



State-Tribal Collaboration Act

July 30, 2010 Agency Report

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

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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: birth, illness and death. 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 effective policies for American Indians in New Mexico.

The requirements set forth by Senate Bill 196 (SB196), the State-Tribal Collaboration Act, serve as a guide 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 to H1N1 Influenza Pandemic with tribal communities.
- Facilitating the ongoing activities of the American Indian Health Advisory Committee (AIHAC) that provides guidance to DOH regarding health disparities issues impacting tribal communities.
- Participating as a member of the Bernalillo County Off-Reservation Native American Commission.
- Hosting the Milbank, State and Tribal Diabetes and Obesity Policy Forum on June 28 and 29, 2010.
- Working with a variety of tribal communities, including Santa Clara, San Ildefonso and Cochiti on diabetes and obesity prevention activities.
- Participating as a member the State & Tribal Medicaid Work Group.
- Participating as a member of the Indian Affairs Department's 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.
- Supporting New Mexico's tribal epidemiology centers.

FY10 has been a critical year for DOH. Efforts to partner and collaborate with all of New Mexico's Tribes, pueblos, nations and off-reservation groups have lead to improved services and service delivery for American Indian populations.

SECTION II. AGENCY OVERVIEW/BACKGROUND

A. Mission Statement

The mission of the Department of Health is to promote health and sound health policy, prevent disease and disability, improve health services systems and assure that essential public health functions and safety net services are available to New Mexicans.

The Department strives to succeed in its mission by committing to and practicing the following principles every day: Integrity that Builds Trust; Open and Respectful Communication; Consistent and Compassionate Service; Teamwork that Values Individuals; Pride in Leadership; and Continuous Learning that Fosters Ongoing Improvement.

B. Agency Overview

The Department of Health is one of the executive agencies of the State of New Mexico. The 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 is organized to reflect its functions, with specific offices and divisions reporting to the Office of the Secretary. Senior leadership consists of the Secretary of Health, three Deputy Secretaries, a Chief Medical Officer, a Communications Director, a Community Relations Director, Division Directors, General Counsel and other key departmental staff.

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 laws. 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

The Department of Health 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 policies, 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 agencies 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 state agencies of the provisions of the State Tribal Consultation Act (STCA) and the policy that the agency adopts.

The work group met for several months and developed and 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: 1) Maintaining the Office of American Indian Health. This Office is the responsible entity for facilitating collaboration between the Department and American Indian populations residing in New Mexico, and 2) Maintaining a designated Tribal Liaison to monitor and track Indian health concerns. Ron Reid Ph.D. has been DOH's Tribal Liaison since October 2007. Dr. Reid meets with the Secretary of Health, sometimes on a weekly basis, to discuss and formulate action plans to address Indian health concerns within the State.

A. Policy Used:

While DOH has not official invoked a formal consultation this fiscal year, the Department has had regular meetings and discussions with Tribes, pueblos and nations to improve our services and service delivery. Examples of these activities include:

- In FY10, DOH was heavily involved in the response to the H1N1 Influenza Pandemic. Initial activities involved receiving and distributing statewide antiviral medication from the Strategic National Stockpile. Tribes, pueblos and the Navajo Nation's clinics and hospitals were involved in all levels of this response.
- Funding for the H1N1 response - When the Centers for Disease Control and Prevention (CDC) made funding available to states in three phases for planning and implementation of vaccination related activities for H1N1 response, the Secretaries of the Department of Health and the Indian Affairs Department (IAD) and key DOH staff developed a strategy to allocate funds using a population-based algorithm. This strategy was developed from conference calls and meetings with tribal leadership and resulted in the adoption of Intergovernmental Agreements (IGA) already in use by the Indian Affairs Department to meet this need. All Tribes received funds to coordinate, plan and implement vaccination clinics in their communities.
- 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 quarterly with representatives from a variety of tribal diabetes programs to consult with them about what works best in their communities. At times, staff from the Indian Affairs Department and Indian Health Service have participated in these meetings. Additional funding has been allocated for future meetings and/or activities as determined by the work group.

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's tribal liaison continues to facilitate these activities and opportunities, communicate tribal needs and priorities to the Secretary of Health, and work collaboratively with DOH Division's and tribal communities to implement appropriate responses. 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, has 15 members that represent the 22 Tribes and off-reservation organizations and advise the Department.

