

# State-Tribal Collaboration Act

July 29, 2011 Agency Report



**New Mexico Department of Health and Tribes will communicate and work together to coordinate services and share resources.**

**Catherine D. Torres, M.D., Cabinet Secretary  
New Mexico Department of Health**

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## SECTION I. EXECUTIVE SUMMARY

Health care is a vital service that touches the lives of New Mexicans at their most significant and vulnerable times (i.e. birth, illness and death, etc) across the life span. In recent decades, technology and best practices have improved how health care is delivered. In New Mexico, the Department also has to address another dimension of health care, the integration of culturally sensitive approaches for minority populations, especially those of New Mexico's 22 tribes, pueblos, nations and off-reservation groups. This integration has strengthened our ability to partner, communicate, and develop new and effective collaborations, which has resulted in more realistic, practical and pragmatic policies for American Indians in New Mexico.

The requirements set forth by Senate 196 (SB196), the State-Tribal Collaboration Act, serve as a guidepost for the Department's activities. This year, the New Mexico Department of Health (DOH) has been an active partner with the 22 tribes, pueblos, nations and off-reservation groups in addressing their health care needs. This report highlights these efforts, including:

- Coordinating the State's response with tribal communities to provide vaccines for influenza.
- Facilitating the ongoing activities of the American Indian Health Advisory Committee (AIHAC) that provides guidance to DOH regarding health disparities issues impacting tribal communities. This group has met officially in January of this year and is being reorganized.
- Participating as a member of the Bernalillo County Off-Reservation Native American Commission, which was funded in FY11 by the Department of Health for \$59,673.
- Working with a variety of tribal communities, including Laguna and Isleta to host a State Tribal Health Fair planned in October 2011.
- Participating as a member of the Indian Affairs Tribal Infrastructure Board that distributes funding annually for planning and capacity building.
- Partnering with other health care entities to determine the impact of National Health Care Reform on tribal communities.
- Publishing annual health data useful to tribes for planning activities.
- Publishing a resources guide that catalogs existing Department of Health services being provided to the tribes, nations and pueblos and the off-reservation Indian Health groups.
- Supporting New Mexico's tribal epidemiology centers with in-kind staff support.

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

### **A. Mission Statement**

The mission of the Department of Health is to provide leadership to guide public health and to protect the health of all New Mexicans.

### **B. Agency Overview**

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

The Department's primary responsibility is to assess, monitor, and improve the health of New Mexicans. The Department provides a statewide system of health promotion, disease and injury prevention, community health improvement and other public health services. Prevention and early intervention strategies are implemented through the Department's local health offices and contracts with community providers. The health care system is strengthened through Department activities including contracted rural primary care services, school-based health centers, emergency medical services, scientific laboratory services, vital records and health statistics.

The Department provides safety net services to eligible individuals with special needs. These services include both community-based and facility-based behavioral health treatment and long-term care, provided directly by the Department or through its contract providers. The Department operates six behavioral health treatment and long-term care facilities and one community-based program.

The Department also plays a key regulatory role in the healthcare system. It promulgates regulations pursuant to its statutory authority and is an enforcement entity for health care providers statewide for compliance with state and federal health regulations, standards and law. Over 900 public and private sector inpatient and outpatient providers are licensed annually by the Department and those providers who participate in Medicare or Medicaid are certified, inspected and monitored by the Department.

## **SECTION III. AGENCY EFFORTS TO IMPLEMENT POLICY**

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

However, with the signing of SB196 in March 2009, a new commitment was established that required the State to work with Tribes on a government-to-government basis. In the

fall of 2009, the Governor appointed several workgroups to address these requirements. The Healthy New Mexico Group comprised of representatives from DOH, the Aging and Long Term Services Department, the Children, Youth and Families Department, the Department of Veterans' Services, the Human Services Department, the Indian Affairs Department, the 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/Alaska Natives; and
4. Establishes a method for notifying employees of the agency of the provisions of the STCA and the Policy that the agency adopts.

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

DOH will also continue to support other requirements in SB196, such as maintaining a designated Tribal Liaison to monitor and track Indian health concerns. Ron Reid Ph.D. has been DOH's Tribal Liaison since October 2006. Dr. Reid meets with the Secretary of Health, to discuss and formulate action plans to address Indian health concerns within the State.

#### **A. Policy Used:**

DOH had its first formal consultation in February 2011. The Developmental Disabilities Waiver (DDW) must be renewed with the Center for Medicare and Medicaid Services (CMS) every five years. New Mexico's current waiver expired on June 30, 2011 and the state had to submit a renewal application by March 31, 2011. Approximately, 450 American Indian individuals are served by this waiver program. One of CMS' requirements for the waiver renewal was to engage tribal communities in a State-Tribal Consultation, so that their concerns can be addressed in the waiver renewal process

To address this requirement, the Department's tribal liaison assisted in organizing a State/Tribal consultation between DOH's Developmental Disabilities Services Division and the 22 Tribes, Nations and Pueblos. A State/Tribal Team, consisting of appointed members from the 22 tribal communities and appropriate state agency staff, met three times to review and develop recommendations on the DDW renewal application. After consensus was reached by the State/Tribal Team, the Secretary of Health and Human Services Department called for an official Consultation with Tribal Leaders on February 22, 2011. This was a very successful partnership that was instrumental in developing

culturally sensitive recommendations for American Indians receiving developmental disabilities services

## **B. Input Methods Used with Tribes:**

On-going outreach and input opportunities are continually made available to tribes, pueblos, nations and off-reservation groups. DOH continues to facilitate these activities and opportunities with tribal communities to improve our services and service delivery. A few examples of these activities include:

