federal funds). Zuni Pueblo also leveraged additional funding and resources to support HKHC implementation efforts. Federal funds that support the ONAPA and HKHC programs is uncertain in FY26.

Immunization Program

833-882-6454

Services: Provided immunization educational resources and administered respiratory and routine vaccines statewide during outreach events serving both pediatric and adult populations: school-based vaccine clinics, community-located vaccine clinics. Other advocacy activities include the annual "Got Shots?" back-to-school vaccine catch up events statewide and collaborations with other agencies and coalitions on identifying strategies to improve immunization rates. Vaccination rates from the New Mexico Statewide Immunization Information System (NMSIIS) is provided from the program to the Indian Health Services in partnership of improving rates.

Albuquerque Area Indian Health Board Inc.

Along with data efforts, a continuance contract is in place under the Albuquerque Area Indian Health Board Inc for a Tribal data and health summit. The summit took place on August 29-30 at the Isleta Resort and Casino. A future summit is in the planning for recommendations for future actions on data sharing between New Mexico Tribes, Indian Health Services, Tribal Epidemiology Centers, and the state.

Tribal Tech LLC

As part of communication efforts, consultants under Tribal Tech LLC are providing training for a third year on government-to-government work and the State Tribal Collaboration Act and its impacts in order to provide continuous quality improvement in cross cultural communication and planning of preparedness response and other public health initiatives. Courses are held on a virtual platform and in the Spring were available for in person attendance.

Better Together NM Coalition

Under the Better Together NM initiative, the program funded Community Organizations that engage relevant representatives and partners in the development and implementation of respiratory and routine vaccine equity training, designed to increase capacity to provide awareness, education, and accessibility of all vaccine. Tribal populations are included in the local community efforts under the funded program. For fiscal year 2025 Native Health Initiative was added as Tribal organization participating alongside Keres and COPE.

Keres

As part of respiratory and routine vaccine equity efforts, Keres focused on the Jicarilla Apache Nation, Mescalero Apache Nation, and Pueblo communities. Updated education and messaging efforts were developed for all routine vaccine to include the pediatric and adult populations. During the year they have attended town hall meetings and participated at community outreach events to include having the mobile vaccine team onsite at Tribal events.

Keres participated in Vaccine Equity meetings with these New Mexico Tribal Communities: Santa Ana, Isleta, Jicarilla Apache, Acoma, and San Ildefonso, Pueblo of Santa Clara and Pueblo of Jemez.

Keres attended the Public Health Day at the Capital and engaged with health representatives from the Pueblo of Kewa.

Keres collaborated with community-based organizations on POD casts to convey vaccine equity efforts occurring.

Community Outreach and Patient Empowerment Program, Inc. (COPE) Consulting

As part of respiratory and routine vaccine equity efforts, COPE have continued to provide consulting services per Navajo Nation communities. Updated education and messaging efforts were developed for all routine vaccine to include the pediatric and adult populations. Billboard messaging was part of the messaging in the community this year.

To prepare for the updated vaccine guidance this summer (Elders) and fall (general population), COPE worked closely with the Navajo Nation Vx Strategy/Coordination group to develop bilingual (Navajo-English) scripts for a radio ads to be disseminated across Navajo Nation. These were rotated throughout the winter to 14 different radio stations across the Navajo Nation, also reaching bordering towns.

COPE's Patient and Family Advisory Council (PFAC) received information about the vaccine updates and were encouraged to stay up to date on their vaccines. PFAC shared feedback on how to share this information in the community to target individuals, families, and elders through various methods of communication and dissemination.

Newspaper advertisements were placed in four newspaper publications serving Navajo Nation encouraging vaccinations ahead of the Holiday season.

Feedback from last year assisted with development of informative messaging to avoid any misinformation about vaccine recommendations. Having regular meetings and local radio interviews helped with the consistent message.

Native Health Initiative

Native Health Initiative was a new community-based organization added to the Better Together NM Coalition. Many social media posts were posted regarding vaccine recommendation for rural clinics in the community. The messaging consisted of COVID, Influenza, Measles, and routine vaccines to include the public portal vax view NM for records access.

Department of Health Mobile Vaccine Team

The Immunization Program funds the mobile vaccine team that consists of clinical staff that travel statewide to provide vaccine access to rural areas of the state. Many of the community events attended are Tribal populations. Over forty events took place in Acoma, Farmington, Crown Point, San Ildefonso Pueblo, Gallup, Pueblo of Laguna, Nambe Pueblo, Pine Hill, Picuris, Tesuque,

Abiquiu and Algodones. With a total of 1,112 COVID and 1,159 Flu vaccines administered so far with future events scheduled through summer and the upcoming respiratory season in Fall/Winter. Vaccine For Children's (VFC) Providers

Indian Health Service clinics administered 1,045 doses of infant RSV during the season of October-March. All inventory remaining from the season can be utilized for the upcoming season. 215 doses were ordered through the VFC Program this 2024-2025 season.

Marketing Efforts-Real Time Solutions Contract and NMDOH Marketing Team

Vaccine marketing campaigns for Don't Wait Vaccinate and Summer Magic are occurring statewide to include local radio, television, theaters, and more. The campaigns are focused on reaching all populations in the state, with a focus on rural area population. The campaign is also advertising the Got Shots Clinics that will be occurring statewide June 14th-August 30th to promote access of vaccine clinics for parents that may not have access directly in their area or may have struggled to get an appointment for vaccine catch up. Mobile clinics are the best way to go to the communities for those that may need to travel far for healthcare. Messaging is provided in multiple languages to ensure all populations in the state are receiving the latest information.

Served FY25: All American Indian children ages birth through 18 years in New Mexico; children and adults served at outreach sites.

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

FY25 Estimated Advocacy 100% Federal Fund Expenditures: \$15000,000.00

Family Planning Services

(505) 476-8882

This program provides comprehensive, quality clinical family planning/reproductive health services.

Served FY25: Clinical services for 592 American Indian or Alaska Native individuals.

FY25 Expenditures: all Family Planning Services are funded through Federal grants (67%), Medicaid revenue (14%), and State General Fund (19%).

Nutrition Services

Farmers' Market Nutrition Program (FMNP)

(505) 469-0548

Services: The Farmers Market Nutrition Program (FMNP) aims to address food insecurity among underserved populations, particularly WIC Families. This program provides access to fresh, locally grown produce through benefits on a Mobile app or Shopper card in the amount of \$40.00 per active-eligible participant, which can be redeemed at authorized farmers markets, farm stands, and other participating outlets.

FY25 served: 6,425 WIC clients and they spent \$119,664 throughout New Mexico.

Federal Funding Total issued \$231,269.00

Senior Farmers' Market Nutrition (SFMNP)

(505) 469-0548

Services: The Seniors Farmers Market Nutrition Program (SFMNP) is tailored to combat food insecurity within underserved demographics, specifically targeting Native American elders (55 and above) and Non-Native American senior adults (60 and older) residing in New Mexico. Through SFMNP, eligible seniors/elders gain access to \$50.00 worth of benefits per person, facilitated conveniently via a mobile app or a Shopper card which is redeemable at authorized farmers

markets, farm stands, and various participating outlets, fostering community engagement and supporting local agriculture.

FY25 served: 7785 seniors spent \$294,044.00 throughout New Mexico.

Federal Funding Total Issued \$277,086.00

Governor's Food Initiative (NMFB)

(505) 469-0548

Services: The New Mexico Governor's Food Initiative continues its commitment to addressing food insecurity by extending support to Native American elders (55 and above) and Non-Native American senior adults (60 and older) residing in New Mexico. Eligible seniors/elders are granted access to an additional \$50.00 worth of benefits per person, facilitated conveniently via a mobile app or a Shopper card, ensuring their access to locally grown produce. The Governor's Food Initiative has also allowed the Farmers Market Program under WIC to serve locally grown fresh food boxes to participants at senior centers with local grown produce, beans, pecans, and honey, supporting fresh food distribution to participants across more than 18 Tribal agencies.

FY25 served: 23,162 seniors spent \$725,242.00

FY25 Current Food Boxes being served: 1,900 worth \$212,000.00

State Funding Total issued \$936,000.00

Farmers Market Nutrition Enhancement Program (FMNEP)

(505) 469-0548

Services: The Farmers Market Nutrition Enhancement Program (FMNEP) is tailored to provide services to the NM Human Services Commodity Services Food Program Seniors residing in New Mexico. Through FMNEP, eligible seniors/elders will receive a local fresh produce food box worth up to \$100.00.

FY25 25 served: 970 seniors with \$97,030.00 food boxes purchased throughout New Mexico.

State Funding Total Issued \$97,030.00

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

San Felipe Pueblo, Pojoaque Pueblo & Five Sandoval Indian Pueblos.

Participating senior centers:

Santo Domingo Pueblo Senior Center, Pueblo of Acoma Senior Center, Pueblo of Zuni Senior Center & Adult Day Care, Pueblo de Cochiti Elder Program, Pueblo of Laguna, Pueblo of Picuris, Pueblo of Santa Ana, Pueblo of Zia, Mescalero Apache Tribe, Eight Northern Indian Pueblos Council, Santa Clara Pueblo Adult Day Care Center, Santa Clara Pueblo Senior Center, Pueblo of Tesuque, Ohkay Owingeh Senior Center, Pueblo of San Felipe

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

FY25 Services: Caseload Monthly average 38,109 43,350

FY25 Estimated Expenditures:

Federal Fund (Admin): \$19,390,901 **Federal Fund (food):** \$31,282,918
Total Federal Funds: \$50,673,819
State General Fund: \$787,000

School-Based Health Center

(505) 487-0822

Services: Provide integrated primary and behavior health care for school-aged children. Four sites specifically provide 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 FY25: 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, Española High School, Carlos Vigil Middle School, Quemado School District, Cobre Schools, Navajo Prep, Cuba Middle School, Pojoaque High School, and Gallup High School.

FY25 Estimated Expenditure: \$1,275,000 (for sixteen sites listed above)

Suicide Prevention

(505) 487-0822

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

Albuquerque Area Indian Health Board to educate professionals, and adolescents that focus on best practices to implement trauma informed and culturally relevant topics in the areas of mental health and suicide prevention; Participate in the New Mexico AI/AN Suicide Prevention Workgroup; Convene a two-day summit to disseminate best practices and lessons learned in developing and implementing trauma-informed practices; Provide technical assistance to New Mexico tribal communities; Continue to provide capacity building with Ohkay Owingeh to recruit and retain 25-50 AI/AN youth ages 11-18 for participation in PIYL sponsored activities; begin fostering relationships with a new tribal community to include in the next project year; and Partner with OSAH to provide evidenced based suicide prevention and youth mental health training to staff and partners.

GLSEN to host 4 training sessions annually throughout New Mexico, including rural/ frontier and metro communities in the following Evidence Based Practices: Intentional Inclusion, Youth Mental

Health First Aid, Question Persuade Refer; Send a Rainbow Library book and material set to at least 50 (or as funding permits) schools, libraries, and community spaces throughout NM with at least 20 (or half of annual purchased sets) of these sets will go to rural/frontier NM communities; Conduct a youth and educator summit for at least 100 youth, educators, and community members; and Launch two statewide media campaigns focused on destigmatization of behavioral health and provide resources for referral and mental health services.