- The Tribal Partnership Initiative involves visits by the Tribal Liaison to identify health disparities and/or health needs specific to particular communities and develop, in concert with the Tribes, interventions that address those health disparities. During this fiscal year, the Tribal Liaison visited an additional five communities. From these visits, diabetes continues to be listed as either the number one priority or is 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 communities.
- The Bernalillo County Off-Reservation Native American Health Commission provides a voice for the off-reservation community (over 450 different Tribes, pueblos and nations), that has historically been over-looked by local and federal governments. The Commission is mandated to complete a comprehensive health care plan that examines existing resources to ensure that 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.
- DOH's Tribal Epidemiologist monitors and tracks health disparity trends, themes and patterns for the state in collaboration with the Tribes, pueblos and nations. Through this vehicle, DOH has worked to share and examine best practice interventions that will work to reduce health disparities in tribal communities. State epidemiology data indicates that American Indians in NM have the worse rates of prenatal care-late or no care, obesity among youth, youth suicide, diabetes death, pneumonia and influenza deaths, motor vehicle deaths and alcohol related deaths. This information serves to guide the work of the Department and is also beneficial to the State and Tribes in identifying new funding resources to develop and strengthen programs that reduce tribal health disparities.

C. Notification Process with Tribes:

DOH has been mandated by the Office of the Governor to monitor and track all health related funding opportunities, grants, and training opportunities. The Tribal Liaison receives American Recovery and Reinvestment Act and Health Care Reform funding announcements/information and conducts weekly searches for federal grant opportunities. The information is then shared with key contacts in the 22 Tribes, pueblos and nations. Information is also distributed using existing email groups through the New Mexico Indian Affairs Department and the University of New Mexico's Center for Native American Health. This process has been a regular function for the DOH for several years.

D. Interagency Collaboration Efforts:

FY10 has been a busy year, one that has focused on critical collaborations towards improving several of the identified priorities for tribal communities. These include:

- The Milbank Memorial Fund, State, and Tribe sponsored forum titled “Enhancing Practice through Advocacy and Collaboration: Healthy Kids, Healthy Tribal Communities, which occurred on June 28 and 29, 2010. The goal of the forum was to bring influential policy makers together to develop best practices and culturally appropriate strategies to impact the high incidence of obesity and diabetes in tribal communities. Approximately 80 participants were in attendance, consisting of tribal leaders, state legislators, and the Health and Human Services Department’s senior executives. Several action items evolved out of the forum, including revitalizing community-based agriculture, strengthening and encouraging healthy eating practices, creating a supportive built environment to encourage walking, running and cycling. A report on the sessions occurring at the forum and the recommendations which came out of the forum will be posted on the DOH website by the end of August.
- The Kellogg Foundation Grant funded a collaboration between the Indian Affairs Department and the Department of Health to fund a .5 FTE Tribal Health Educator position within the Department. This position was later expanded to a full-time position with funding from a CDC grant. The purpose of this position is to implement the Healthy Kids, program in three tribal communities (Cochiti, San Ildefonso and Santa Clara). Healthy Kids is an obesity prevention program focusing on a community process model to create healthy environments in community settings such as the built environment, the educational system, food system, healthcare system, families and community and the worksite. The Healthy Kids model creates a process through which a diverse group of local leaders and community members come together to build a collaborative strategic five-year plan to reduce childhood obesity and diabetes and implement locally determined healthy eating and physical activity programs. In addition, the Tribal Health Educator has developed partnerships with schools in 16 out of the 22 tribal communities to teach forgotten tribal games to Indian children and their parents.
- The State-Tribal Medicaid Work Group provides advice and support to the Human Services Department on the formulation of an Indian Protected Medicaid Plan as part of the State’s FY11 State plan submission. This State-Tribal Work Group has served as a conduit to open and strengthen communication and partnerships with the Tribes, pueblos and nations as the State develops an action plan to maximize Medicaid resources to the Indian citizens of New Mexico. DOH’s Tribal Liaison sits as a member of this workgroup.
- The Tribal Infrastructure Fund (TIF) Board provides funding to Tribal Governments for health-related planning projects, as well as brick and mortar funding to build or expand systems and facilities to improve the quality of life of American Indian communities in New Mexico. The Secretary of Health sits as a member of this board.

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 program area). Most of the Department's services are free or low-cost and are accessible to all New Mexicans, including American Indians and Alaskan Natives. Section V of the 2009 report contained an extensive overview of the Department's major programs and activities. This information is not repeated but is available upon request.

A. Current programs and services from the 2009 Department of Health's American Health Services Directory (FY10 information available in November 2010):

Advisory Committees and Health Councils

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

Services: Provide guidance to the New Mexico Department of Health in order to address health issues impacting American Indian populations residing in New Mexico.
Served FY09: All Tribes in New Mexico. **FY09 Estimated Expenditures:** No dedicated funding.