- The American Indian Health Advisory Committee (AIHAC) provides guidance to DOH regarding health disparities issues impacting tribal communities. AIHAC, which is facilitated by the Secretary of Health, is in the process of reorganizing. The leadership of the 22 tribes, nations and pueblos and off-reservation organizations has been invited to re-nominate members from their respective communities to this group. This is currently in process.
- The Tribal Partnership Initiative involves visits by the Tribal Liaison to identify health disparities specific to that community and develop, in concert with the Tribes, interventions that address those health disparities. During this fiscal year, the Tribal Liaison visited several communities and has several others scheduled. From these visits, diabetes continues to be listed as either the number one priority or as tied for the number one health priority for each of the pueblos. These visits are one of the many processes used to help identify and align state health resources that can help the tribes provide or improve the delivery of health services in their community.
- The Bernalillo County Off-Reservation Native American Health Commission provides a voice for the off-reservation community (over 450 different tribes, pueblos and nations), which has historically been over-looked by local and federal governments. This Commission has successfully completed their three year strategic plan, which is a comprehensive health care plan that examines existing resources to ensure they are used effectively, and identify and secure alternative resources to expand and strengthen the off-reservation health care delivery system. The Commission reports their progress directly to the Secretary of Health and the Department's Tribal Liaison sits as one of the nine Commissioners.
- The Community Health Assessment Program (CHAP) through the Epidemiology and Response Division provides guidance to epidemiologists seeking Tribal Support Resolutions and Human Research Review Board determinations. CHAP collaborates with American Indian tribes, Tribal Epidemiology Centers, and the Indian Health Service to make informed decisions to promote health, prevent avoidable illness, injury, disability, and premature death among American Indians in NM. CHAP received a total of seventy-two American Indian data requests of which thirty-four were related to tribal funding proposals and eighteen for tribe-specific health presentations. All seventy-two AI data requests were provided to the tribes in a timely manner through the use of NM-IBIS.

- The Public Health Division's Tobacco Use Prevention and Control Program (TUPAC) provides fiscal support to the Southwest Tribal Tobacco Coalition (STTC) and meets regularly with representatives. The STTC provides feedback and advisement to TUPAC regarding the needs of Native Americans and communities and how to best reach them with culturally and linguistically appropriate tobacco prevention and cessation messages (Does not include tobacco uses during religious or ceremonial events.).
- The Public Health Division's Immunization Program works with the tribes, pueblos and nations and the Indian Health Service on an on-going basis to strategize and discuss any vaccine issues/questions and potential collaborative efforts to improve immunization rates in tribal communities.
- The Public Health Division's Diabetes Prevention and Control Program meets regularly with representatives from a variety of tribal diabetes programs to consult with them about what works best in their communities.
- The Epidemiology and Response Division's Tribal Populations Estimates Workgroup meets quarterly with representatives from the Pueblos, Apache Nations and the Navajo Nation, the two Tribal Epidemiology Centers (Albuquerque Area Southwest Tribal Epidemiology Center and Navajo Epidemiology Center), and the Indian Health Service. The UNM Geospatial Population Services program is providing technical expertise to estimate a geographic residence-based population for all 22 NM resident tribes. The tribal knowledge and input is crucial to improving the quality of the 2010 U.S. Census numbers as we move forward in using these population denominators to calculate tribe-specific rates. Tribes in New Mexico can then utilize their rates to compare with the county, state and national rates for improving health outcomes.

### **C. Notification Process with Tribes:**

DOH monitors and tracks all health related funding and grant opportunities. Staff from the Division of Policy and Performance and the Department's Tribal Liaison receives funding announcements and conducts weekly searches for federal grants opportunities and shares this information with key contacts in the 22 tribes, pueblos and nations and uses existing email groups through the New Mexico Indian Affairs Department and the University of New Mexico Center for Native American Health to share this information. This process has been a regular function for the DOH for several years.

### **D. Interagency Collaboration Efforts:**

FY11 has been a busy year, one that has focused on critical collaborations towards improving several of the identified priorities for tribal communities. These include:

- Participating on a multiple agency team to plan a successful Indian Children's Conference, which has become an annual event.



- Planning for an October 2011 State-Tribal Health fair for all the tribes and off-reservation groups hosted by the Department and Laguna Pueblo.
- Partnering with UNM's Rural and Primary Behavioral Health Program to provide technical assistance for Senate Bill 416, which creates a Suicide Clearinghouse, which is an important resource to the Tribes, Nations and Pueblos.
- Serving as a member of the Tribal Infrastructure Fund (TIF) Board, which provides funding to Tribal Governments for health-related planning projects, as well as brick and mortar funding to build, expand or improve systems and facilities to improve the quality of life of American Indians in their respective communities in New Mexico.
- Serving as an advisor and providing Pueblo elder (65+) death data to the New Mexico Indian Council on Aging, a grassroots organization that advocates for American Indian seniors.

#### **SECTION IV. CURRENT PROGRAMS AND PLANNED SERVICES FOR AMERICAN INDIANS/ ALASKA NATIVES**

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

##### **A. FY11 Programs and Services:**

###### **Advisory Committees and Health Councils**

###### **American Indian Health Advisory Committee, (505) 827-2627**

**Services:** Provide guidance to the Department of Health in order to address health issues impacting American Indian populations residing in New Mexico. **Served FY11:** All tribes in New Mexico. **FY11 Estimated Expenditures:** No dedicated funding.

###### **Community Health Partnership, (505) 827-0015**

**Services:** Provide training and technical assistance to five tribal and 32 county-based health councils statewide. These health councils mobilize and coordinate local efforts to identify, prioritize and address the health needs of the individuals and families in these communities. **Served FY11:** Five tribal communities (ToHajiilee, Cochiti, Acoma, San Ildefonso, and Santa Clara) and 32 county-based councils. **FY11 Estimated Expenditures:** No dedicated funding.

###### **New Mexico Cancer Council's Native American Work Group, (505) 841-5847**

**Services:** Provide financial support for the New Mexico Cancer Council's Native American Work Group, coordinated by the University of New Mexico's Center for Native American Health. FY11 activities of the Work Group included review of the statewide

Cancer Plan, consultation to the Department of Health on a variety of publications, and the development of a Native American fact sheet for the Colorectal Cancer White Paper. **Served FY11:** Majority of workgroup members are American Indian (approximately 19 people). **FY11 Estimated Expenditures:** \$4,800.

**Native American Partnership for Diabetes Prevention and Control, (505) 476-7615 or 1-888-523-2966**

**Services:** Consultation meetings with tribal diabetes programs. The goal of these sessions is to determine the most effective ways to prevent and control diabetes in Native American communities in New Mexico. This is a key strategy for achieving the Diabetes Prevention and Control Program's long term goal to eliminate diabetes-related health disparities. **Served FY11:** Three meetings were held (September and December 2010 and April 2011) with 81 participants. **FY11 Expenditures:** \$1,044.33.