New Day to Provide training including: a minimum of 4 virtual evidence-based practice substance use prevention group meetings to youth statewide per month; a minimum of 4 in-person evidence-based practice substance use prevention group meetings to youth per month; a minimum of 15 social emotional learning classes for youth; Host 6 statewide partner collaboration meetings; Collaborate with at least 4 community partners to provide services at the Drop-in Center; Refer young people who enter the Drop-in Center to services through a community partner. Follow up with 75% of these young people to assess outcomes of referrals.

Serna Solutions to Partner with local school districts and charter/alternative schools to identify students who are at risk for issues with substance use and/or co-occurring mental health challenges, Enter into Memorandums of Understanding (MOU)s with Santa Fe Public Schools (SFPS) and Santa Fe Indian School (SFIS) at the middle school and high school level with both organizations, Enter into MOUs with high school aged students at the New Mexico School for the Arts (NMSA) and Monte Del Sol Charter School (MDS). Provide drop-in mindfulness groups at both locations which teach students self-regulation and stress tolerance skills from Dialectical Behavioral Therapy; Partner with local school districts and charter/alternative schools to offer on-site clinical services to students who can be diagnosed with either a substance use disorder or a mental health disorders, Provide onsite clinical counseling to students at SFIS, SFPS, NMSA and MDS during school hours, Provide telehealth and in person clinical counselor to students over summer and winter breaks to minimize treatment progress; Partner with at least one Native American tribe or tribal organization to offer prevention and treatment of substance use and/or co-occurring mental health challenges; Provide high fidelity Adolescent-Community Reinforcement Approach/Assertive Continuing Care (A-CRA/ACC, CRAFT and DBT-A outpatient services for adolescents ages 12-24 through virtual environments and in two physical locations (Santa Fe County). Objectives: a) Clinical Providers trained, supervised and certified in the evidence-based modalities of Adolescent-Community Reinforcement Approach and Adolescent Dialectical Behavioral Therapy b) Six on staff at Serna Solutions. c) Provide intensively supervised A-CRA and A-DBT to approximately **160 youth** in the counties of Bernalillo and Santa Fe. Provide the same services to at least **40 youth** living outside of those areas using telehealth services.

Thirty (30) Natural Helpers Peer-to-Peer Programs were funded statewide including the following predominately NA-serving school districts in the 2024-2025 school year:

1. Central Consolidated School District
2. Jemez Mountain School District
3. Pojoaque Valley School District

4. Farmington Municipal School District
5. Ruidoso Municipal School District

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 FY25: Over 30 communities.

FY25 Estimated Expenditure: \$725,000

Screening Programs – Children’s Medical Services

Newborn Genetic Screening Program

(505) 476-8868

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 41 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 FY25: All newborns are screened for genetic conditions prior to discharge from the hospital. This includes American Indian children born in IHS Hospitals and those born in private or public hospitals.

FY25: Estimated Expenditures: \$350,000 revenues generated by the program

Newborn Hearing Screening Program

(505) 476-8868

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 FY25: Approximately 170 American Indian children required follow-up services.

FY25: Estimated Expenditures: \$50,000 federal funds (Title V Maternal and Child Health grant).

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. Program staff coordinate care for these children in partnership with Tribal Health and Social Service agencies. 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. CMS social workers also provide care coordination for Native American infants who are not affiliated with a Medicaid Managed Care organization who have been identified through the Comprehensive Addiction and Recovery Act (CARA) program. These are infants who

have been exposed to substances during their parent's pregnancy and may require additional supports and services.

Served FY25: 700 American Indian youth and children with special health care needs statewide.

FY25 Estimated Expenditures: \$100,000. Estimated In Kind Contributions related to NMCMS care coordination for these three (3) programs listed above would be \$500,000. This is a split between federal, state and revenues generated by the program.

Maternal and Child Health

Maternal Child Health Epidemiology and Maternal Health Innovations (505) 476-9038

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-based organizations such as Tewa Women United for PRAMS surveillance operations and Title V Maternal Child Health (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 Tribal 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 output. 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. A 2021 Tribal PRAMS symposium has not been possible during the COVID-19 pandemic, but NMDOH and TEC surveillance staff are working together to plan a webinar series, which will feature PRAMS data, data to action and policy applications related to maternal and child health.

Title V Maternal Child Health Block Grant

MCHEP and other FHB staff conducted a five-year statewide maternal child health needs assessment in 2019-2020, which was completed and submitted to the Health Resources Service Administration (HRSA) in September 2020. Community and government-based Tribal partners were consulted during the entire planning and implementation periods, and community input was

gathered in a culminating survey with participation from residents in 17 Tribal Nations, bands or Tribes. NM Title V/MCHEP staff coordinated with the AZ Title V, Dine College and Navajo Epidemiology Center staff in a comprehensive Navajo-area MCH needs assessment, which was completed in August 2020 and helped fulfill the NM Title V objectives to set priority areas for the next five years. The consulting agencies continue to meet monthly to share cross-jurisdictional data and assessments as well as opportunities for community input for the partnering Title V programs.

Maternal Morbidity and Mortality

MCHEP staff coordinated the CDC Preventing Maternal Deaths grant and the Maternal Mortality Review Grant in FY21-FY22, and staff participate in the monthly executive planning group of the mortality review. During the 2021 NM legislative session, MCHEP staff worked with the NM Birth Equity Collaborative and the Tribal Epidemiology Centers to pass SB 96 to ensure that Native American participation on the maternal mortality committee would be institutionalized in statute. Implementation of the statutory rulemaking and policies included input from Indigenous Women Rising, Tewa Women United, Changing Woman Initiative and Tribal consultants from the NM Doula Association.

NM maternal mortality review identified 108 pregnancy associated deaths occurring between 2015 and 2020. National findings indicate that Black and Native American women experience two to three times higher prevalence of pregnancy-related deaths compared to Hispanic and non-Hispanic white women. In NM, pregnancy-related death ratios were nearly four times higher for Native American women compared to Hispanic/Latina and non-Hispanic white women (2015-2020). NM severe maternal morbidity analysis reveals the same pattern among near-miss or acute medical hospitalizations during pregnancy or postpartum. New Mexico maternal mortality review analysts have been supporting a maternity safety bundle quality improvement initiative to address these disparities, and to prevent pregnancy-related deaths among the NM birthing population. Focusing on outcomes for Indian Health Services hospitals and providers, the MCHEP team is actively pursuing renewed data sharing and dissemination with the Navajo Epidemiology Center and Diné College, which has a Maternal Child Health program and community collaborative working across the Navajo Nation.

MCH Epidemiology staff prepare in-patient hospitalization data and prepare data dashboards to inform quality improvement efforts to reduce severe maternal morbidity in NM hospitals. A public query is available on NM-IBIS

https://ibis.doh.nm.gov/query/selection/matMorb/_MatMorbSelection.html , and the program is sharing data dashboards for each birthing hospital facility in private queries. Data for deliveries occurring 2016-2023 from 30 birthing facilities are available to hospital administrators and quality improvement staff. A forthcoming report summarizes the aggregate findings and will be posted in July 2025.

In 2024, DOH established an agreement with the AASTEC to participate in the New Mexico Maternal Mortality Review Committee and to form an analytic group to advise and plan analysis specific to Native American populations in New Mexico. This group meets quarterly and prepares infographics, special reports and presentations for Tribes and organizations services Tribes in NM and surrounding states.

COVID-19 and Pregnancy Case Tracking

MCHEP analysts developed pregnancy monitoring and follow up protocols to standardize data collection for COVID-19 cases where the case was pregnant or postpartum. The TEC and MCH staff modified the CDC COVID-19 pregnancy supplement and the CSTE PRAMS COVID-19 supplement to ascertain pregnancy experiences, birth outcomes and postpartum health status of women who had COVID-19 during pregnancy. The protocols require that cases under non-Navajo Tribal jurisdiction are handled by AASTEC epidemiologists and that Navajo area cases are handled by MCH staff, including a Navajo Epidemiology Center project director, who work together in close communication. Over 1700 families have been supported by referrals and connections to services, when requested. A presentation of provisional data was shared for the New Mexico Perinatal ECHO session in March 2022. Data collection for COVID-19 experiences continued through 2024. Retrospective analyses are in manuscript preparation to inform public health and medical practitioners, hospital administrators and community advocates and prepare for future health emergencies.

Data dissemination and translation

A Title V Maternal Child Health website features data and results from NM and Tribal PRAMS and National datasets pertaining to the NM birth and early childhood populations. The website has been expanded to serve as an inter-agency data and action hub to make reports and data queries from NMDOH and TECs consolidated and more accessible. Policy and service resource directories related to perinatal services, maternity safety programming, pregnancy accommodations, lactation support, home visiting and primary care provision highlight data to action with direct service impact. Policy and data applications from MCH Epidemiology include raising awareness about workplace accommodations for pregnancy and lactating people, access to contraception and Medicaid expansion.

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 have completed advanced degrees in medical and public health programs. The second cohort began in January 2021, and five students were selected to participate in COVID-19 case protocols, policy analysis, and PRAMS data applications in public health. Two of these interns were brought on as MCH Epidemiology staff in FY22, supporting long-term job development and investment in public health.

State Maternal Health Innovations

New Mexico applied for the State Maternal Health Innovations grant through the Health Resource and Services Administration (HRSA) and was awarded a five-year grant in late 2023. The grant staff coordinate a statewide task force which collaborates on a strategic action plan. The task force is coordinated by the NMDOH and AASTEC with support from the Office of the Tribal Liaison, UNM, the NM Doula Association and the NM Breastfeeding Task Force.

Community mini- grants under the HRSA grant are funding maternal health innovations for projects addressing solutions in rural and underserved communities and Tribes across New Mexico.

Served FY25: All federally recognized U.S. Tribes for NM residents.

FY25 Estimated Expenditures: \$525,000 for convening a statewide maternal health task force with the Albuquerque Area Indian Health Board Southwest Tribal Epidemiology Center.

Expenditures also include consulting costs, community grants and data integration improvements.

Maternal Health Program

(505) 476-8866

Services: The Maternal Health Program (MHP) is responsible for leadership on the following program areas relevant to state-Tribal collaboration: maternal and perinatal health domains and the distribution of funds to support direct perinatal care service delivery under the Title V MCH Block Grant; administrative leadership of the Maternal Mortality Review Committee (MMRC); leadership and collaboration to promote perinatal quality improvement initiatives; and licensure and support for the practice of midwives; and administering the certification and support for doulas.

Title V Block Grant

A portion of Title V funding is distributed annually through contracts with healthcare providers who deliver perinatal services to uninsured or underinsured individuals who may be at high risk of developing complications. During the report year, one of these provider agreements was with First Nations Community Healthsource, New Mexico's urban Indian health center and a Federally Qualified Health Center located in Albuquerque.

Based on an evaluation of the current portfolio of High-Risk Fund contracts conducted with the goal of assuring increased equity and access to a diverse array of providers in underserved communities, MHP is moving forward with a plan to contract with Changing Woman Initiative (CWI). CWI is an Indigenous midwife-led practice that provides culturally congruent and respectful perinatal, birthing, and wrap around services to Indigenous families across the northern half of New Mexico, including the northern Pueblos, Apache Tribal lands and the eastern Navajo Nation.

FY25 Title V objectives include continued refinement of the current portfolio of High-Risk Fund contracts with the goal of assuring that a diverse and accessible array of providers is under contract to provide perinatal services. We will also evaluate the geographic reach and numbers of individuals served. Expanding opportunities to provide culturally congruent and respectful care to Indigenous families remains a high priority.

Maternal Mortality Review Committee

MHP is responsible for administrative and operational oversight for the MMRC. This includes management of the CDC ERASE Maternal Mortality grant that funds committee operations, providing orientation and ongoing support for volunteer committee members, including two direct appointees from the Indian Affairs Department, and supervising staff and contractors who prepare case summaries for committee review.