Community Health Improvement Councils, (505) 827-0247

Services: Fund community health improvement councils in five American Indian communities. 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 FY09:** 9,648 members of five tribal communities: ToHajiilee (1,649); Cochiti (1,502); Acoma (2,802); San Idelfonso (1,524); and Santa Clara (2,171). **FY09 Estimated Expenditures:** \$250,000.

New Mexico Diabetes Advisory Council (DAC), (505) 476-7615 or 1-888-523-2966

Services: Maintain a statewide advisory council that meets quarterly to guide and direct state diabetes planning and provide professional development and networking opportunities. Meetings include an educational session in which CEUs are offered. **Served FY09:** Approximately 25% of the DAC membership is American Indian. **FY09 Estimated Expenditures:** No dedicated funding.

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

Services: Develop a standardized, competency-based training program with an associated voluntary certification process. The compilation of a CHW/CHR Registry is also planned. Once established, the training and certification processes will be available to Tribal Community Health Representatives and programs. **Served FY09:** The Office is still in developmental stage. **FY09 Estimated Expenditures:** The Office is currently unfunded.

Behavioral Health/Substance Abuse

First Nations Community Healthsource Substance Abuse Prevention Program, (505) 262-6540

Services: Provide in-school and after-school summer activities and service learning projects to off-reservation American Indian youth ages 12-17 through Project Venture, an evidence-based positive youth development experiential program. Includes cultural events, community events and youth alternative events. **Served FY09:** Approximately 80 Albuquerque youth and their families. **FY09 Estimated Expenditures:** \$90,000.

Five Sandoval Indian Pueblos, Inc. Substance Abuse Prevention Program, (505) 771-5363

Services: Provide after-school programming, weekend challenge activities and service learning projects, which include cultural events, community events and youth alternative events through Project Venture. Program is also involved in the Zia Pueblo Community Coalition. **Served FY09:** Approximately 65 youth ages 12-17 and their families at the pueblos of Zia, Cochiti and Santa Ana. **FY09 Estimated Expenditures:** \$95,200.

Mescalero Apache Tribe Substance Abuse Prevention Program, (505) 464-3196

Services: Deliver Botwin's Life Skills Training, an evidenced-based curriculum which improves and enhances resiliency factors and two alcohol, tobacco and other drug abuse prevention related activities to student's ages eight to 11. The training is given in 10 weekly sessions and includes cultural awareness events, community events, youth alternative events, community meetings and forums, parent nights. **Served FY09:** Approximately 225 youth and families. **FY09 Estimated Expenditures:** Unable to determine.

National Indian Youth Leadership Project, (505) 722-9176

Services: Create and develop Project Venture, an evidence-based positive youth development experiential program which is delivered to Navajo youth ages pre-kindergarten to 17 in-school and after-school, summer programming, summer camp and community based service learning projects. Includes cultural events, family and community events and youth alternative events. **Served FY09:** Approximately 75 youth and their families in McKinley County. **FY09 Estimated Expenditures:** \$210,000.

Native HOPE, (505) 222-8678

Services: Provide training and technical assistance designed to strengthen capacity in leadership development. **Served FY09:** Approximately 150 youth and 170 adult sponsors from six Native American communities. **FY09 Estimated Expenditures:** \$50,000.

Pueblo of Isleta Substance Abuse Prevention Program, (505) 865-3254

Services: Deliver Project Venture, an evidence-based positive youth development experiential program, to American Indian youth ages 10-12 through after-school

programming, weekend challenge activities and service learning projects. The program is involved in the Pueblo of Isleta Community Coalition and includes cultural events, community events and youth alternative events. **Served FY09:** 60 Pueblo of Isleta youth and their families. **FY09 Estimated Expenditures:** \$106,700.

Pueblo of Laguna Substance Abuse Prevention Program, (505) 552-5786

Services: Utilize the Strategic Prevention Framework (SPF) State Incentive Grant (SIG) program to create a community-wide plan of coordinated substance abuse prevention services and mobilize the community to provide prevention strategies that address alcohol related issues in the Pueblo of Laguna. **Served FY09:** 7,900 persons in parts of Cibola, Sandoval, Bernalillo and Valencia Counties. **FY09 Estimated Expenditures:** \$100,000.