**Office of Community Health Workers (OCHW), (505) 476-3082**

**Services:** Development of a statewide standardized competency-based training program with an associated voluntary certification process. Creation of an OCHW website (awaiting approval) that will provide relevant information for community health workers, community health representatives, promotores, legislators, employers and community members; compilation of a CHW/CHR Registry; coordination of all OCHW actions and activities with tribal Community Health Representatives (CHRs), tribal community programs and constituents. **Served FY11:** CHRs and representatives from five Sandoval Pueblos, Navajo Nation Division of Health, Laguna Health and Wellness Center, New Mexico/Colorado CHR Association, Albuquerque Area IHS, and UNM Center for Native American participate in this initiative. **FY11 Estimated Expenditures:** The Office, created in December of 2008, remains unfunded.

**Birth and Death Certificates**

**New Mexico Bureau of Vital Records and Health Statistics, (505) 827-0167**

**Services:** Under a signed Data Sharing Agreement, the Department of Health and the Navajo Epidemiology Center are collaborating on a first ever Navajo Nation mortality data project. The Community Health Assessment Program will assist the Navajo Epidemiology Center on the data analysis of New Mexico's Navajo residents. **Served FY11:** The Navajo Nation. **FY11 Estimated Expenditures:** No dedicated funding.

**Cancer**

**Breast and Cervical Cancer (BCC) Screening Program, (505) 841-5859**

**Services:** Provide free breast and cervical cancer screening and related diagnostic follow-up care for American Indian/Alaska Native women residing in the state who meet program eligibility criteria. Medicaid Category 052 provides full Medicaid coverage (Salud-exempt) for women diagnosed through the BCC Program with breast or cervical cancer or some precancerous cervical conditions. Also available are public awareness activities, education and technical assistance to tribes interested in increasing

community capacity for breast and cervical cancer control. **Served FY11:** Approximately 4,100 American Indian women 30 years of age or older, who live at or below 250% of the federal poverty threshold, and are uninsured/underinsured. These services are available through Indian Health Service clinics (Albuquerque Area Indian Health Service and the Navajo Area Indian Health Service) and hospitals, urban Indian clinics, and at more than 200 other federally qualified health centers and hospitals throughout the state. **FY11 Estimated Expenditure:** \$392,500 federal, state and grant funds.

#### **Colorectal Cancer Program, (505) 222-8601**

**Services:** Provides free colorectal cancer screening and related diagnostic follow-up care for American Indian/Alaska Native men and women residing in the state who meet program eligibility criteria. These services are available through First Nations Community Health Services and at other federally qualified health centers and hospitals. Also available are public awareness activities, education and technical assistance to tribes interested in increasing community capacity for colorectal cancer control. Communities served in FY11 included Isleta, Laguna, Taos and Cochiti pueblos, and sites in the Navajo Nation. **Served FY11:** 17 American Indians receiving colorectal cancer screening services; approximately 200 families participated in public awareness and education activities provided by staff. (Colorectal cancer screening services only became available as of February 2011. **FY11 Estimated Expenditure:** \$1,360 (provision of direct clinical care).

#### **Comprehensive Cancer Program, (505) 841-5847**

**Services:** Provide culturally tailored cancer prevention, risk reduction and screening education programs in partnership with several American Indian communities and organizations including the American Indian community outreach program in the Office of Community Partnerships and Cancer Health Disparities at the University of New Mexico Cancer Center, Alamo Band of the Navajo Nation, To'hajiilee community of the Navajo Nation, Jicarrilla Apache Tribe, Tesuque Pueblo, Sandia Pueblo, Nambé Pueblo, and Santa Clara Pueblo. Comprehensive Cancer Program staff continues to respond to requests for presentations and technical assistance from American Indian communities interested in conducting cancer prevention and survivorship activities. **Served FY11:** Approximately 420 American Indian families received information and/or education in programs supported by the Comprehensive Cancer Program. **FY11 Estimated Expenditures:** \$15,600 state and federal funds.

#### **Data and Epidemiology Services**

##### **Agency for Healthcare Research and Quality (AHRQ) Race, Ethnicity, and Tribal Data Improvement Grant, (505) 476-3575**

**Services:** Assist pilot hospitals with data analysis to demonstrate that their grant activities (formal training and educational resources) have improved the quality of race, ethnicity and tribal identifier hospitalization data. This initiative will result in better data for comparative effectiveness research on improving health care outcomes. **Served FY11:** All tribes in New Mexico. **FY11 Estimated Expenditures:** To be determined.

**American Indian Health Disparities Report Card, (505) 827-2570**

**Services:** Publish a special edition of the Racial and Ethnic Health Disparities Report Card that focuses on American Indian health that highlights information on eight indicators on which American Indians consistently have the highest (worst) disparities and on two indicators for which American Indians have the lowest (best) rates in New Mexico. **Served FY11:** All tribal communities. **FY11 Estimated Expenditures:** No dedicated funding.

**Community Health Assessment Program, (505) 476-1788**

**Services:** Work with all 22 NM tribes and the University of New Mexico's Geospatial Population Services program to calculate geographically-based tribal population estimates (denominator data) using the 2010 U.S. Census population data as an estimates base. **Served FY11:** All tribal populations in New Mexico. **FY11 Estimated Expenditures:** No dedicated funding.

**Data Agreements, (505) 476-1788**

**Services:** Albuquerque Area Indian Health Service and the Department of Health have a signed, five-year Collaborative Data Sharing Agreement to share federal hospitalization, emergency room and ambulatory care data from four facilities: ACL, Mescalero, Santa Fe, and Zuni/Ramah. **Served FY11:** All American Indians in New Mexico. **FY11 Estimated Expenditures:** No dedicated funding.

**Indian Health Service Hospitalization Data, (505) 476-1788**

**Services:** Data Sharing Agreements are signed with the Department of Health along with ongoing discussions with Navajo Area Indian Health Service and the Albuquerque Area Indian Health Service to develop a system to analyze and share with New Mexico tribes' hospital data that would be useful for improving health outcomes and health service delivery. The Indian Health Service (IHS) data will be concatenated with the New Mexico Hospital Inpatient Discharge Data in New Mexico's Indicator-Based Information System for tribes and IHS to access morbidity data for American Indians by NM County. **Served FY11:** All American Indian tribes. **FY11 Estimated Expenditures:** No dedicated funding.