During fiscal year 2025, the annual NM Maternal Mortality Review Committee report for the years 2015-2020 was submitted. This public report was prepared in March 2025 and will be released to the public after the DOH Secretary's approval.

The report recommended NM DOH to prioritize a plan to address inequities of AI/AN maternal mortality in New Mexico that recognizes the individual and cultural characteristics of Tribes/Nations and of Native urban populations. This will include: 1) Representation of AI/AN people in all planning and implementation of maternity care improvement; 2) Establishment of government-to-government relationships with Tribal programs who serve Native American birthing and postpartum women/people on reservations; and 3) Inclusion of geography and other contributing factors pertaining to Tribal/rural communities when measuring AI/AN maternal health outcome.

FY25 MMRC objectives include ongoing work to diversify MMRC operational staff to reflect the population of the state and community-based expertise. We are continuing our collaboration with MCHEP on the specific goal to increase partnerships with Tribal public health authorities through AASTEC to assure that they have access to MMRC data and analysis that is relevant to Tribal communities

Midwifery Licensure

The Maternal Health Program is responsible for licensing, regulating and supporting the practice of Certified Nurse Midwives (CNM) and Licensed Midwives (LM). Integration of midwives across systems of care is associated with improved outcomes on multiple indicators of maternal and infant health and wellbeing. CNMs provide a significant amount of the reproductive health and perinatal care at IHS facilities, including those located within New Mexico. LMs and some CNMs provide care in home and birth center settings that may improve access to care for individuals who live in rural communities and create more opportunities for family participation and culturally significant birthing practices to be observed. Indigenous midwives may be able to provide culturally congruent care that is also associated with improved outcomes.

FY25 Midwifery Licensure objectives include updates to guidelines consistent with developments in the field and incorporating input from midwives and community members, including Indigenous midwives, birthing families and organizations. We also plan to track the impact of the hearing screening pilot and its effectiveness in increasing access to this service for rural Indigenous families.

During the current fiscal year, the MHP acquired four hearing screening machines for use by community midwives in public health offices. MHP is in the process of finalizing the four Public Health office locations. Changing Woman Initiative (CWI) will have access to the machines to promote increased access to newborn screening for Indigenous families.

Doula Certification

The Maternal Health Program is responsible for certifying, regulating and supporting the doulas to participate as a Medicaid provider as directed by House Bill 214.

FY25 doula objectives include establishing rules to create a voluntary credentialing process to allow doulas to enroll as Medicaid providers, create a doula credentialing advisory council, collaborate with state agencies, local governments and private entities for education of services provided by credentialed doulas. Also, establishing required annual reporting criteria and managing a doula fund.

Doula council membership application will be opened in FY26. In addition to the requirements on the application, doula council members will be evaluated and selected with these supplement

requirements: resident of NM, diverse linguistics, cultural backgrounds, varied geographic regions, and at least eight of whom shall be doula.

Commercial Tobacco

Nicotine Use Prevention and Control Program

(505) 546-7465

Services: Provide activities and services to communities, schools and organizations to promote healthy, nicotine-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 nicotine use on an annual basis. The Youth Risk and Resiliency Survey (YRRS) collects data on cigarette and other nicotine use among middle and high school students biennially, most recently in Fall 2025. The NUPAC epidemiologist works closely with the NMDOH Community and Health Systems Epidemiology Bureau (Center for Health Protection) to develop questions which are added or modified in the NM-YRRS and NM-BRFSS surveys. Utilization, satisfaction, and quit rates of QUIT NOW enrollees are also collected by cessation and evaluation contractors for NUPAC on an ongoing basis. The BRFSS, YRRS, and QUIT NOW survey questionnaires include race/ethnicity demographic question that includes an American Indian category, and data can be analyzed and reported out as appropriate. This data is available directly from the NUPAC epidemiologist and via annual reports, and NM Department of Health and CDC data systems online. The New Mexico Indicator Based Information System (NM-IBIS) is a user-friendly data system has recently been updated to build nicotine and tobacco use community reports based on the BRFSS, YRRS, and Census data.

The Nicotine Use Prevention and Control (NUPAC) evaluation contractors also conduct the Tobacco Evaluation Survey (TES) biannually, most recently in 2024. This evaluation surveys adults in New Mexico and includes questions on participants' attitudes on policy and access to nicotine products. This survey provides excellent data on tobacco and nicotine use among young adults

NUPAC Anti-Oppression Framework

NUPAC 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. NUPAC 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, NUPAC expects to see the harmful and addictive use of nicotine decrease more rapidly, as nicotine-related health disparities are identified, addressed, and eliminated.

In FY25, NUPAC funded the annual anti-oppression training and examined how other mitigating racial equity allows one to recognize health disparities and mental and behavioral health in communities that typically go unnoticed. A toolkit was developed as a resource for attendees on racial equity.

FY25 Services

FY25 services to American Indian populations in New Mexico are provided through contracts and partnerships between NUPAC and Keres Consulting, Inc., Rescue Agency, and Consumer Wellness Solutions, LLC. 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. NUPAC 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 Nicotine Use Prevention and Control (NUPAC) Program contracts with Keres Consulting, Inc. to manage Secondhand Smoke Protection in Native American Communities, 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 quality or legislated policy.

In FY25, Secondhand Protections in Native American Communities providing technical assistance to the Pueblo of Acoma Housing Authority and the Pueblo of Laguna Housing Resident Services, the Pueblo of Isleta Community Health Works, the Pueblo of Santa Clara Housing Staff, the Pueblo of Ohkay Owingeh Interim Director and Mescalero the Community Health Representative. Providing technical assistance includes the development of cultural tailored resources. The tailored technical assistance will allow decolonized and equitable approaches to address the appropriate steps to recommend a commercial tobacco resolution/policy within their respected Tribal housing authority. The Pueblo of Acoma and Pueblo of Laguna multi-unit housing are now Nicotine-Free.

Rescue Agency

The NUPAC Program contracts with Rescue Agency to support youth engagement through Evolvment, which activates the power of local youth leaders across New Mexico to contribute to behavior change through policy change and health education, while providing leadership and skill-building to youth members. Evolvment partners with students at:

Cuba High School (Approx. 79% Native American enrollment)

Vista Nueva High School (Approx 13% Native American enrollment)

Newcomb High School (Located on the Navajo Nation)

Farmington High School (Approx. 42% Native American enrollment and highest graduation rate for Native American students in NM)

Espanola Valley High School (Approx 13% Native American enrollment)

Youth from these schools make up approximately 31% of all Evolvment members and approximately 12% of the Evolvment Leadership Team.

Evolverment students work directly on the 24/7 Nicotine-Free Schools initiative. The following are events, presentations, and efforts for the 24/7 Nicotine-Free Schools campaign with students from the above-mentioned schools or at schools with high Native American populations:

Algodones Elementary Principal Meeting
Algodones Elementary School Presentation
Lydia Rippey Elementary Presentations
Tierra Encantada Charter School Principal Meeting
Tierra Encantada Charter School Board Meeting
Tierra Encantada Charter School Elementary/Middle Presentation
McKinley Middle School Principal Meeting
Monte Del Sol Charter School Principal Meeting
Magdalena Municipal Schools Board Meeting
Meeting with Assistant Superintendent of Central Consolidated Schools
Central Consolidated School Board Work Session
Newcomb HS Principal Meeting
Cuba High School Principal Meeting
Cuba High School Career Day 24/7 Table
Newcomb HS Assistant Principal Meeting
Newcomb Easter Events
Newcomb HS 24/7 Table at Junior Class PowWow
Vista Nueva HS Principal Meeting

Evolverment students work directly on the No Minor Sale initiative. The following are events, presentations, and efforts for the No Minor Sale campaign that took place with students from the above-mentioned schools, adult volunteers from Tribal lands or at schools with high Native American populations:

Balloon Fiesta Event - Led by Maxamillion Marmon - Adult Volunteer from Grants, NM
Day at the Capital - Led by Adult Volunteers Maxamillion Marmon (from Grants, NM), Gogo Salguero, and JohnnyLee Flores
Anastasia the Musical Event at Farmington High School
National Chocolate Chip Cookie Day Event at Newcomb High School
Algodones Elementary School Presentation
Lydia Rippey Elementary Presentation
Algodones Elementary School Presentation
Tierra Encantada Charter School Elementary/Middle Presentation
Take Down Tobacco Day event at Newcomb High School
Take Down Tobacco Day event at Cuba High School
Consumer Wellness Solutions, LLC.

The New Mexico Department of Health's Nicotine Use Prevention and Control (NUPAC) Program contracts with Consumer Wellness Solutions, LLC to provide a variety of nicotine addiction treatment 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.

In FY25, the QUIT NOW Cessation Services has provided individual services to 433 Native Americans in New Mexico. The Health Systems Change Training and Outreach Program offers free consultation, technical assistance, and training for nicotine treatment health systems change. The program provides training and outreach curriculum, including Brief Tobacco Intervention and Cessation Services and Referral training for staff and providers. In FY25, serve Native Americans participated in the Health Systems Change Training and Outreach Program including:

Southwest Tobacco Education Prevention Program

Pojoaque R.O.A.D. Program

New Mexico Indian Affairs Department

Southwest Tribal Tobacco Coalition

Jicarilla Apache Wellness Center

Navajo Chapter House- Upper Fruitland

Center for Health Protection

The [Center for Health Protection](#) (CHP), formerly ‘Epidemiology and Response Division’ works to improve health outcomes for all people in New Mexico through the [Essential Services](#) of Assessment, Policy Development, & Assurance. CHP is committed to serving Tribal communities through assurance of Tribal data sovereignty, and close collaboration with the Office of the Tribal Liaison.

NMDOH’s Tribal Epidemiologist works with other NMDOH Epidemiologists to monitor and track the health status of Tribal communities in New Mexico. Tribes may access specific data through the Tribal Epidemiologist by way of submission of a data request (email: CHP@doh.nm.gov). NMDOH maintains close partnerships with New Mexico’s two Federally funded Tribal Epidemiology Centers (TEC): the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) and the Navajo Nation Epidemiology Center (NEC).

NMDOH maintains a current data sharing agreement with NEC and is working to finalize one with Navajo Area Indian Health Service. In the past there has been a data sharing agreement with 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 NMDOH will continue to serve American Indian/Alaskan Native populations and all New Mexicans by monitoring health status and describing health disparities within New Mexico.

Served FY25: All Tribes, Pueblos and Nations in New Mexico.

NM Public Health Data Portals

Environmental Public Health Tracking:

nmtracking.doh.nm.gov

NM Indicator-Based Information System

New Mexico Health Alert Network (HAN)

Advisories:

<https://www.nmhealth.org/about/erd/bhem/>

(NM-IBIS): ibis.doh.nm.gov

Data Requests: CHP@doh.nm.gov

NM Epidemiology Reports:

nmhealth.org/data/report

NM Population Surveys

NM Behavioral Risk Factor Surveillance System: NM Youth Risk & Resiliency Survey:

nmhealth.org/about/erd/ibeb/brfss

YouthRisk.org

NMDOH Helpline

New Mexicans can call our helpline to speak to a nurse about:

- Health assistance
- Vaccine scheduling
- Help finding a provider
- Reproductive health
- Animal bites, food-related illness, infectious disease

Se habla Español

1-833-SWNURSE (1-833-796-8773) (Toll Free)

Bureau of Health Emergency Management (BHEM)

BHEM conducts public health emergency preparedness & response; issues health alerts (HANs), coordinates the NM Medical Reserve Corps (MRC), and maintains the Strategic National Stockpile (SNS) program.