Strategic Prevention Framework (SPF), (505) 827-2610

Services: Utilize the SPF to create a community-wide plan and coordinate substance abuse prevention services and mobilize the Mescalero community to provide prevention strategies that address alcohol related issues. **Served FY09:** Approximately 11,000 individuals at the Mescalero Apache Reservation and surrounding communities, such as Lincoln and Otero counties. **FY09 Estimated Expenditures:** \$250,000.

Telepsychiatry Services, (505) 272-0770

Services: Provide child telepsychiatry services in conjunction with the Albuquerque Indian Health Services. **Served FY09:** 12 hours a week of face-to-face contact with individual patients and family members and 17 hours of consultation to providers at the Acoma Cañoncito Laguna service unit, New Sunrise Residential Treatment Program, Isleta Behavioral Health and Mescalero Indian Health. **FY09 Estimated Expenditures:** \$120,000.

UNM/ACL Teen Centers, (505) 272-4462

Services: Deliver Keeping Family Traditions, an adaptation of Botwin's Life Skills, an evidence-based curriculum which improves and enhances resiliency factors, to youth in 3rd, 4th and 5th grades and youth 12-17 and their families. The training is given in eight 45-60 minutes sessions and includes cultural awareness events, community events, youth alternative events, community meetings and forums and parent nights. **Served FY09:** 250 youth and their families at the pueblos of Acoma and Laguna, communities of Cubero and Seboyeta and the Navajo community of To'hajiilee. **FY09 Estimated Expenditures:** \$213,500.

Birth and Death Certificates

Birth and Death Certificates, (505) 827-2342

Services: Memorandum of Agreement with the Navajo Nation to collect birth and death certificates through the Bureau of Vital Records and Health Statistics. **Served FY09:**

The Navajo Nation. **FY09 Estimated Expenditures:** No dedicated funding.

Cancer

Breast and Cervical Cancer 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. Public awareness activities, education and technical assistance to Tribes interested in increasing community capacity for breast and cervical cancer control are also provided. **Served FY09:** 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 (Acoma-Canoncito-Laguna Hospital, Alamo Band of the Navajo Nation, Albuquerque Area Indian Health Service, Cochiti, Crownpoint, First Nations, Gallup, Jemez Pueblo, Jicarilla Apache, Pine Hill Health Center, Mescalero Apache Reservation, Navajo Area IHS, Picuris, Sandia, Ramah, Rehoboth Healthcare, Santa Ana, Santa Fe, Santa Clara, Santa Domingo Pueblos, San Felipe, Shiprock, Zia, Zuni, and Taos). **FY09 Estimated Expenditures:** \$450,000, federal, state and grant funds.

Comprehensive Cancer Program, (505) 841-5847

Services: Provide culturally tailored cancer prevention, risk reduction and screening education programs in partnership with several Native American communities and organizations including the Center for Native American Health at the University of New Mexico, Mescalero Apache Tribe, Tesuque Pueblo, Sandia Pueblo, Laguna Pueblo, San Ildefonso Pueblo, and Santa Clara Pueblo. In collaboration with other partners, the program supported convening the Native American Work Group to the New Mexico Cancer Council. **Served FY09:** Approximately 200 American Indian families received information and/or education in programs supported by the Comprehensive Cancer Program. **FY09 Estimated Expenditures:** \$20,000, state and federal funds.

Data and Epidemiology Services

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

Services: Plan among multiple agencies in New Mexico, Arizona and Utah to conduct a Navajo BRFSS-like survey, stratified at the agency level (Chinle, Fort Defiance, Shiprock, Eastern Navajo, Western Navajo) with face-to-face interviews. **Served FY09:** The Navajo Nation. **FY09 Estimated Expenditures:** Workgroup being formed.

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 and highlights information on seven indicators for 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 FY09:** All tribal communities. **FY09 Estimated Expenditures:** No dedicated funding.

Data Agreements, (505) 476-3575

Services: Develop data agreements with Tribal Epidemiology Centers, the Navajo Nation and Navajo Indian Health Service regarding data sharing and making sure supports are in place. **Served FY09:** All American Indians in New Mexico. **FY09 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 Indian Country. **Served FY09:** All U.S. Tribes. **FY09 Estimated Expenditures:** No dedicated funding.

Native American Data Advisory Workgroup, (505) 476-1788

Services: Co-chair the American Indian Data Work Group with the Albuquerque Area Indian Health Board. This workgroup was formed to work through health data issues, such as data sharing and access between Tribes, and between Tribes and the state. **Served FY09:** All American Indians in New Mexico. **FY09 Estimated Expenditures:** No dedicated funding.