**National Tribal Epidemiology Activities, (505) 476-3575**

**Services:** Lead the Council of State and Territorial Epidemiologists (CSTE) Tribal Epidemiology workgroup, which has completed national surveys of public health surveillance activities in tribal communities, focusing on Influenza A (H1N1). **Served FY11:** All U.S. tribes. **FY11 Estimated Expenditures:** No dedicated funding.

**Tribal Behavioral Risk Factor Surveillance System (BRFSS) Survey, (505) 476-3595**

**Services:** A Tribal Identification question was added to the adult BRFSS survey and the data will be analyzed by Pueblo, Apache and Navajo. **Served FY11:** All NM tribes. **FY11 Estimated Expenditures:** No dedicated funding.

## Diabetes

### **Kitchen Creations Cooking School for People with Diabetes, (505) 476-7615 or 1-888-523-2966**

**Services:** Provide a four-session series of cooking schools for people with diabetes and their families or care givers. The 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, or at risk for, diabetes. Nine schools were held in the following locations: IHS Diabetes Program in Albuquerque (2), Pine Hill Heart Saver Program, Zuni, Gallup, San Felipe, Santa Ana, San Ildefonso and Shiprock. **Served FY11:** 91 participants. **FY11 Expenditures:** \$27,625.

### **Coordinated Approach to Child Health (CATCH), (505) 476-7615 or 1-888-523-2966**

**Services:** Provide a health promotion intervention in elementary schools throughout New Mexico. The intervention includes healthy nutrition, increased physical activity, school food service and family and community support for behavior change. Three of the schools were Bureau of Indian Education schools; there were also several schools with at least a 33% American Indian student population, including Cochiti, Twin Lakes, San Diego Riverside, Esperanza and McCormick. **Served FY11:** 768 Native American youth; 3 American Indian schools. **FY11 Expenditures:** \$20,269.

## Family Planning

### **Family Planning, (505) 476-8882**

**Services:** Provide comprehensive family planning services, including clinical reproductive health services, community education and outreach. Provide technical assistance and funding for the Teen Outreach Program, a service learning program for preventing teen pregnancy and increasing school success, at Laguna Middle School and Laguna-Acoma Junior/Senior High School. **Served FY11:** Clinical services for 758 female and 250 male American Indians and service learning for 60 teens. **FY11 Estimated Expenditures:** \$277,462.

## Health Facility Licensing

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

**Services:** Conduct surveys for facilities that receive Medicare or Medicaid funding that evaluate the quality of the services provided. **Served FY11:** Laguna Nursing Center, Mescalero End Stage Renal Dialysis Center and Mescalero Care Center. **FY11 Estimated Expenditures:** \$34,200.

## Immunizations

### **Immunization Advocacy, (505) 827-2898**

**Services:** Collaborate and meet with the Indian Health Services several times a year to discuss vaccine issues, questions and/or develop collaborative efforts to improve immunization rates in tribal communities. One example of current collaboration is a project to electronically link immunization data between IHS statewide and the New Mexico Immunization Information System (NMSIIS). **Served FY11:** All American Indians in New Mexico. **FY11 Estimated Expenditures:** No dedicated funding.

### **Vaccines for Children (VFC), (505) 827-2898**

**Services:** Provide free childhood vaccinations to all American Indian children wherever they choose to receive health services including all Indian Health Services clinics, First Nations, public health clinics and private providers. **Served FY11:** Approximately 66,943 American Indian children zero to 18 years of age. **FY11 Estimated Expenditures:** \$4,217,859.

## Infectious Diseases

### **AIDS/ARC Waiver, (505) 476-3618**

**Services:** Serve individuals who have been diagnosed as having acquired immunodeficiency syndrome or AIDS-related conditions. The program provides case management, private duty nursing and home health aides. **Served FY11:** 0. **FY11 Estimated Expenditures:** \$0.

### **First Nations Community Healthsource HIV/AIDS Services, Prevention (505) 262-6554, Care and Services (505) 293-1114**

**Services:** Provide HIV prevention interventions, HIV testing, case management and support services for persons living with HIV. **Served FY11:** 12 American Indian clients with HIV. **FY11 Estimated Expenditures:** \$47,000 for HIV prevention and testing and \$60,820 for HIV/AIDS case management and support services (\$15,813 specific to American Indians).

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

**Services:** Collaborate with Crownpoint, Gallup Indian Medical Center, Mescalero, and Taos/Picuris hospitals to report healthcare personnel influenza vaccination rates, adult and pediatric Intensive Care Unit (ICU) central line-associated bloodstream infections (CLABSIs), non-ICU CLABSIs and/or *Clostridium difficile* infections on a voluntary basis through state supported electronic mechanisms. Focus groups were conducted with community and tribal health council participants. **Served FY11:** Mescalero Apache Nation, Navajo Nation, Taos and Picuris Pueblos. **FY11 Estimated Expenditures:** To be determined.

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

**Services:** Contracts with three agencies to deliver culturally specific and tailored HIV prevention interventions: First Nations Community Healthsource, Navajo AIDS Network (NAN) and Santa Fe Mountain Center. Referrals and information about all statewide services for HIV, STD, Hepatitis and Harm Reduction can be found on a new searchable website: [www.nmhivguide.org](http://www.nmhivguide.org). **Served FY11:** Unable to determine. **FY11 Estimated Expenditures:** \$136,000.

**Infectious Disease Prevention Team - Region One, (505) 722-4391**

**Services:** Provide sexually transmitted disease (STD), HIV, adult viral hepatitis and harm reduction services to at-risk persons in Region 1, 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 and referrals; syringe exchange and overdose prevention services; and other disease investigation and follow-up services. CDC Public Health Advisor provides technical assistance, coordination and training to Navajo Nation Social Hygiene on STD intervention. Memorandum of Agreement (MOA) with Navajo Nation supports one contract position to assist with STD investigations, primarily syphilis. The Hepatitis Program supports a contracted nurse who provides hepatitis testing and vaccine services through outreach and in the health office. **Served FY11:** Unable to determine. **FY11: Estimated Expenditures:** \$260,000 for staffing in Region 1.

**Tuberculosis Program, (505) 827-2106**

**Services:** Provide technical support and guidance in the provision of care for American Indians with active tuberculosis disease or latent tuberculosis infection (LTBI), contact investigations, professional training to service providers. Provide extensive onsite TB training & education on the Navajo Nation, as well as implement a TB public education campaign to address the high morbidity and mortality. **Served FY11:** 9 American Indians with active TB and 95 contacts to pulmonary cases. **FY11 Estimated Expenditures:** \$41,000.