Served: All Tribes

Cities Readiness Initiative for Medical Countermeasures Dispensing and Public Health Preparedness for Albuquerque/Bernalillo-Sandoval Counties Metro Area

Contact: Elisha Evridge

(505) 470-8559

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) with the Centers for Disease Control and Prevention (CDC) Cities Readiness Initiative (CRI). This includes emergency preparedness planning, training, drills, and exercises. Federal funding was provided to CRI Tribal Partners, through Intergovernmental Agreements, to support emergency preparedness and resiliency activities.

Served FY25: IGAs sent out to Pueblo of Pueblo of Sandia, Pueblo of Zia, Pueblo of Santo Domingo, Pueblo of San Felipe, Pueblo of Santa Ana, and Pueblo of Jemez.

Emergency Operations Center Representative (EOCR)

Contact: EOCR On Call Phone

(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 FY25: All New Mexico Pueblos, Tribes, and Nations.

The Department Operations Center (DOC)

Contact: Elisha Evridge (505) 470-8559

The primary function of the DOC is to protect the health and safety of the citizens of New Mexico and ensure NMDOH responses are coordinated, timely, effective, and appropriate. The DOC supports the State Emergency Operations Center (SEOC). This includes the allocation, delivery, and management of COVID-19 testing kits, sheltering and other medical related missions.

Served FY25: All New Mexico Pueblos, Tribes, and Nations.

Tribal Public Health Emergency Preparedness Conference

Contact: Elisha Evridge (505)470-8559

Services: The 2025 Tribal Emergency Preparedness Conference was held at the Santa Ana Pueblo to enhance emergency preparedness for Tribal communities through effective planning and stakeholder collaboration. This conference served all 24 New Mexico Pueblos, Tribes, and Nations.

Medical Reserve Corp Tribal Medical Care and Training

Contact: Juli Sommers (505) 469-0547

Services: MRC provides medical care to Feast days, supports wound care and integrated wellness training.

Served FY25: Sandia Pueblo. Support is available to all New Mexico Pueblos, Tribes, and Nations.

Medical Reserve Corp Dental Screening Events

Contact: Juli Sommers (505) 469-0547

Services: MRC deployed volunteers to support the Society of American Indian Dentists screening events.

Served FY25: All New Mexico Pueblos, Tribes, and Nations.

Partners In Preparedness Conference-Tribal Funding

Contact: Elisha Evridge (505) 470-8559

Services: Coordinated with Tribal entities to ensure training was available for all Pueblos, Tribes and Nations. 2025 PIP had several topics of mutual concern for Tribal members and emergency management professionals.

Served FY25: All New Mexico Pueblos, Tribes and Nations were invited.

Training and Exercise

Contact: Clinton Kiltz (505) 709-5888

Services: Tribal partners were invited and included in multiple training courses conducted by or hosted by BHEM. These include trainings on the Incident Command System; Medical Countermeasures; Psychological First Aid; Burn Injury Triage, Treatment, and Response; and an exercise on responding to a Biological Illness Event.

Served FY25: All New Mexico Pueblos, Tribes and Nations were invited.

Bureau of Vital Records and Health Statistics

(505) 827-0121

Contact: Renee Valencia (505) 827-2536

Services: The Bureau of Vital Records and Health Statistics (BVRHS) registers approximately 2,600 births and 2,200 deaths of American Indians each year. The bureau issues certified copies of birth and death certificates to American Indian families and executes amendments, acknowledgments 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. Our major initiatives continue to focus on conducting registration and issuance assistance to Tribal members, especially in obtaining a Real ID driver's license. The BVRHS also continues working with funeral homes, Tribal affiliates, and various partners to ensure timely birth and death records are registered and certified certificates are issued timely or easily accessible for individuals. Furthermore, as Pueblo leadership officials and Tribal enrollment staff continue, the transition and adjustment from paper to electronic registration procedures, the BVRHS continue to assist with training, registration issues, and help-desk ticket issues to resolve problems related to electronic certification efficiently and effectively.

Served FY25: All Tribes in New Mexico.

FY25 Estimated Expenditures: Personnel and administrative costs were approximately \$184,720. Personnel costs were approximately \$180,930, which included fringe benefits, and cost of safety paper used for birth and death certificates for were approximately \$3,790.

Community & Health Systems Epidemiology Bureau

Conducts syndromic surveillance; monitors population & community health; manages and maintains the All-Payer Claims Database, hospital inpatient discharge data, emergency department visit data; Health Equity and Tribal Epidemiology programs.

Tribal Epidemiologist

Contact: Desirae Martinez

(505) 637-1356

Services: In collaboration with the Office of Tribal Liaison, the role of the Tribal Epidemiologist at the NMDOH is to leverage DOH epidemiology resources to analyze and disseminate health data, provide training in epidemiology and public health assessment, improve disease and injury surveillance and reporting systems, and advocate for utilization of American Indian health data. The Tribal Epidemiologist works closely with AASTEC and the Navajo Nation Tribal Epidemiology Center (NEC). In addition to these organizations, the Tribal Epidemiologist provides data and technical assistance to all Tribes, Pueblos, and Nations 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 NEC in order to facilitate this sharing of data and resources.

The Tribal Epidemiologist has completed one Tribal data request and has five additional requests in process.

Served FY25: All Tribes in New Mexico.

FY25 Estimated Expenditures: In-kind services with Tribal Epidemiologist staff salary.

AI/AN COVID-19 Epidemiologist

During FY25, the AI/AN COVID-19 Epidemiologist collaborated with IDEB, Tribes, and Tribal entities throughout the state to provide case, hospitalization, and death data to Tribes on a daily basis, assisted Tribes with outbreak response efforts, and reported vaccine breakthrough and variant of concern cases to Tribal Jurisdictions to inform their community public health responses. NMDOH is thankful for our partnership with American Indian populations and their sovereign governments during the pandemic. The AI/AN COVID-19 Epidemiologist also supported the Tribal Epidemiologist.

Served FY25: All Tribes in New Mexico.

FY25 Expenditures: In-kind services with the AI/AN COVID-19 Epidemiologist staff salary.

Health Equity Epidemiology Program

(505) 584-2232

Services: The Health Equity Epidemiology program at the NM DOH contributes a health equity lens to DOH epidemiology resources. They do this through analyzing and disseminating health data, providing training in health equity epidemiology and public health assessment, supporting and encouraging community involvement throughout the data life cycle with the goal of improving disease and injury surveillance and reporting systems. The Health Equity Epidemiology Program provides support and assistance to Tribal epidemiology, and the Office of Tribal Liaison as requested

Served FY25: All Tribes in New Mexico

FY25 Estimated Expenditures: In-kind services with Health Equity Epidemiology staff salary.

Health Systems Epidemiology Program

(505) 859-9735

Services: The Health Systems Epidemiology Program collects, maintains and analyzes data from Hospital Inpatient Discharges, Emergency Department visits, the All-Payer Claims Database, and public health surveillance systems to assess the evolving relationship between the health care system and population health outcomes." Both Emergency Department visits and Hospital Inpatient Discharge Data collect Tribal affiliation in the state of New Mexico.

Served FY25: All Tribes in New Mexico.

FY25 Expenditures: Personnel and administrative costs only.

Emergency Medical Systems Bureau

Lead for EMS development, licensure, EMS Fund distribution, & data collection (NMEMSTARS). EMSB oversees the Time Critical Condition program, including trauma, stroke, & STEMI (Heart Attack) systems & development. Maintains the NM Health Call Center.

Environmental Health Epidemiology Bureau

Studies how environment influences human health & disease; identifies environmental exposures of concern; maintains programs for Asthma Control, Childhood Lead Poisoning Prevention & more.

Asthma Control Program

(505) 827-0006

Contact: Christine Brown

Services: The Asthma Control Program (ACP) has been focused on implementing new initiatives during its first year of a four-year funding cycle with the CDC. Limited program resources are utilized to support services in areas of the state with the highest burden of asthma. The ACP continues to provide updated asthma-related data on the NMEPHT portal as well as the New Mexico Indicator Based Information System (NMIBIS) for all residents of New Mexico including Tribal populations. Available asthma data includes prevalence, population demographic demographics, emergency department visits, hospital admissions and deaths.

Served FY25: All Tribal communities within New Mexico.

FY25 Estimated Expenditures: Personnel and administrative costs only.

Occupational Health

(505) 629-6826

Contact: Nayeem Hassan Khan

Services: The Occupational Health Surveillance Program (OHSP) has an important role to ensure the health and safety of New Mexico's workforce by collecting work-related injuries and illnesses information; targeting intervention and raising awareness among workers, employers, health care

providers and the public. The Environmental Health Epidemiology Bureau (EHEB) received a new grant beginning in fiscal year 2022 which included a plan to work with the Office of the Tribal Liaison on a comprehensive outreach program to include Tribal concerns in Occupational Health Surveillance Program in a way that is inclusive and culturally sensitive.

Served FY25: All Tribal communities within New Mexico.

FY25 Estimated Expenditures: Personnel and administrative costs only.

NM Environmental Public Health Tracking Program

(505) 819-9066

Contact: Chelsea Langer

Services: The New Mexico Environmental Public Health Tracking Program (NMEPHT) has continued to provide environmental health data on the NMEPHT portal available for all the residents of New Mexico. In addition, the NMEPHT has added race/ethnicity data elements to its health datasets to better understand health inequities in our state. We also added a health equity page on our data portal that displays a map of superfund sites and the CDC Social Vulnerability Index which can be found here NMTracking Environmental Health Equity. The portal is being rebuilt by NMDOH Information Technology (IT) and will provide a modernized website to access data. The EPHT program has led a heat-related illness prevention session at both Partners in Preparedness and Tribal Public Health Emergency Preparedness conferences in FY24 and FY25.

Served FY25: All Tribal communities within New Mexico.

FY25 Estimated Expenditures: Personnel and administrative costs only.

Environmental Health Capacity (formerly Private Wells) Program

Contact: Kelley Plymesser

(505) 469-8554

Services: Free well water testing events, a partnership with NMED Ground Water Quality Bureau, were provided for people with private wells serving homes not connected to a public water utility in seven communities throughout the state. These events served at least 200 NM residents. Participants included residents of Navajo Nation. The Environmental Health Capacity Program has continued to support private well water quality data and health information provided on the NMEPHT portal available for all the residents of New Mexico.

Served FY25: All Tribal communities within New Mexico.

FY25 Estimated Expenditures: Personnel and administrative costs only.

Infectious Disease Epidemiology Bureau

Tracks infectious diseases & controls the spread of disease through surveillance; programs including emerging infections, food and waterborne illness, zoonotic and vector borne diseases, infectious respiratory disease, healthcare associated infections/antimicrobial resistance, Informatics and more.

Contact: Chad Smelser

(505) 827-0006

Services: Infectious Disease Epidemiology Bureau (IDEB) has been working closely with the Navajo Epidemiology Center (NEC), Northern Navajo Medical Center, 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 continue 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).

NMDOH IDEB established a group of epidemiologists/staff in March 2020 that continues to assist with pandemic data sharing, testing resources, personal protective equipment and vaccination planning. NMDOH also assisted Tribes with COVID-19 patient investigations and contact tracing until those functions became less relevant to pandemic control. NMDOH also worked with many of the Tribes to update their COVID-19 response plans including infection control policies, and isolation and quarantine efforts.