NM Violent Death Reporting System, (505) 827-5424

Services: Collaborate with the Albuquerque Area Indian Health Board and the New Mexico Department of Health Office of Injury Prevention (Resolution 09-16) on the analysis of suicide-related data using the 2006 NM-VDRS and the Tribal BRFSS data set. **Served FY09:** All American Indians in New Mexico. **FY09 Estimated Expenditures:** No dedicated funding.

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

Services: Provide telephone interview training and call center support to two epidemiologists and two interns from the Albuquerque Area Southwest Tribal Epidemiology Center for the Mescalero Apache BRFSS. 293 phone interviews were conducted from the Department of Health call center. **Served FY09:** Mescalero Apache Nation. **FY09 Estimated Expenditures:** No dedicated funding.

Diabetes

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

Services: Provide a healthy lifestyle behavior intervention in elementary schools throughout New Mexico. The intervention addresses healthy nutrition, increased physical activity, school food service and family and community support for behavior change. **Served FY09:** 467 Native American youth. **FY09 Estimated Expenditures:** \$7,472.

Diabetes Self-Management Education (DSME) Assistance, (505) 476-7615 or toll free, 1-888-523-2966

Services: Diabetes Prevention and Control Program provides support for DSME interventions, including in-services for providers, printed patient materials, blood glucose testing meters and strips and assistance for a nurse working towards her Certified Diabetes Educator (CDE) credential. **Served FY09:** Providers serving American Indians at Acoma Laguna Indian Health Service Unit, Espanola Hospital, El Centro Family Health (Espanola), First Nations Community Health Source (Albuquerque), Rehoboth McKinley Christian Health (Gallup), and San Ildefonso Pueblo. **FY09 Estimated Expenditures:** \$736.

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

Services: Diabetes Prevention and Control Program provides a four-session series of cooking schools for people with diabetes and their families or care givers. The instructors teach appropriate meal planning that 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. **Served FY09:** There were 108 participants in eight cooking schools in Native American communities: Albuquerque IHS Diabetes Program, Pine Hill Safe Program, Pine Hill Health Center, Gallup Food Bank, Zuni Commodity Food Program and San Ildefonso Pueblo. **FY09 Estimated Expenditures:** \$24,948.

Lions Foundation Mobile Eye Exam Van, (505) 476-7615 or 1-888-523-2966

Services: In conjunction with the Lions Foundation Mobile Eye Exam Van, Diabetes Prevention and Control Program provides dilated eye exams in order to detect diabetes-related damage to the eye for individuals from Tesuque Pueblo and other communities serving American Indians. **Served FY09:** 67 American Indians with diabetes representing Pueblos of Pojoaque, San Felipe, Santa Ana, and Tesuque; Apache reservation; and Navajo Nation. **FY09 Estimated Expenditures:** \$100.

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

Services: Quarterly consultation meetings with Native American 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 FY09:** Three meetings have been held, with approximately 130 participants. **FY09 Estimated Expenditures:** \$1,100.

Pueblo of Santa Ana Youth Physical Activity Project, (505) 476-7615 or 1-888-523-2966

Service: Diabetes Prevention and Control Program funding supported nine youth physical activity sports/play events and three nutrition education sessions for the Pueblo of Santa Ana Youth Health and Fitness Outreach Initiative. The Native American Sports Council provided five additional mini-clinic sessions in conjunction with the activity sessions. Topics included injury treatment, running surfaces, hydration, goal-setting, warm-up and cool-down, and traditional Native American games. **Served FY09:** 48 Pueblo of Santa Ana youth. **FY09 Estimated Expenditures:** \$10,000.

San Felipe Pueblo Foot Clinic, (505) 476-7615 or 1-888-523-2966

Service: Provide diabetes patients with comprehensive foot exams and protective shoes and insoles. **Served FY09:** 49 San Felipe Pueblo diabetes patients. **FY09 Estimated Expenditures:** \$10,000.

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 FY09:** Clinical services for 761 female and 199 male Native Americans and service learning for 70 teens. **FY09 Estimated Expenditures:** \$257,795.

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 FY09:** Laguna Nursing Center and Mescalero Care Center. **FY09 Estimated Expenditures:** \$23,308.

Immunizations

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 FY09:** Approximately

55,000 American Indian children zero to 18 years of age. **FY09 Estimated Expenditures:** \$3,541,108.

Infectious Diseases

First Nations Community Healthsource HIV/AIDS Services

Services: Provide HIV prevention interventions, HIV testing, case management and support services for persons living with HIV. **Served FY09:** 20 American Indian clients with HIV. **FY09 Estimated Expenditures:** \$50,000.