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

**Services:** Provide nutritious foods to supplement diets, nutrition information for healthy eating and referrals to healthcare providers and social services to eligible pregnant women, postpartum women, breastfeeding women, infants and children. In New Mexico, WIC Programs are also available through Indian Tribal Organizations. **FY11 Served:** 7,350: American Indian individuals served. **FY11 Estimated Expenditures:** \$271,950.

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

**Services:** Provide U.S. Department of Agriculture (USDA) commodity foods to supplement the diets of lower income infants, children up to age 6; pregnant, postpartum and breastfeeding women; and persons 60 years of age or over. CSFP provides program participants with nutrition education and referrals to appropriate health and social service agencies. There are four CSFP food warehouses serving 55

tailgating sites around New Mexico. The CSFP food package includes cereal, cheese, dried beans, canned meat, fruit and vegetables and pasta, rice or potatoes. Some 90% of the participants in CSFP are elderly. CSFP is federally funded. **FY11 Served: 1,757** American Indian individuals served. **FY11 Estimated Expenditures: \$87,850.**

## **Oral Health**

### **Office of Oral Health, (505) 827-0837**

**Services:** Provide oral health education, dental screenings, dental sealants and varnishes and dental case management. **FY11 Served:** 24 Head Start children in Tesuque Pueblo received fluoride varnish, oral health education, incentives and dental case management services; participated in a health fair in Tesuque Pueblo where attendees received oral screening services, education and incentives (tooth brushes, tooth paste and dental floss); presented to 400 attendees at the NM Indian Health Council on Aging meeting at the Cities of Gold on oral health; 181 Native American elementary school children participated in the dental sealant program. **FY11 Estimated Expenditures:** \$2,274.00 in general funds and \$800.00 in Preventive Health and Health Services Block Grant funds.

## **Pregnancy Support**

### **Families FIRST, 1-877-842-4152**

**Services:** Provides case management services to Medicaid eligible pregnant women and children 0-3 years. Among the services provided is assistance with the application process for Medicaid eligibility, screening for possible lead exposure, providing developmental screening, and providing education and educational materials related to pregnancy, and child development and safety. Services are provided in the home, in the local public health office and in other community settings. **Served FY11:** Services provided to approximately 79 American Indian families statewide. **FY11 Estimated Expenditures:** \$20, 540, Medicaid reimbursed.

### **Pregnancy Risk Assessment Monitoring System (PRAMS) Survey, (505) 476-8895**

**Services:** New Mexico PRAMS surveys women who have recently given birth to understand and improve maternal and infant health. The survey asks mothers about their experiences, attitudes, and behaviors before, during and shortly after pregnancy. PRAMS includes American Indian women throughout the state. A PRAMS report on New Mexico Navajo Mothers and Infants (2000-2004) was printed and released in July, 2010. **Served FY11:** 28,800 women surveyed of which 305 were American Indian. **FY11 Estimated Expenditures:** \$130,000, with a 50% administrative reimbursement from Medicaid through a Joint Powers of Agreement.

## **School Based Health Centers**

### **School-Based Health Centers (SBHCs), (505) 841-5889**

**Services:** Provide integrated primary and behavior health care to school-aged children.



All SBHCs serving American Indian youth are encouraged to address important cultural and traditional beliefs in their services. **Served FY11:** Twenty-four (24) sites that have a high number (some 100%) of American Indian youth: Ruidoso High School, Bernalillo High School, Highland High School, Wilson Middle School, Van Buren Middle School, Acoma Laguna Teen Center, Tohajille School, Navajo Prep, Taos High School, Taos Middle School, Mescalero Apache School, Native American Charter Academy, Española High School, Carlos Vigil Middle School, Quemado School District, Cobre Schools, Dulce High School, Jemez Valley School, Cuba Middle School, Laguna Middle School, Pojoaque High School, Gallup High School, San Felipe Community School and Career Prep High School. **FY11 Estimated Expenditure:** \$1,650,000.

### **Screening Programs**

#### **Newborn Genetic Screening Program, (505) 476-8868**

**Services:** Require that all babies born in New Mexico receive screening for certain genetic, metabolic, hemoglobin and endocrine disorders. The New Mexico Newborn Screening Program offers screening for 27 disorders. **Served FY11:** All newborns are screened for genetic conditions prior to discharge from the hospital. This includes 2,900 American Indian children born in Indian Health Service Hospitals and those born in private or public hospitals. **FY11 Estimated Expenditures:** \$258,100.

#### **Newborn Hearing Screening Program, (505) 476-8868**

**Services:** Assist families in accessing needed services when their infants require follow-up on their newborn's hearing screening. **Served FY11:** Approximately 150 American Indian children required follow-up services. **FY11 Estimated Expenditures:** \$3,500.

### **Services for Persons at Risk for or With Existing Disabilities**

#### **Children's Medical Services (CMS), (505) 476-8868**

**Services:** Provide medical coverage and care coordination to American Indian children with special health care needs that meet program eligibility requirements. Also provides the following multidisciplinary pediatric specialty clinics serving the Native American population in Northwest, Central and North Central areas of New Mexico. Clinics include: Cleft Lip and Palate, Genetic, Metabolic, Endocrine, Neurology and Pulmonary. **Served FY11:** 175 American Indian youth and children with special health care needs statewide. **FY11 Estimated Expenditures:** \$20,000.

#### **Developmental Disabilities Waiver, (505) 476-8973**

**Services:** Serve individuals with intellectual disabilities or a related condition and a developmental disability occurring before the individual reaches the age of 22. The program provides an array of residential, habilitation, employment, therapeutic, respite and family support services. **Served FY11:** 469 American Indian clients. **FY11 Estimated Expenditures:** \$32,908,807.

**Family Infant Toddler (FIT) Program, (505) 476-8975**

**Services:** Serve children from birth to age three with or at-risk for developmental delays and disabilities and their families. The FIT program provides an array of early intervention services, including physical therapy, speech therapy, special instruction, social work, service coordination, etc., and services are provided primarily in the home and other community settings. **Served FY11:** 1,251 American Indian children. **FY11 Estimated Expenditures:** \$5,798,790 state and federal funds.