There have been American Indian hantavirus patients whose specimens were tested and handled at the NMDOH Scientific Laboratory Division. Our Zoonotic Disease staff assisted, when requested, with investigations. Most investigations were primarily handled by Tribal investigators. The New Mexico State Public Health Veterinarian, together with the New Mexico Livestock Board State Veterinarian, were invited by a member of the Navajo Nation Land Board to give presentations about highly pathogenic avian influenza. They presented to the Church Rock Chapter on January 9, 2025, and the Thoreau Chapter on March 27, 2025.

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 (per the New Mexico Administrative Code) to include active surveillance for pathogens included as part of EIP Active Bacterial Core surveillance (ABCs), FoodNet surveillance, and RESP-NET (COVID, flu, and RSV) surveillance. EIP has been meeting quarterly with the AASTEC over the past year to improve shared awareness and identify approaches to increase the usefulness of EIP data to Tribal communities. A University of New Mexico student intern with NM EIP is working with AASTEC on a qualitative study to identify approaches to improving EIP data usefulness. Most recently vaccine preventable disease epidemiology staff met with AASTEC to collaborate on measles preparedness efforts for Tribal communities as well as provided a training course on measles specific case investigation and contact tracing. VPD staff continue to provide guidance for Tribal health care facilities in measles preparedness activities and outbreak response.

The Informatics Team continues to collaborate with our Tribal partners on data modernization efforts, to include surveillance system upgrades, electronic laboratory reporting (ELR) and electronic case reporting (ECR). The ECR Team has made efforts toward collaborating with the IHS Office of Clinical Informatics and IHS regional epidemiologists to provide electronic case reports, training on ECR access and data utilization, and to discuss the potential for interoperability. Collaborative efforts continue to be made with Clinical Informatics and IHS epidemiologists.

Infection control and outbreak response nurses and infection preventionists from the Healthcare Associated Infections (HAI) team conducted remote and onsite infection control assessments and COVID-19 outbreak response in nursing homes, long-term care facilities, and dialysis centers located in Tribal communities. Staff from these facilities participated in weekly education and learning sessions aimed at increasing infection prevention knowledge, implementation of CDC guidance for healthcare settings, and sharing of best practices amongst participants.

Clinicians from the Indian Health Service and Tribal Health Centers participate in the weekly Infectious Disease Office Hours teleECHO clinic led by University of New Mexico Division Chief of Infectious Diseases and NMDOH HAI/AR program.

The HAI team and SLD are working with laboratory and infection prevention staff at GIMC on implementation and validation of a new diagnostic test platform in their hospital laboratory.

Served FY25: All Tribes in New Mexico.

FY25 Estimated Expenditures: In-kind services - staff salaries from epidemiologists and other IDEB staff.

HIV Services Program

505-500-9741

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 Health Source (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 FY25: Approximately 180 persons living with HIV were served by First Nations HSP.

FY25 Estimated expenditures: Provider agreement with First Nations for HSP services increased to \$425,000 in SFY 2024 and increased in SFY 25 to \$500,000 with an additional increase in Early Intervention Services of \$128,000. The HIV Services contract total for FY25 is \$628,000. Additional Provider Agreement for dental services in the amount of \$9,000 per fiscal year. Additional expenditures for American Indians served across all providers in the HSP network.

HIV Prevention Program – Early Intervention Services

(505) 795-1551

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 Health Source (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 FY25: HIV testing numbers for FY25/25 2,279 targeted HIV tests for native populations at greatest risk in calendar 2024 & 2025.

FY25 Estimated Expenditures: \$128,000 for First Nations Community HealthSource to deliver culturally specific prevention programs and HIV testing.

Served FY25: HIV testing numbers now exceed pre-pandemic figures, with over 9,700 targeted HIV tests for populations at greatest risk in calendar 2024.

FY25 Estimated Expenditures: \$166,900 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 FY25: Unable to determine unduplicated count.

FY25 Estimated Expenditures: Approximately \$350,000 in personnel costs for the regional Disease Prevention Team. The Disease Prevention Team in this region expanded to almost double the staffing during FY22 through a federal grant for Disease Intervention Specialist (DIS) Workforce Expansion. There are now a total of seven (7) staff, including a new Program Manager and two additional DIS, up from a previous staffing level of four (4) positions. This should allow for more timely and complete disease investigation, expansion of all testing services, increase in prevention education, and expanded collaboration with the Navajo Department of Health.

Tuberculosis Program

(505) 490-0305

Services: Provide technical support, expert consultation and guidance in the provision of care for American Indians with active tuberculosis disease (TBD) or latent tuberculosis infection (LTBI), contact investigations, and professional training to service providers. Provide National reporting of all active tuberculosis cases to CDC partners. Collaborate in TB cohort review, a systematic evaluation of patients with TB disease and their contacts to ensure accountability, provide ongoing education and improve case management and prevention. Provide a dedicated TB Nurse Consultant Liaison to assist with active disease management, contact investigations, referrals, consultation, TBI management and education.

Served FY25: Services available for all Tribes within New Mexico.

FY25 Estimated Expenditures: Personnel and administrative costs only. Nurse consultant team works with all populations across the state that are impacted by cases of TB disease

Injury & Behavioral Epidemiology Bureau

The goal of the bureau is to collect data about health-related practices and health status, conduct data analysis to identify risk factors and describe the distribution of disease, and to implement evidence-based injury prevention strategies. The bureau works to prevent injury by pursuing

effective public policy, encouraging effective organizational practices, fostering injury prevention coalitions and networks, educating providers, promoting community education, and strengthening individuals' knowledge and skills.

The Behavioral Health Survey Sections conduct, analyze, and disseminate data from population-based health surveys, and conduct surveillance of the mental health status of New Mexicans. The [Behavioral Risk Factors Surveillance](#) (BRFSS) is a population-based telephone survey of health-related behaviors, health outcomes, and the utilization of health care services of New Mexico adults. Approximately 7,000 surveys are conducted annually through the BRFSS. The [Youth Risk and Resiliency Survey](#) (YRRS) is a biennial population-based survey of approximately 30,000 New Mexico middle and high school students. Topics include health risk behaviors and resiliency (protective) factors. The YRRS is conducted in collaboration with the Public Education Department (PED) and the UNM Prevention Research Center. Special interest telephone-based health behavior and outcome surveys are also conducted on diverse topics such as asthma, infectious diseases, and immunizations.

The [Substance Use Epidemiology](#) section assesses negative health consequences of the use of alcohol, prescription, and illicit substances, and promotes the use of effective interventions to address public health issues resulting from substance misuse.

The [Injury Prevention](#) section conducts interventions in various areas of injury, including but not limited to sexual violence (including crisis response and prevention), suicide, adult falls, childhood injury, and opioid overdose.

Substance Use Epidemiology Section Luigi Garcia-Saavedra (505) 490-2262

Services: The Substance Use Epidemiology Section (SUES) collects and analyzes data on substance use in New Mexico and shares the results with other DOH programs, community groups, policy makers, and other stakeholders. The Section assesses negative health consequences of the use of alcohol, prescription drugs, and illicit substances, and promotes the use of effective interventions to address public health issues resulting from substance misuse. American Indians bear a disproportionate burden of alcohol-related harm in New Mexico. The Alcohol Epidemiologist in the Substance Use Epidemiology Section collaborates with the Tribal Epidemiologist, the Office of Tribal Liaison, and sovereign partners to assure that reporting on analyses involving American Indians is done in a culturally sensitive manner. The Alcohol Epidemiologist upon request can link Tribes with technical resources, experts, and offer advice on ways to reduce excessive alcohol use.

Served FY25: 24 Tribes, Pueblos, and Nations.

FY26 Estimated Expenditures: personnel and administrative costs.

Overdose Prevention Section Contact: Stef Grundy (505) 699-9818

Services: The Overdose Prevention Section works to decrease the number of drug overdoses and overdose deaths occurring in New Mexico, through outreach and in partnership with NM's Tribes, Pueblos, and Nations. The section's Tribal Overdose Prevention Coordinator supports Tribal-based initiatives to increase awareness of resources including providing access to naloxone, Medication-

Assisted Treatment (also known as Medication for Opioid Use Disorder), and harm reduction services throughout the state. They work closely with the Office of Tribal Liaison.

The Tribal Overdose Prevention Coordinator maintains areas in the online platform Basecamp specifically for NM Tribal partners to share information, questions, and resources, alongside areas for sharing by regional community partners. Collaborations are ongoing and will be continued to provide resources, support, and technical assistance.

Served FY25: Pueblos of Acoma, Cochiti, Isleta, Laguna, Taos, Ohkay Owingeh, Nambé, Picuris, Pojoaque, San Felipe, San Ildefonso, Sandia, Santa Ana, Santa Clara, Santo Domingo, and Zia; Diné/Navajo Nation

FY25 Estimated Expenditures: Personnel and administrative costs, funded under the CDC's Overdose Data to Action in States (OD2A-S) grant.

Childhood Injury Prevention

Cary Virtue (505) 670-1642

Services: The childhood injury prevention program reduces rates of unintentional and intentional childhood injuries and deaths in New Mexico through partner collaboration, implementation of evidence-based/informed prevention programs and policy initiatives. In addition, the program contributes to prevention efforts related to adverse childhood experiences (ACEs) and reducing immediate and long-term harms of ACEs. Leveraging data and resources through collaboration with community partners, state agencies, and Tribal partners to address social environmental, and economic conditions that affect health equity and health outcomes continues to be a primary focus for the childhood injury prevention program. The childhood injury prevention program partnered with state agencies to purchase and distribute Pack and Plays to complement the SafeSleepNM campaign. Various Tribal organizations throughout the state submitted Pack and Play requests for distribution within their communities. Distribution of the Pack and Plays requested will occur in the next fiscal year. The program is also collaborating with AASTEC on the New Mexico Safe Sleep Strategic Plan 2025-2030 to include a culturally inclusive lens.

Served FY25: Tribal members and representatives of the service areas of the above listed agencies.

FY25 Estimated Expenditures: Personnel and administrative costs

Suicide Prevention Program

Contact: Clarie Miller

(505) 827-2582

Services: Suicide Prevention Program staff continue their efforts to reduce the rate of suicide in New Mexico. The New Mexico Suicide Prevention Coalition, which includes several Native American stakeholders, met four times in FY 25 to network, share information and resources, and to hear suicide-related data and resource presentations. Approximately twelve members of the statewide coalition represent New Mexico's Tribal groups and three sovereign Nations as well as Native American service agencies involved in suicide prevention initiatives. These individuals established a Native American population-focused workgroup in 2021 which continues as a standing workgroup of the Coalition. The Native American workgroup members continue to refine their workgroup structure and are in the process of finalizing their mission and goal statements. Members also continue to work on a cohesive strategic plan to address suicide in native communities across the state, including plans to host a statewide Native American Suicide Prevention Conference in a future year. In addition, Native American workgroup members who are trainers for the Question, Persuade, Refer, suicide gatekeeper training program are involved in exploring options for refining content in this widely used program to adapt the training to make it

more culturally appropriate to New Mexico's Native American experience. Toward this end, trainers are working with the program's developers. The Native American work group also developed the American Indian Suicide Prevention Resource guide.