HIV Prevention Program, (505) 476-3624

Services: Contracts with three agencies to deliver culturally specific and tailored HIV prevention interventions and HIV testing: 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. **Served FY09:** Unable to determine. **FY09 Estimated Expenditures:** \$35,000.

Infectious Disease Prevention Team Region 1, (505) 722-4391

Services: Provide 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 FY09:** Public Health Region 1, Gallup and Farmington. **FY09 Estimated Expenditures:** \$135,000.

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, and funding for a Tuberculosis Technician to provide directly observed therapy on the Navajo Nation. **Served FY09:** Fourteen American Indians with active TB. **FY09 Estimated Expenditures:** \$55,000.

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, developmental screening, and education and educational materials related to pregnancy, child development and safety. Services are provided in the home, in the local public health office and in other community settings. **Served FY09:** Services provided to approximately 350 American Indian families statewide. **FY09 Estimated Expenditures:** \$87,500, Medicaid reimbursed.

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

Services: NM 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 Native American women throughout the state, and is collaborating with the Navajo Epidemiology Center to produce a report of Navajo PRAMS data. **Served FY09:** 28,800, 12% American Indian. **FY09 Estimated Expenditures:** \$100,000 in Medicaid reimbursement.

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 FY09:** Nineteen sites that have a high number (some 100%) of American Indian youth: Ruidoso, Bernalillo, UNM - Acoma Laguna Teen Center & Tohajille Center, Navajo Prep, Taos High School, Taos Middle School, Mescalero Apache School, Espanola High School, Carlos Vigil Middle School, Quemado, Cobre High School, Dulce Schools, Jemez Valley, Cuba Middle School, San Felipe, Pojoaque High School, Gallup High School, and Career Prep High School. **FY09 Estimated Expenditures:** \$1,410,000.

Screening Programs

Newborn Genetic Screening Program, (505) 476-8868

Services: Requires 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 FY09:** 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. **FY09 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 FY09:** Approximately 150

American Indian children required follow-up services. **FY09 Estimated Expenditures:** \$3,500.

Services for Persons at Risk for or With Existing Disabilities

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 FY09:** 0. **FY09 Estimated Expenditures:** \$0.

Children's Medical Services (CMS), (505) 476-8865

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, dysmorphology, endocrine, neurology, and pulmonary. **Served FY09:** 185 American Indian youth and children with special health care needs statewide. **FY09 Estimated Expenditures:** \$22,000.

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 18. The program provides an array of residential, habilitation, employment, therapeutic, respite and family support services. **Served FY09:** 465 American Indians in 20 New Mexico counties. **FY09 Estimated Expenditures:** \$31,783,560.

Family Infant Toddler (FIT) Program, (505) 476-2416

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. Services are provided primarily in the home and other community settings. **Served FY09:** 1,351 American Indian children. **FY09 Estimated Expenditures:** \$3,917,900 state and federal funds.

Medically Fragile Waiver, 1-877-696-1472

Services: Serve individuals who have a medically fragile condition and have been diagnosed prior to age 18. The program provides case management, private duty nursing, home health aides, physical, speech, and occupational therapy, psychosocial and nutritional counseling and respite care. **Served FY09:** Four American Indian clients. **FY09 Estimated Expenditures:** \$91,161.

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 FY09:** Eight (8) American Indian clients. **FY09 Estimated Expenditures:** \$235,620.

Staff That Work With Tribes

Native American Preparedness Planner, (505) 476-8206

Services: Provide support to pueblos and Tribes related to health emergency preparedness. **Served FY09:** All Tribes in New Mexico. **FY09 Estimated Expenditures:** \$70,000 federal funds.

Department of Health Tribal Liaison

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 FY09:** All Tribes in New Mexico. **FY09 Estimated Expenditures:** \$80,000.

Tribal Epidemiologist, (505) 827-5274

Services: Support Tribes in data and surveillance activities. This position also provides support to Albuquerque Area Southwest Epidemiology Center and the Navajo Tribal Epidemiology Center on community health assessments. **Served FY09:** All Tribes in New Mexico. **FY09 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 FY09:** American Indian youth can and do access. **FY09 Estimated Expenditures:** Unable to determine.

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 FY09:** 560 Adults and 300 Youth. **FY09 Estimated Expenditures:** \$50,000.