**Medically Fragile Waiver, 1-877-696-1472**

**Services:** Serve individuals, diagnosed before age 22, with a medically fragile condition and who are at risk for, or are diagnosed with, a developmental delay. This program provides nursing case management which coordinates private duty nursing, home health aides, physical, speech, and occupational therapy, psychosocial and nutritional counseling and respite care. **Served FY11:** 17 American Indian clients. **FY11 Estimated Expenditures:** \$252,891.

**Mi Via Waiver, 505-841-5511**

**Services:** Serve individuals qualified for the traditional Developmental Disability, Medically Fragile and AIDS/ARC Waivers who select Mi Via as an option to traditional waivers. Participants on the Mi Via Waiver are allowed more choice, control, flexibility and freedom in planning, budgeting and managing their own services/supports. **Served FY11:** 31 American Indian Clients. **FY11 Estimated Expenditures:** \$890,770.

**Staff That Work With Tribes****Department of Health Tribal Liaison, (505) 827-2627**

**Services:** Facilitate effective communication and relationships between the Department and tribes in order to develop policies and programs that improve the health of American Indian communities. **Served FY11:** All tribes in New Mexico. **FY11 Estimated Expenditures:** \$80,000.

**Diabetes Tribal Liaison/Health Educator, (505) 476-7616**

**Services:** Build relationships with tribal diabetes programs and communities and support and provide culturally appropriate technical assistance around tribal diabetes prevention and control efforts. **Served FY11:** Site visits to Apache Tribes (Mescalero and Jicarilla); Alamo Navaho, Ramah Navajo, Crownpoint and Gallup Service Area Special Diabetes Project, Indian Health Service facilities (Albuquerque, Shiprock and Gallup Service Area Special Diabetes Project; Indian Health Service facilities (Albuquerque, Shiprock and Gallup); Pueblos (Acoma and Zuni); and NIH Studies Program in Shiprock. **FY11 Estimated Expenditures:** 95% of this position's time is spent on tribal issues at \$60,000 per year.

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

**Services:** 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 and systems that can optimize the health of American Indians in New Mexico. **Served FY11:** All American Indian tribes in New Mexico. **FY11 Estimated Expenditures:** \$57,000 federal and state funds.

## **Suicide**

### **New Mexico Crisis Line, (505) 841-5877**

**Services:** Provide statewide toll-free crisis line services for all New Mexico youth. **Served FY11:** American Indian youth can and do access. **FY11 Estimated Expenditures:** \$109,000.

### **New Mexico Suicide Intervention Project (NMSIP), (505) 222-8678**

**Services:** Provide gatekeeper training on the signs of suicide for northern NM communities, schools and organizations, as well as support to schools and communities that have experienced a recent suicide. **Served FY11:** 750 Adults and 450 Youth. **FY11 Estimated Expenditures:** \$61,000.

### **Suicide Prevention, (505) 222-8683**

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

- 1) Jemez Valley School District Natural Helpers Program serving 9 communities, including Seven Springs, La Cueva, Sierra Los Pinos, Jemez Springs, Ponderosa, Cañon, Jemez Pueblo, San Ysidro and Zia Pueblo.
- 2) New Mexico Suicide Intervention Project Natural Helpers Program implemented at the Santa Fe Indian School.
- 3) Pojoaque Valley School District Natural Helpers Program serving four Pueblos, Nambe, Tesuque, San Ildefonso and Santa Clara.
- 4) Gallup Coalition for Healthy and Resilient Youth, a program to increase culturally relevant knowledge of signs of suicide, risk and protective factors and identification of resources among youth through implementing REZ Hope youth development curriculum at Gallup High School.
- 5) New Mexico Suicide Prevention Coalition, which will provide Question, Persuade, Refer and Gatekeeper trainings to tribal communities statewide.
- 6) OSAH Behavioral Health Team post-vention and trauma-informed school trainings to tribal communities statewide. **Served FY11:** 32 communities. **FY11 Estimated Expenditure:** \$191,000.

## **Tobacco**

### **Tobacco Use Prevention and Control Program (TUPAC), (505) 222-8618**

**Services:** Provide activities and services to communities, schools and organizations to promote healthy, tobacco-free lifestyles among all New Mexicans. Does not include tobacco uses during religious or ceremonial events. **Served FY11:** San Juan County

Partnership (serving Navajo Nation and Apache tribes), First Nations (fiscal agent for Southwest Tribal Tobacco Coalition), McKee Wallwork Cleveland (media campaign for Native American and Native Americans with diabetes and their family members), two percent (2% or approximately 250 callers per year) of tobacco users calling the tobacco cessation helpline are Native American. **FY11 Estimated Expenditures:** Tobacco Settlement and ARRA Funds: A community Request for Proposal (RFP) has been released for a total of \$1,168,000. Specific amounts for tribal communities will not be determined until the RFP process is complete. A primary focus of the RFP is to eliminate tobacco-related disparities experienced by members of TUPAC-identified Priority Populations. Native American is one of the identified Priority Populations.

## **Training**

### **Bilingual Navajo Medical Interpreter Training, (505) 827-2056**

**Services:** Provide medical terminology training to Navajo speakers. The training includes a review of the Navajo clan system, regional Navajo language idioms, Cultural and Linguistically Appropriate Service standards, anatomy, verbal descriptions of pain, common illnesses and diseases, role playing and death and dying for Navajos. **Served FY11:** Sixteen participants from McKinley, San Juan, Cibola and Sandoval Counties. **FY11 Estimated Expenditures:** \$4,650.

### **Diabetes Professional Development/Provider Trainings, (505) 476-7615 or 1-888-523-2966**

**Service 1:** In partnership with the Tobacco Use Prevention and Control program, the Diabetes Prevention and Control Program provided a half day workshop for providers serving American Indian communities on using motivational interviewing as a means to elicit behavior change in people with diabetes who use commercial tobacco (i.e. for non-ceremonial reasons). **Served FY11:** Twenty-one health professionals, including community health workers, nurses, dietitians, physicians and students. **FY11 Expenditures:** \$1,135.