<https://www.nmhealth.org/publication/view/general/7105/>

Served in FY 25: Coalition members and workgroup representatives include individuals from the Albuquerque Area Indian Health Service, the University of New Mexico's (UNM) *Honoring Native Life Program*, UNM Department of Psychiatry, AASTEC, Zuni Youth Enrichment Program, Thoreau Community Center, Mescalero Apache Nation / Prevention Program, Institute of American Indian Arts, Tribal Tech LLC, Cañoncito Band of Navajo Health Care, Navajo Nation, NM Office of Substance Abuse Prevention, Sandoval Regional Medical Center, Eight Northern Indian Pueblos Council, and individual members from Acoma, Kewa, Ohkay Owingeh, Picuris, and Santa Clara Pueblos as well as Tribal liaisons and representatives from various New Mexico state agencies and departments such as the Department of Veteran Services, the Indian Affairs Department, and the Department of Health.

FY25 Estimated Expenditures: State General Funds - Personnel and Administrative costs

Adult Falls Prevention

Contact: Cary Virtue (505) 670-1642

Services: The adult falls prevention program reduces rates of adult fall related injuries and deaths in New Mexico through partner collaboration, implementation of evidence-based/information prevention programs and policy initiatives. Various evidence-based falls prevention programs are provided throughout the state including Tai Chi for Arthritis, Tai Ji Quan, Otago, Bingocize, Matter of Balance, and On the Move. During this fiscal year, the adult falls prevention program engaged in collaborative efforts with the Santo Domingo Pueblo and Picuris Pueblo to implement evidence-based intervention programs within their communities. Efforts to expand adult falls intervention programs in Tribal communities will continue in the next fiscal year.

Served FY25: Members of Tribes, Pueblos, and Nations that participated in evidence-based adult falls prevention programs statewide.

FY25 Estimated Expenditures: Personnel and administrative costs - 50% State and 50% Federal Funds

Sexual Violence Prevention

Contact: Anamaria Dahl (505) 618-0384

Services: The program contracts with community-based organizations throughout New Mexico to reduce incidence of sexual violence by providing evidence-based/informed sexual violence primary prevention programming to elementary, middle, and high school youth, youth Tribal councils, parents, and community members. Community level prevention such as policy and procedure reviews and recommendations are provided to agencies, organizations, and groups through contracts with La Pinon Sexual Assault Recovery Services (Las Cruces), Sexual Assault Services of Northwest New Mexico (Farmington), and Tewa Women United (Española). Community training and education are provided through the Indian Health Centers in Shiprock, Crownpoint, Dulce and Dziłth-Na-O-Dith-Hle. Prevention programming is provided in schools and communities through the "Can I Kiss you?" and "Safe Dates" curricula in the Central Consolidated School District (CCSD) (San Juan County) and the McKinley County School District. The CCSD education will be offered at 4 high schools and 3 middle schools and 4 high schools in McKinley County. The Care for Kids Curriculum will be coordinated and implemented at Bureau of Indian Affairs' schools in San Juan and McKinley Counties. Youth led community mobilization prevention strategies are delivered to Tribal

communities in Española, through educating and training to decrease general tolerance of sexual violence within the community.

Served FY25: Tribal members within the service areas of the above listed agencies.

FY25 Estimated Expenditures: \$187,000

34% federal funds, 66% state funds expended

Violence Prevention

Liza Suzanne

(505)470-7264

Services: The NMDOH violence prevention program was funded for the first time at the start of FY23. During FY25, NMDOH provided the following: Annual Tribal Leaders Summit with Wellness Grounding Room and Capacity Building for Tribally based service providers responding to intimate partner violence, and a series of Healthy Masculinities Workshops for Male Identified People.

NMDOH is supporting planning for an interactive violence prevention forum of youth and families on the Navajo Nation led by the Indian Country Grassroots Support, Navajo Family Voices Program: Relying on adult and youth leaders Ałchíní bizaad ílí, the forum will center on youth and their families, and contain interactive sections in which knowledge, skills, experience, thoughts and feelings can be exchanged in a blessing manner on violence prevention. The project will implement these CDC prevention strategies with an approach tailored to the Tribal culture-specific needs of forum participants: promote family environments that support healthy development; strengthen young people's skills; connect youth to caring adults and activities; and create protective environments. Family cohesion, and youth and family skills will be increased via sessions mutually sharing stories of sacred sites and practices. There will be a model peacemaking to enhance dispute resolution skills. Police and Fire will present on safety. Adult leaders and youth leaders will voice concerns and envision the future together, providing a sense of mutual understanding and empowerment. Medicine men who are also veterans will teach the lyrics and meaning of sweat songs. There will be youth videos and performances. This will be the first interactive forum, aimed towards intergenerational healing and envisioning, for families, youth, and adult leaders on the Navajo Nation. The format will be developed and refined for future forums.

Served FY25: Tribal members within the service areas of the above listed agencies.

1. Tribal Leaders Summit grounding room and space served 115 participants from varying Tribal Nations (24 Tribes, Pueblos and Nations)
2. Healthy Masculinities Focus Groups and Workshops
 - a. Diné, Jemez Pueblo, Laguna Pueblo, Santo Domingo Pueblo, Jemez Pueblo, Laguna Pueblo, and Santa Ana Pueblo

FY25 Estimated Expenditures: \$117,000.00 state general funds

Youth Risk and Resiliency Survey (YRRS) and Behavioral Risk Factor Surveillance System (BRFSS) Survey

Contact: Jiahua (Bella) Yang

(505) 469-2080

Services: The NMDOH Survey Section, Epidemiology and Response Division, administers two major population-based surveys that produce significant data about the American Indian population: the YRRS and BRFSS. 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 planning group for the 2025 BRFSS includes representatives from AASTEC and the Navajo Epidemiology Center.

The survey operations unit which collects NM BRFSS data occasionally administers other surveys. Most recently, in 2019 and 2020, 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 provided data on health risk behaviors and health conditions. The survey operations unit also administers the Asthma Call Back Survey (ACBS), which includes American Indian participants who live on Tribal lands. The ACBS is a product of CDC's National Asthma Control Program. BRFSS respondents, including randomly selected children in a respondent's household, who report ever being diagnosed with asthma are eligible for this study.

Served FY25: All Tribes in New Mexico.

FY25 Estimated Expenditures for BRFSS: Personnel and administrative costs only. Personnel cost including fringe: \$60,000 (90% federal funds, 10% state funds), administrative costs: \$10,000 (100% federal funds).

FY25 Estimated Expenditures for YRRS: Personnel and contract costs only. Personnel cost including fringe: \$20,000 (25% federal funds, 75% state funds), contract costs: \$35,000 (25% federal funds, 75% state funds).

Office of Alcohol Misuse Prevention Contact: Rebecca Neudecker (505) 819-9547

Services: The Department of Health Office of Alcohol Misuse Prevention's (OAMP) mission is reducing excessive drinking and related outcomes, particularly alcohol-related mortality. Because

there are health disparities harms resulting from excessive drinking in New Mexico, including a disproportionate number of deaths among American Indian/Alaskan Natives (AI/AN) populations, OAMP has identified working with Tribes, Pueblos, and Nations (TPN's) in New Mexico as a high priority.

OAMP contracts with a Tribal Consultant who serves as the Tribal alcohol coordinator with extensive alcohol prevention experience to provide support in working with our TPN's throughout New Mexico. The consultant, Toney Johnson Jr., Navajo Nation member, is the lead facilitator for the Tribal Alcohol Related Mortality (T.A.R.M.) Workgroup, which meets monthly online to discuss alcohol related concerns and prevention solutions for our NM Tribal communities. Workgroup currently has a membership of 75 community partners across the state representing 7 counties and 13 TPN's working in Tribal alcohol prevention, intervention, and treatment across the substance misuse, behavioral health, and public health sector. Consultant has also created an online T.A.R.M. Workgroup community on Basecamp platform to share information, best practices and opportunities that currently has 50 members. In the spring of 2025, the T.A.R.M. workgroup launched Rez Café, which is a monthly virtual discussion space for workgroup members to discuss alcohol-related issues and solutions in an informal, safe atmosphere. Two (2) events were held with attendance of 18 attendees. Topics discussed included mental health and alcohol, alcohol awareness campaigns, and LGBTQ2S+ community concerns related to alcohol.

The Tribal consultant has visited 10 Tribal communities and participated in 16 health fairs and other public health events on behalf of OAMP with an average engagement of 52 community members. Beginning spring/summer 2025 our T.A.R.M. workgroup is also drafting a Tribal Alcohol 101 presentation and Tribal alcohol infographic to support Tribal outreach activities. Other future projects include Tribal alcohol resource guide which will be finalized in July 2025 and a Tribal based prevention strategy resource list to be included in our OAMP toolkit.

All OAMP staff attended a Gathering of Native Americans (G.O.N.A.) event hosted by the Office of the Tribal Liaison (OTL) in May with SAMHSA technical assistance in May 2024, which provided an opportunity to develop and support working relations with Tribal behavioral health professionals throughout the state who are addressing substance misuse, behavioral health concerns, and other Tribal related challenges. GONA is a culture-based planning process where community members gather to address community-identified issues. It uses an interactive approach that empowers and supports Tribes and reflects AI/AN cultural values, traditions, and spiritual practices. The Tribal consultant supported OTL with event planning, technical assistance, and implementation efforts for the event.

In FY25, OAMP planned and provided two educational alcohol prevention conferences in which Tribal representatives participated. The first, our Community Alcohol Prevention Summit, which provided an opportunity to meet with other alcohol prevention professionals and share best practices in addressing alcohol and substance misuse across the state, including our Tribal communities. The second, was a three-day event June 23-25, 2025, to train Tribal prevention, behavioral health, public health, traditional practitioners, community members to become GONA facilitators to host events in

their Tribal communities. This would provide increased capacity for TPN's to host GONA sessions in their communities while increasing resiliency through community-based prevention efforts to address substance misuse challenges using culturally based prevention strategies. The TPN's that participated include Navajo Nation, Ute Mountain, and members from Taos, Acoma, Kewa, Isleta, San Felipe, Zuni, and Zia Pueblos.

Served in FY25: T.A.R.M. workgroup representatives include community Tribal partners from the Indian Health Service, AASTEC, Zuni Youth Enrichment Program, Santo Domingo Pueblo's Kewa Family Wellness Center Prevention Program, Capacity Builders Inc., NM Alliance of Health Councils, Four Corners Detox Recovery Center, Pueblo of Acoma Health & Human Services Division, SBS Consulting, Presbyterian Community Health, Blue Cross Blue Shield, Isleta Health Center, Hozho Center for Personal Enhancement, Santa Fe Indian School, Diné College, Navajo Technical University, University of New Mexico Health Sciences, New Mexico Tribal Behavioral Health Provider's Association, Kamama Consulting, Santa Clara Pueblo Behavioral Health Department, Gallup Indian Medical Center, 988, RezervedNM, Johns Hopkins Center for Indigenous Health, NAIHS/Crownpoint Healthcare Facility, U.S. Attorney's Office, Rocky Mountain Youth Corps, Gallup Community Health, Las Cruces Recovery Center, McKinley County DWI Program, and individual members from Pojoaque, Acoma, Kewa, Tesuque, Cochiti, San Felipe, and Santa Clara Pueblos as well as representatives from various New Mexico state agencies and departments such as the Indian Affairs Department, Health Care Authority, and the Department of Health.