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 FY09:** Southwest Tribal Tobacco Coalition, Mescalero Apache Tribe, Eight Northern Indian Pueblos, Five Sandoval Indian Pueblos, Navajo Preparatory School, Santa Fe Indian Hospital, Albuquerque Indian Center, Presbyterian Medical Services Gallup. **FY09 Estimated Expenditures:** \$650,000, tobacco settlement funds.

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 FY09:** Twenty-two participants from McKinley, San Juan and Cibola Counties. **FY09 Estimated Expenditures:** \$5,060.

Diabetes Educator Trainings, (505) 476-7615, 1-888-523-2966

Service (1): Diabetes Provider Training: Current Standards of Practice for Diabetes in Pregnancy for Indian Health Service for diabetes providers and educators in Farmington on gestational diabetes. **Served FY09:** 65 IHS providers. **FY09 Estimated Expenditures:** \$3,150. **Service (2):** Diabetes Educator Training: Current Standards of Practice and Support Strategies for Diabetes in Pregnancy for diabetes educators on gestational diabetes. **Served FY09:** Estimated 32 Providers who serve American Indian communities. **FY09 Estimated Expenditures:** \$4,670. **Service (3):** Diabetes Provider Training: Implementing Clinical Standards for Care of Diabetes on clinical standards of care at Acoma Laguna Indian Health Service Unit Hospital. **Served FY09:** 36 providers. **FY09 Estimated Expenditures:** \$500.

Implied Consent Training and Support, (505) 841-2510

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 FY09:** All Tribes in New Mexico. **FY09 Estimated Expenditures:** Approximately \$150,000.

Primary Care Provider Training on Diabetes and Depression, (505) 476-7615 or 1-888-523-2966

Services: Develop and disseminate a web-based training for primary care providers to help them identify and address depression in people with diabetes. **Served FY09:** 26 American Indian providers. **FY09 Estimated Expenditures:** \$250.

Professional Development and Provider Trainings, (505) 476-7615 or 1-888-523-2966

Services: Provide training for diabetes educators, nurses, dieticians, and mid-level providers on various aspects of diabetes care and management, including Current Standards of Practice for Diabetes in Pregnancy and Clinical Standards of Care for Patients with Diabetes. **Served FY09:** 133 providers who serve American Indian communities such as Farmington and Acoma. **FY09 Estimated Expenditures:** \$8,320.

SAS and STATA Training, (505) 476-1788

Services: Provide data management, statistical analysis and biostatistics training using SAS and STATA software for staff at the Albuquerque Area Southwest Tribal Epidemiology Center, Navajo Tribal Epidemiology Center, and Native American Masters of Public Health students at UNM Center for Native American Health. **Served FY09:** All Tribes in New Mexico. **FY09 Estimated Expenditures:** No dedicated funding.

Training for Tribal Vital Records Enrollment Officers, (505) 827-2358

Services: Provide an annual training for tribal vital records enrollment officers so they can assist their tribal members with delayed birth certificates, paternities, amendments and adoptions related to vital records. **Served FY09:** All Tribes in New Mexico. **FY09 Estimated Expenditures:** No dedicated funding.

Water Testing

Environmental Testing, Bureau of Indian Affairs and Navajo Tribal Utility Authority, (505) 841-2510

Services: Test drinking water for chemicals and bacteria under Federal Safe Drinking Water Act. **Served FY09:** Navajo Nation. **FY09 Estimated Expenditures:** \$75,000.

Environmental Testing, Isleta Pueblo, (505) 841-2510

Services: Test drinking water for chemicals and bacteria under Federal Safe Drinking Water Act. **Served FY09:** Isleta Pueblo. **FY09 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 grant 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. Some additional activities that are planned include:

Arthritis: Provide Chronic Disease Self-Management Program (CDSMP) courses. The CDSMP, developed by Stanford University, is an effective self-management education program for people with chronic health conditions. The program specifically addresses: arthritis, diabetes, lung and heart disease, as well as teaches skills useful for the medical, role and emotional management of chronic conditions. CDSMP workshops are held in community-based settings once a week for two and half hours over a six week period. The workshops are facilitated by trained and certified, non-health professionals from the community. Special efforts will be directed towards recruiting Native American participants. CDSMP workshops will be offered in the following Native American communities: Mescalero Apache, Acoma, Isleta, Jemez, Laguna, San Felipe, Santa Domingo, the Alamo band of the Navajo Nation, and the Eight Northern Indian Pueblos Council.

Cancer Services:

Colorectal Cancer Program Provide 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 Indian Health Service clinics (Albuquerque Area Indian Health Service and the Navajo Area Indian Health Service) and hospitals, urban Indian clinics, 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.