**Service 2:** Provided on-line trainings with continuing education credits on Diabetes and Depression (for primary care providers to help them identify and address depression in people with diabetes); Diabetes and Smoking (for providers about the link between diabetes and exposure to tobacco smoke); and Pre-diabetes (for providers about preventing, identifying, managing pre-diabetes). **Served FY11:** 96 Native American participants (13.8% of total participants). **FY11 Expenditures:** N/A (Trainings were already developed and there were no costs associated with the trainings this year).

### **Implied Consent Training and Support, (505) 383-9086**

**Services:** Provide classes to certify tribal law enforcement personnel as “operators” and “key operators” under the State Implied Consent Act. Also, provide certification for breath alcohol test devices used by tribal law enforcement of DWI/DUID programs. **Served FY11:** All tribes in New Mexico. **FY11 Estimated Expenditures:** Approximately \$150,000.

**New Mexico Indicator-Based Information System (NM-IBIS) Training, (505) 827-5274**

**Services:** Provide statewide training on NM-IBIS (a web-based data query system) at the University of New Mexico's Bureau of Business and Economic Research (BEER) Data Users Conference in Albuquerque and for all Regional County Health Council meetings, including the five Tribal Health Council meetings. The Data Librarian has provided three in-house trainings in Albuquerque and Santa Fe as well as telephone consultations to Regional Epidemiologists and state agencies. Tribe specific data trainings include: Pueblo of Santa Clara, Jicarilla Apache Nation, Navajo Nation, Pueblo of Laguna, Pueblo of Acoma, Pueblo of Isleta, Pueblo of Santa Ana, Pueblo of Cochiti, Tewa Women United, Tesuque Pueblo and the Five Sandoval Indian Pueblos Inc. **Served FY11:** All tribes in New Mexico. **FY11 Estimated Expenditures:** No dedicated funding.

**ArcGIS Explorer Map Training, (505) 476-1788**

**Services:** One-on-one training with tribes in New Mexico on using ArcGIS Explorer, an open source, free download software to utilize their tribe-specific shapefiles to make maps and review their 2010 U.S. Census population data at the block level. Develop with tribal partners a system for yearly tribal inputs on their total residence based population estimate. Explore ways to generate tribal maps for everyday use: senior center planning, hiking and biking pathways, community gardens, emergency preparedness and response, child and youth tribal Day Schools. **Served FY11:** All tribes in New Mexico. **FY11 Estimated Expenditures:** No dedicated funding.

**Water Testing**

**Environmental Testing, Bureau of Indian Affairs and Navajo Tribal Utility Authority, (505) 383-9023**

**Services:** Test drinking water for chemicals and bacteria under Federal Safe Drinking Water Act. **Served FY11:** Navajo Nation. **FY11 Estimated Expenditures:** \$75,000.

**Environmental Testing, Isleta Pueblo, (505) 383-9023**

**Services:** Test drinking water for chemicals and bacteria under Federal Safe Drinking Water Act. **Served FY11:** Isleta Pueblo. **FY11 Estimated Expenditures:** \$25,000.

**B. Planned Programs and Services for American Indians/Alaska Natives:**

In a time of shrinking budgets, DOH is continually shifting resources and staff to address a variety of needs and priorities for all New Mexicans. American Indian health remains a priority and efforts will continue to support activities and help find new resources in the upcoming year.

One area of promise is the resources that will become available to tribes and tribal organization as a result of the Affordable Health Care Act (AHCA). The Department is monitoring and tracking all health related funding and grants opportunities. DOH will be sharing AHCA grant announcements with the Indian Affairs Department, Indian Health

Services, qualifying tribes, tribal organizations and off-reservation organizations as information becomes available. The Department will also be available to provide technical assistance, within resource constraints, as requested to support tribal grant applications and activities.

In addition, many of the programs listed above will continue in the next fiscal year. One additional activity that is planned for FY12 is a Rural Primary Health Care contract with First Nations Community Healthsource to provide basic primary care services. With this contract, they are projected to serve approximately 10,000 patients.

**SECTION V. TRAINING AND EMPLOYEE NOTIFICATION STCA Training Certification**

SB196 requires that the State Personnel Office (SPO) develop and train all state employees on STCA. DOH was an active member of the workgroup that developed the “Train the Trainer” curriculum. The curriculum was piloted on May 25, 2010. DOH’s Tribal Liaison and another key staff member participated in that training.

Then in the fall of 2010, SPO offered several STCA training to state agencies. The Department sent 57 staff to the SPO trainings that occurred in FY11.

**VI. KEY NAMES AND CONTACT INFORMATION**

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

<b>Division</b>	<b>Name/Title</b>	<b>Email</b>	<b>Phone</b>
Office of the Secretary	Catherine D. Torres, M.D., Cabinet Secretary	Catherine.Torres@state.nm.us	(505) 827-2613
Office of the Secretary	Jim Green, Chief Deputy Secretary	Jim.Green@state.nm.us	(505) 231-0163
Division of Policy and Performance, Office of American Indian Health	Ron Reid, Ph.D., Tribal Liaison	Ronald.Reid1@state.nm.us	(505) 827-2627
Public Health Division	Maggi Gallaher, M.D., Division Director	Maggi.Gallagher@state.nm.us	(505) 827-2389
Public Health Division	Christina Carrillo, M.S., Program Director, Office of Community Health Partnerships and Office of Community	Christina.Carrillo@state.nm.us	(505) 476-3082

<b>Division</b>	<b>Name/Title</b>	<b>Email</b>	<b>Phone</b>
	Health Workers		
Public Health Division	Judith Gabriele, MPH, Diabetes Program Manager	Judith.Gabriele@state.nm.us	(505) 476-7613
Public Health Division	Elissa Caston, M.Ed, Diabetes Tribal Liaison	Elissa.Caston@state.nm.us	(505) 476-7616
Public Health Division	Yolanda Cordova, MSW, Director, Office of School & Adolescent Health	Yolanda.Cordova@state.nm.us	(505) 841-5889
Public Health Division	Beth Pinkerton, BA, Comprehensive Cancer Program Manager	Beth.Pinkerton@state.nm.us	(505) 841-5847
Public Health Division	Gena Love, MPH, Section Head, Cancer Prevention and Control Section	Gena.Love@state.nm.us	(505) 841-5859
Epidemiology and Response Division	Mack Sewell, MS, Ph.D., State Epidemiologist and Epidemiology and Response Division Director	Mack.Sewell@state.nm.us	(505) 827-0006
Developmental Disabilities Supports	Cathy Stevenson, MA, Acting Division Director	Cathy.Stevenson@state.nm.us	(505) 490-0398
Developmental Disabilities Supports	Andy Gomm, MSW, FIT Program Manager	Andy.Gomm@state.nm.us	(505) 476-8975
Division of Health Improvement	Roger Gillespie, MBA, Acting Division Director	Roger.Gillespie@state.nm.us	(505) 476-8804
Division of Health Improvement – Health Facility and Licensing	Amber Espinosa-Trujillo, BA, Bureau Chief	Amber.Espinoza-Truj@state.nm.us	(505) 476-9028
Scientific Laboratory Division – Environmental Testing	Phillip Adams, Ph.D., Chemistry Bureau Chief	Phillip.Adams@state.nm.us	(505) 841-2510
Scientific Laboratory Division – DWI	Rong Jen Hwang, Ph.D., Toxicology Bureau Chief	Rong.Hwang@state.nm.us	(505) 841-2562