Scientific Laboratories Division

Environmental Analysis

(505)383-9023

Analyze drinking water for chemicals, biological, and radiological testing under Federal Safe Drinking Water Act. Total number of samples was 48 for Total Coliform MMO-MUG and 160 samples for chemical analyses

Served FY 25: ABO Ruins Salinas Pueblo Mission, Acomita Rest Area, Cochiti Elementary School, Gran Quivira – Salinas Pueblo Missions, Quarai Unit – Salinas Pueblo Missions, Jemez Pueblo Dept of Resource Protection, Manuelito Navajo Children's Home, Nambe HeadStart, Pueblo of Sandia Environment Department, Pueblo of Sandia Public Works Department, Pueblo of Santa Ana Utilities Department, Tesuque MDWCA, Yah Ta Hey W & SD, Zuni Pueblo – Utilities Department, Canoncito - To'Hajiilee

FY 25 Estimated Expenditures: \$11,709

Implied Consent Training and Support

(505)383-9094

Services: Provided classes to certify 215 Tribal law enforcement personnel in-person/online as "Operators" and "Key Operators" under the State Implied Consent Act. FY 25 included the rollout of new breath alcohol instruments, the Intoxilyzer 9000, to all Tribal agencies who had an Intoxilyzer 8000. Training courses for the Intoxilyzer 9000 were provided for no charge. Certification for Operators is two years, certification for Key Operators is one year. Also, provided

certification for breath alcohol test devices (Intoxilyzer 8000/9000) used by Tribal law enforcement of DWI/DUID programs. Certification of breath alcohol test devices is one year.

Agencies Served FY 25: Acoma Police Department, BIA Mescalero, BIA Northern Pueblos, BIA Southern Pueblos, Crownpoint Navajo Nation, Isleta Tribal Police Department, Jemez Pueblo, Jicarilla Apache Police Department, Jicarilla Apache Department of Corrections, Laguna Pueblo Tribal Police Department, Na’Nizhoozi Center (NCI), Ohkay Owingeh, Pojoaque Tribal Police Department, Ramah Navajo Department of Public Safety, Sandia Pueblo Tribal Police Department, Santa Ana Tribal Police Department, Santa Clara Tribal Police Department, Shiprock Police Department – Navajo Nation, Taos Pueblo Police Department, Tesuque Tribal Police Department, and Zuni Police Department

FY 25 Estimated Expenditures: Training, instrument certifications and repairs totaled:\$4,854.64

Implied Consent Sample Analysis

(505) 383-9086

Services: Analyze blood samples for alcohol and drugs of abuse for any agencies who submit samples to the laboratory for testing. The scope of testing focuses on impairment and includes DWI/DUID cases and drug-facilitated sexual assault (DFSA) cases. Total number of 18 cases.

Served FY 25: BIA Mescalero, BIA Northern Pueblos, BIA Southern Pueblos, Isleta Tribal Police Department, Jicarilla Apache Police Department, Laguna Pueblo Tribal Police Department, Sandia Pueblo Tribal Police Department, Santa Clara Tribal Police Department.

Office of Community Engagement

The Office of Community Engagement (OCE) is committed to fostering meaningful partnerships with communities across New Mexico to address barriers to well-being and ensure that public health services are responsive, accessible, and effective for all. In alignment with the broader mission of the New Mexico Department of Health, we engage directly with communities, collaborate with community-based organizations, and implement culturally, socially, and linguistically appropriate strategies. Through community engagement, assessment, policy development, and program implementation, we strive to improve access to essential resources and create opportunities for all New Mexicans to achieve their best health.

Medical Cannabis and Psilocybin Program

Phone: 505-827-2321

The Medical Cannabis Program (MCP) was created in 2007 under the Lynn and Erin Compassionate Use Act (the Act). The purpose of this Act is to allow the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions. The Program enables the provision of compassionate care for people that have certain illnesses who prefer to use cannabis to alleviate symptoms related to their diagnosis. The Program serves New

Mexicans with qualifying medical conditions diagnosed by a health care provider. There are currently 30 qualifying medical conditions. The Medical Cannabis Program currently operates the Medical Cannabis Patient Registry. The Medical Cannabis Program administratively facilitates the Medical Cannabis Advisory Board which is made up of medical providers who review petitions for new qualifying conditions and changes in the rules and regulations pertaining to patients. The Medical Cannabis Program also helps to administratively facilitate the Public Health and Safety Advisory Committee as it relates to cannabis use.

The Medical Cannabis Program has 78,938 New Mexican residents enrolled as of April 30, 2025. The program continues to work toward identifying and understanding the diversity of the patient population. To accomplish this, the program changed the data collection in 2023 from a set of optional demographic questions to a required set of demographic questions. When comparing the data, it demonstrates a better reflection of the patient population. For example, at the end of April 2023, just under 50,000 patients had responded to the demographic questions with 2,385 individuals identifying as American Indian or Alaskan Native. As of April 2025, 54,860 patients had responded to the demographic questions with 3,673 individuals identifying as American Indian or Alaskan Native. This improved data collection and reporting allows the program to better tailor programs to help those who need it, including increased educational offerings. The Medical Cannabis Program publishes monthly reports which include the demographic information on the program website: <https://www.nmhealth.org/about/mcp/svcs/> on the Educational Materials page.

The Medical Cannabis Program has worked with various Tribes, Pueblos, and Nations in the past. For example, the program worked with Picuris Pueblo in their efforts to establish their own medical cannabis program including working with the Pueblo on targeted legislative efforts; in addition, the program has worked with the Albuquerque Area Indian Health Board and educational efforts. Currently, due to changes in the program with the passage and enactment of the Cannabis Regulation Act in 2021, the primary purpose of the Medical Cannabis Program is to maintain the patient registry. However, the program continues to interact and collaborate on educational materials and seeks to expand these efforts. For example, the program has created a library of educational materials which can be utilized by anyone who wishes to use them. The program is working with the NMDOH Office of the Tribal Liaison to see if there are specific materials needed by the Tribes, Pueblos, and Nations and to get those items translated into the appropriate languages whenever possible. The current educational materials can be found on the program website: <https://www.nmhealth.org/about/mcp/svcs/> on the Cannabis Learning Lounge page, and these are being expanded on a regular basis.

In Fiscal Year 25, the Medical Cannabis Program operates out of a budget allocation from the Cannabis Regulation Fund administered through the Regulation and Licensing Department. In Fiscal Year 26, the funding has been directly allocated by the Legislature. There are no federal funds currently available to the program.

Facilities Management

Fort Bayard Medical Center (FBMC)

(575) 537-8900

Todd Winder, Administrator

Services: Fort Bayard Medical Center is a licensed and certified, 200-bed, long-term Intermediate and skilled care facility. Clinical services offered include short-term rehabilitation, secure memory unit, palliative, and long-term care. Fort Bayard State Veterans Home (FBSVH) is a licensed and certified, 40-bed neighborhood specific for honorably discharged veterans with 90 days or more of service and their spouses as well as Gold Star Parents, who have lost children in the service of their country. In addition to full nursing care and in-house physicians, Fort Bayard Medical Center also offers social services, activity therapy, physical, occupational, speech/language and restorative care therapies, case management, laboratory services, pharmacy, and transportation services.

FY25: No residents served identified as members of a Tribal Nation.

New Mexico Behavioral Health Institute (NMBHI)

(505) 454-2100

Tim Shields, Administrator

Services: NMBHI is New Mexico's state owned and operated psychiatric hospital. NMBHI is made up of five clinical divisions serving a wide range of public needs. Each division is separately licensed and has its own unique admission criteria. The most familiar is the inpatient care we offer adult psychiatric patients.

Adult Psychiatric Division is an acute inpatient hospital accredited by The Joint Commission and provides voluntary, involuntary, and court-ordered behavioral health treatment to individuals, ages 18 and older, suffering from a major mental illness that severely impairs their functioning, their ability to be maintained in the community, and who present as an imminent danger to self and/or others. The governing body of the New Mexico Behavioral Health Institute assumes overall responsibility for the Adult Psychiatric Division's operation. (23 Tribal Members Served)

Center for Adolescent Relationship Exploration (CARE) is a licensed Residential Treatment Center and is accredited by The Joint Commission. The CARE program is designed to provide treatment to adolescent boys, 13 - 17 years of age, who have a history of sexually harmful behaviors and have been diagnosed with a co-occurring mental illness--a mental illness that has produced a history of disturbances in behavior, age-appropriate adaptive functioning, and psychological functioning. The severity of these disturbances requires 24-hour supervision within a structured positive and motivational, therapeutic setting. CARE is a secure locked facility. (0 Tribal members served)

Community-based Services (CBS): Offers adult outpatient psychiatric treatment, Psychosocial Rehabilitation Services, Comprehensive Community Support Services and rehabilitation services. (17 Tribal Members Served)

Forensic Division of NMBHI is a 116-licensed bed facility that is fully accredited by the Joint Commission. The primary mission of the Forensic Division is to provide competency restoration services to individuals referred by District Courts across the state. Additional services include providing risk assessments to referring District Courts all pursuant to statutory mandates. The

Forensic Division is made up of four inpatient psychiatric care units that are staffed 24 hours per day. The residential units are the Acute Care Unit, the Continuing Care Unit, and the Women's Unit. There is also a Maximum-Security Unit.

Served FY25: 22 Tribal Members Served

The Meadows

(505) 454-2190

Kimberly Vigil, Administrator

Meadows is a 162-bed long-term care community located on the campus of the New Mexico Behavioral Health Institute. Clinical services offered include short-term rehabilitation, 18-bed secure memory unit, palliative, and long-term care. (3 Tribal Members Served)

Served FY25: Through FY25, 65 Tribal members from several Tribal Nations.

Turquoise Lodge Hospital (TLH)

(505) 841-8978

Jeff LaMure, Administrator

Services: TLH is a 40-bed licensed specialty hospital that provides withdrawal management (3.7 ASAM) and social rehabilitation services (3.5 ASAM) to adults 18-years-old and older on a voluntary basis. TLH treats adults struggling with a substance abuse issue such as alcohol and opiate addiction, poly-substance abuse issues coupled with co-occurring medical and psychiatric disorders. Withdrawal management is a medical-model inpatient service for adults withdrawing from drugs and/or alcohol in a safe hospital setting with 24-hour nursing care. Patients are eligible for Medication Assisted Treatment (MAT) interventions including induction, stabilization and maintenance therapies as clinically indicated. TLH Social-model rehabilitation is a certified Accredited Adult Residential Treatment Center (AARTC) for adults seeking continued recovery support in a milieu setting, while receiving daily substance abuse programming through a multidisciplinary team approach. Medical and psychiatric services are available in the social rehabilitation program along with individual and group therapy and intensive discharge planning services. TLH also provides Intensive Outpatient Program services to this same population, 3 days a week, approximately 9 hours of group programming, through a Matrix model. TLH's withdrawal management program and all outpatient services are accredited under Joint Commission, both hospital and behavioral health accreditation standards. The TLH social rehabilitation program is also certified through HCA as an Adult Accredited Residential Treatment Center (AARTC) through HCA.

Served FY 25: Through 6/27/25, 44 Tribal members, representing 12 New Mexico Tribal communities.

New Mexico Rehabilitation Center (NMRC)

(575) 347-3400

Janie Davies, Hospital Administrator

Services:

NMRC is a Joint Commission accredited 43-bed hospital with CMS deemed status certifications offering a wide range of medical rehabilitation services, including physical and occupational therapy, speech and language pathology, social services, psychological services, and a chemical dependency unit which includes Medical Detox and Inpatient Residential Treatment.

Inpatient Medical Rehabilitation: NMRC offers the most intensive level of 1:1 inpatient rehabilitation therapy available in the region for patients who have had strokes, traumatic brain/head injuries, spinal cord injuries, MVA/Motorcycle accidents, Hip and knee replacements,

and other ortho impairments that affect mobility and daily functional status. Therapy is provided three (3) hours a day, five 5 days a week. This includes physical therapy (PT), occupational therapy (OT) and speech therapy. Length of stay ranges from 2-4 weeks.