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

## **SECTION VII. APPENDICES**

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

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

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

The Administration Program is responsible for all financial functions of the Department, including management of a \$540 million annual budget and 4,200 employees, appropriation requests, operating budgets, the annual financial audit, accounts payable, revenue and accounts receivable, federal grants management, and financial accounting. It also provides human resources support services and assures compliance with the Personnel Act and State Personnel Board rules, training, key internal audits; information systems management for the Department, and legal advice and representation to assure compliance with state and federal laws.

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

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

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

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

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



#### **PROGRAM AREA 4: LABORATORY SERVICES**

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

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

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

#### **PROGRAM AREA 7: DEVELOPMENTAL DISABILITIES SUPPORT SERVICES**

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

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

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

#### **B. Agency-Specific and Applicable/Relevant State or Federal Statutes or Mandates Related to Providing Services to American Indians/Alaska Natives (AI/AN)**

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.

#### **C. DOH Agreements, MOUs/MOAs with Tribes that are Currently in Effect**

<b>Tribe</b>	<b>Agency</b>	<b>Broad Activity</b>	<b>Agreement Name</b>	<b>Current Status</b>	<b>Contact(s)</b>	<b>Phone #</b>
Nation of Oklahoma	DOH	EBT WIC Support	NMDOH – CNO MOA	In effect	Brenda Carter	(918) 453-5291
Pueblo of Isleta	DOH	EBT WIC Support	NMDOH – POI MOA	In effect	Mary Dominguez	(505) 924-3181
Pueblo of Laguna	DOH	Family Infant Toddler Program	Provider Agreement	In effect	Andy Gomm	(505) 476-8975

<b>Tribe</b>	<b>Agency</b>	<b>Broad Activity</b>	<b>Agreement Name</b>	<b>Current Status</b>	<b>Contact(s)</b>	<b>Phone #</b>
Mescalero Apache	DOH	Family Infant Toddler Program	Provider Agreement	In effect	Andy Gomm	(505) 476-8975
Navajo Nation	DOH	Family Infant Toddler Program	MOA	In effect	Andy Gomm	(505) 476-8975
Mescalero Apache Schools	DOH	Primary & behavioral health care in school-based health center	MOA	In effect during FY11, In FY12 community will be served by a contract from UNM.	Jim Farmer	(505) 222-8682
Navajo Preparatory School	DOH	Primary & behavioral health care in school-based health center	MOA	In effect during FY11, In FY12 community will be served by a contract with NEREC2.	Jim Farmer	(505) 222-8682
Pueblo of San Felipe	DOH	Primary & behavioral health care in school-based health center	MOA	In effect	Jim Farmer	(505) 222-8682
Pueblo of Laguna Dept. of Education	DOH	Teen Pregnancy Education	MOA	In effect	Valerie Fisher	(505) 476-8881
Southwest Tribal Tobacco Coalition	DOH	Tobacco-related activities	Contract	In effect	Larry Elmore	(505) 222-8618
Pueblo Isleta	DOH	WIC services	MOU	In effect	Deanna Torres	(505) 476-8814
Navajo Area Indian Health Service	DOH	Breast and cervical cancer screening and diagnostic services	PA	In effect	Gena Love	(505) 841-5859
Albuquerque Area Indian Health Service	DOH	Breast and cervical cancer screening and diagnostic services	PA	In effect	Gena Love	(505) 841-5859

<b>Tribe</b>	<b>Agency</b>	<b>Broad Activity</b>	<b>Agreement Name</b>	<b>Current Status</b>	<b>Contact(s)</b>	<b>Phone #</b>
Alamo Navajo School Board	DOH	Breast and cervical cancer screening and diagnostic services	PA	In effect	Gena Love	(505) 841-5859
Jemez Pueblo	DOH	Breast and cervical cancer screening and diagnostic services	PA	In effect	Gena Love	(505) 841-5859
Ramah Navajo School Board, Inc.	DOH	Breast and cervical cancer screening and diagnostic services	PA	In effect	Gena Love	(505) 841-5859
Pueblo of Sandia Health Center	DOH	Breast and cervical cancer screening and diagnostic services	PA	In effect	Gena Love	(505) 841-5859
Navajo Area Indian Health Service	DOH	Receipt, Storage and Staging site for the Strategic National Stockpile program	MOA	In effect	Eric Gregory	(505) 476-8217
Mescalero Apache Indian Health Services	DOH	Influenza Surveillance	PA	In effect	Katie Avery	(505) 827-0083
Dulce Jicarilla Indian Health Services	DOH	Influenza Surveillance	PA	In effect	Katie Avery	(505) 827-0083
Taos-Picuris Indian Health Services	DOH	Influenza Surveillance	PA	In effect	Katie Avery	(505) 827-0083
Acoma-Canoncito-Laguna Indian Health Services	DOH	Influenza Surveillance	PA	In effect	Katie Avery	(505) 827-0083

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

### **New Mexico Department of Health State-Tribal Consultation, Collaboration and Communication Policy**

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

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

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

Date 12/17/2009  
Alfredo Vigil, MD  
Cabinet Secretary  
Department of Health

## **ATTACHMENT A**

### Sample Procedures for State-Tribal Work Groups

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

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

Group co-chairs should distribute the Work Group's final recommendations to the Agency, through its delegated representatives, and to participating Tribal Officials. The Work Group should record with its final recommendation any contrary comments, disagreements and/or 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.