Inpatient Medical Detoxification: NMRC has a dedicated six (6) bed inpatient unit that provides complete withdrawal management care for adults with drug and alcohol related health problems. This program incorporates ASAM 3.7. Average length of stay in detox unit is typically 3-7 days. Licensed counselors are available for your treatment sobriety programming along with 24/7 nursing care, provider on staff and on-call 24/7 to meet your needs.

Inpatient Residential Treatment: This is a twenty-eight (28) day inpatient residential treatment program that follows ASAM 3.5 for adults who are exploring extended recovery options through daily programming with a multidisciplinary team approach. Program goals include increasing patient's emotional and cognitive regulation by learning about the triggers that lead to reactive states and helping to assess coping skills to apply in the sequence of events, thoughts, feelings, and behaviors to help avoid undesired reactions.

Intensive Outpatient Program (IOP): This program serves those with primary substance abuse issues and includes a mental health component. The evidence-based model adopted for use is Integrated Dual Diagnosis Treatment (IDDT). It is the option for individuals who require structure and support to achieve and sustain recovery while living in their community. IOP sessions consist of three (3) hour group meetings, three (3) days per week including scheduled individual counseling.

Served FY 25: Through FY 25, 10 Tribal members from several Tribal Nations.

Sequoyah Adolescent Treatment Center (SATC)

(505) 222-0355

Merlinda Trujillo, Administrator

Services: SATC is a 36-bed residential treatment center accredited by The Joint Commission (TJC) and Medicaid approved. Sequoyah provides care, treatment, and reintegration into society for males ages 13-17 who have a history of violence, have a mental health disorder and who are amenable to treatment. Services are provided based upon the client's needs. The adolescents must have the cognitive capacity to benefit from verbal therapies and milieu programming offered at Sequoyah. The average length of stay is six to nine months.

Served FY25: Through FY 25, 13 Tribal members were served from four New Mexico Tribal Nations.

Los Lunas Community Program (LLCP)

(505) 252-1053

Kathy Lucero, Administrator

Services:

- **Supported Living (Residential Services):** LLCP assists persons with intellectual and developmental disabilities (IDD) to live as independently as possible by providing supports designed to assist, encourage, and empower them 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

their 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 their 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 Supports:** LLCP provides short-term, temporary residential services and crisis interventions for adults with IDD who are in crisis and training to their support staff and others.
- **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 individuals. LLCP also continues to follow the allocation processes to get a SGF funded individual on the New Mexico Medicaid DD Waiver.
- **Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IID):** ICF/IID is an intermediate care facility that provides food, shelter, health and rehabilitative active treatment for individuals with IDD 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/IID facility are court ordered there for rehabilitation.

Served FY25: Through FY25: five (5) Tribal members were served from three (3) New Mexico Tribal communities.

New Mexico State Veteran Home (NMOVH)

(575) 894-4200

Kenneth Shull, Administrator

Services: NMOVH licensed and certified, 131-bed, long-term intermediate and skilled care facility serving our honored Veterans, their spouses, and Gold Star Families. Clinical services offered include short-term rehabilitation, secure memory unit, palliative, and long-term care to honorably discharged veterans with 90 days or more of service.

In addition to full nursing care, NMOVH offers social services, activity therapy, physical, occupational, speech/language and restorative care therapies, case management, laboratory services, pharmacy, and transportation services.

Served FY25: Through 6/10/24, 0 Tribal members were in our care.

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	Gina DeBlassie Cabinet Secretary	Gina.DeBlassie@doh.nm.gov	(505) 699-7568
Office of the Secretary	LeAnn Behrens Deputy Secretary-Chief Operations Officer	LeAnn.Behrens@doh.nm.gov	(505) 500-2871
Office of the Secretary	Shadee Lauer, LPCC Acting Director of Operations Director Office of Training & Development	Shadee.Lauer@doh.nm.gov	(505) 709-7860
Office of General Counsel	Julie Sakura General Counsel	Julie.Sakura@doh.nm.gov	(505) 827-2997
Chief Medical Officer	Miranda Durham, MD Chief Medical Officer	Miranda.Durham@doh.nm.gov	(505) 231-6040
Office of Tribal Liaison	Janet R. Johnson Tribal Liaison	Janet.Johnson@doh.nm.gov	(505) 827-0636
Policy and Communications Division	Josh Swatek, Policy Manager	Joshua.Swatek@doh.nm.gov	(505) 629-9142
Communications	Robert Nott, Communications Director	Robert.Nott@doh.nm.gov	(505 479-0147
Marketing	Christopher Harris, Marketing Public Education Outreach Director	Christopher.Harris@doh.nm.gov	(505) 690-5748

Division	Name/Title	Email	Phone
Public Health Division	Kevin Peine Division Director	Kevin.Peine@doh.nm.gov	(505) 841-9301
Center for Access and Linkage to Health Care	Andrea Sundberg Director	Andrea.Sundberg@doh.nm.gov	(505) 827-1691
PHD, Access & Linkage to Care NW Region	Dominic Rodriguez Region Director	Dominic.Rodriguez@doh.nm.gov	(505) 841-4110
PHD, Access & Linkage to Care NE Region	Tomasita Sedillo Region Director	Tomasita.Sedillo@doh.nm.gov	(505) 476-2622
PHD, Access & Linkage to Care SW Region	Candice Trujillo Region Director	Candice.Trujillo@doh.nm.gov	(575) 528-5148
PHD, Access & Linkage to Care SE Region	Jimmy Masters Region Director	James.Masters@doh.nm.gov	(505) 222-4633
PHD, Access & Linkage to Care	Heather Black, RN, BSN, BSW Chief Nurse	Heather.Black@doh.nm.gov	(505) 470-0462
Center for Health Protection (CHP)	Jeff Lara Interim Director	Jeffrey.Lara@doh.nm.gov	(505) 827-2691
PHD, CHP- Infectious Disease Epidemiology Bureau	Chad B. Smelser, MD Deputy State Epidemiologist	Chad.Smelser@doh.nm.gov	(505) 476-3520
PHD, CHP Community & Health Systems Epidemiology Bureau	Desirae Martinez, MPH Tribal Epidemiologist	Desirae.Martinez@doh.nm.gov	
Center for Healthy and Safe Communities (CHSC)	Janis Gonzales, MD, MPH, FAAF Director	Janis.Gonzales@doh.nm.gov	(505) 551-4019
PHD, CHSC	Victoria Chew, DO, AAHIVS		

Division	Name/Title	Email	Phone
	Communicable Disease Bureau Medical Director	Victoria.Chew@doh.nm.gov	(505) 699-3426
PHD, CHSC, Office of Oral Health	Leisha D. McKay Interim Director of Office of Oral Health	Leisha.Mckay@doh.nm.gov	(505) 206-7942
PHD, CHSC, Office of Obesity, Nutrition, Physical Activity	Rita Condon, Manager	Rita.Condon@doh.nm.gov	(505) 903-3100
PHD, CHSC, Food & Nutrition Bureau	Sarah Flores-Sievers, WIC Director	Sarah.Flores-Sievers@doh.nm.gov	(505)476-8801
PHD, CHSC, Food & Nutrition Bureau	Veronica Griego Program Manager	Veronica.Griego@doh.nm.gov	(505)476-8816
PHD, CHSC, Immunization Program	Andrea Romero Section Manager	Andrea.Romero@doh.nm.gov	(505) 827-2465
Center for Medical Cannabis & Psilocybin	Dominick V. Zurlo, Ph.D. Program Director	Dominick.Zurlo@doh.nm.gov	(505) 476-3796
Center for Public Health Operations	Yvonne Villalobos Director of PH Operations	Yvonne.Villalobos@doh.nm.gov	(505) 827-2334
New Mexico Scientific Laboratory	Michael W. Edwards, Ph.D., HCL (ABB) Director	Michael.Edwards@doh.nm.gov	(505) 383-9001
Community Engagement & Equity	Susan Garcia Director	Susan.Garcia@doho.nm.gov	(505) 670-4136
Bureau of Vital Records & Health Statistics	Renee Valencia NM State Registrar	Renee.Valencia1@doh.nm.gov	(505) 827-2536

Division	Name/Title	Email	Phone
Fort Bayard Medical Center	Todd Winder, Administrator	Todd.Winder@doh.nm.gov	(505)537-8600
New Mexico Behavioral Health Institute	Timothy Shields, Administrator	Timothy.Shields@doh.nm.gov	(505)454-2100
New Mexico State Veterans Home	Kenneth Shull, Administrator	Kenneth.Shull@doh.nm.gov	(575)894-4205
New Mexico Rehabilitation Center	Matthew Rael, Administrator	Matthew.Rael@doh.nm.gov	(575)347-3400
Sequoia Adolescent Treatment Center	Carmela Sandoval, Administrator	Carmela.Sandoval@doh.nm.gov	(505)222-0355
Turquoise Lodge Hospital	Jeff LaMure, Administrator	Jeff.LaMure@doh.nm.gov	(505)383-1122
Los Lunas Community Program	Kathy Lucero, Administrator	kathy.lucero@doh.nm.gov	(505)252-1053

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

SECTION V. APPENDICES

A. Brief Description of the Department's Program Areas

PROGRAM AREA: OFFICE OF THE SECRETARY

The Office of the Secretary provides executive leadership and strategic direction for the New Mexico Department of Health. It oversees department-wide initiatives, ensures alignment with state health priorities, and promotes collaboration across public health programs and agencies. To ensure coordinated delivery of health services and alignment of priorities, the Office includes direct reports such as the Deputy Secretary/Chief Operations Officer, Chief Medical Officer, and the Tribal Liaison.

The Office of the Secretary is committed to upholding the tenets of the State Tribal Collaboration Act (STCA), by fostering respectful and effective government-to-government relationships with New Mexico's sovereign Tribal Nations. Together, these efforts support the Department's mission to advance the health and well-being of all New Mexicans through effective policy, leadership, and cross-sector collaboration.

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 Information Technology Services Division, the Finance Division, and Human Resources.

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 DIVISION

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.

To ensure effective production and distribution of services, the Public Health Division is comprised of the following Program Areas:

- **CENTER FOR ACCESS & LINKAGE TO HEALTH CARE**
- **CENTER FOR HEALTH PROTECTION**
- **CENTER FOR HEALTHY & SAFE COMMUNITIES**
- **CENTER FOR MEDICAL CANNABIS & PSILOCYBIN**
- **CENTER FOR PUBLIC HEALTH OPERATIONS**
- **OFFICE OF COMMUNITY ENGAGEMENT**
- **SCIENTIFIC LABORATORY**

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.

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 work groups 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	Erica Herrarte	(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	Stella Martin	(505) 500-9741
Mescalero Apache Schools	Primary & Behavior 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 TPP Programs consists of Teen Outreach Program	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	John Miller	(505) 476-8258

Tribe	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
Jemez Pueblo	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
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
ALL	Develop Native American section of NM Cancer Plan; support Cancer Council Native American Workgroup	PSC	In Effect	Libby Bruggeman	(505) 280-3639

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.

Gina DeBlassie, Cabinet Secretary
New Mexico Department of Health
July 29, 2025

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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Kun'da woha,

Janet R. Johnson
Tribal Liaison
Department of Health



1190 S. St. Francis Drive
Santa Fe, New Mexico 87505