New Mexico Cancer Council's Native American Work Group Provide financial support for the Native American Work group, coordinated by the UNM Center for Native American Health (CNAH). FY11 activities will include continued investigation into the development of a statewide Native American Cancer Plan, the dissemination of the National Native American Colorectal Cancer Resource List, and promotion of the colorectal cancer PowerPoint presentation developed by CNAH in FY10 for use in Native American communities throughout the state.

Emergency Preparedness: The Department will continue to provide technical assistance to support local planning activities with the 22 Native American Tribes, pueblos and nations to ensure rapid medical countermeasure dispensation in their jurisdictions. These efforts will be supported by Public Health Emergency Preparedness resources and staff. During FY11, the focus will be on the completion of local countermeasure distribution and dispensing plans, finalizing point of dispensing sites, exercising and training. Additionally the Public Health Emergency Preparedness Response Advisory Committee (PHEPRAC) is being restructured into a steering committee and work groups and will have representation from Indian Health Services

(IHS) and Tribes.

Training in plans and health emergency planning will include Native American Tribes, pueblos and nations. The Emergency Preparedness Tribal Liaison will continue to coordinate with Tribes on their planning and response efforts. The Department's on-line Learning Management System's emergency response courses will continue to be available to Native American Tribes statewide.

A tribal public health preparedness needs assessment of the 22 Tribes and pueblo's is planned to provide DOH with a roadmap of existing gaps to assist in future planning activities.

A full scale exercise is planned for the summer of 2011 to test the NM Strategic National Stockpile Countermeasures and Distribution Plan. The exercise will include receiving, staging and storing of the Eagle Package, a CRI regional distribution site operating at least two PODs with at least eight Native American PODs.

Newborn Hearing Screening Follow-up Services: Children's Medical Services Newborn Hearing Screening program is working with a parent organization called Education of Parents of Indian Children with Special Needs (EPICS) to improve the follow-up rates for Native American infants who do not pass their newborn hearing screening test. EPICS will provide parent trainings to Tribes with low rates of follow-up. These trainings will cover the importance of early detection and intervention of hearing loss and the need for follow up on infants who do not pass the hospital screening. EPICS is also providing consultation, support and mentoring to parents with newly identified infants who require follow-up on their newborn hearing screening or have an infant diagnosed as deaf or hard of hearing. This includes support and education, assisting families in navigating the health care system, coordinating services with the NBHS program and the FIT program.

Suicide Prevention: During FY11, DOH's Office of School and Adolescent Health is funding the following activities to address the prevalence of youth suicide disproportionately impacting Native American Youth:

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 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.

Tobacco Prevention Activities: In partnership with the Department’s Diabetes Prevention and Control program, implement a radio campaign on secondhand smoke and diabetes that will be broadcast in Navajo and English on the Navajo Nation. A second campaign is being developed for other Tribes and pueblos.

SECTION V. TRAINING AND EMPLOYEE NOTIFICATION STCA Training Certification

Information regarding the new State Tribal Collaboration Act policy was disseminated in early 2010. The policy was shared with the Department’s senior leadership team. This team, consisting of Division Directors and their Deputies, oversees the work of the programs and facilities and has a direct line of communication to front line staff affected by the policy. In addition, the information was provided to staff in our DOH employee newsletter “Saludos.”

In addition, SB196 requires that the State Personnel Office 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. The Department is currently waiting on the final SPO sanctioned “train the trainer” curriculum to begin its own internal training. In the meantime, an internal process is being developed to ensure on-going communication and training will occur related to the policy’s requirements.

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.

Division	Name/Title	Email	Phone
Office of the Secretary	Alfredo Vigil, Cabinet Secretary	Alfredo.Vigil@state.nm.us	(505) 827-2613
Office of the Secretary	Jessica Sutin, Deputy Secretary of Programs	Jessica.Sutin@state.nm.us	(505) 827-2613
Office of the Secretary	Karen Armitage, Chief Medical Officer	Karen.Armitage@state.nm.us	(505) 827-2613

Division	Name/Title	Email	Phone
Office of the Secretary	Katrina Hotrum, Deputy Secretary of Facilities	Katrina.Hotrum@state.nm.us	(505) 827-2962
Division of Policy and Performance	Sam Howarth, Division Director	Sam.Howarth@state.nm.us	(505) 231-3192
Division of Policy and Performance, Office of American Indian Health	Ron Reid, Tribal Liaison	Ronald.Reid1@state.nm.us	(505) 827-2627
Public Health Division	Jack Callaghan, Division Director	Jack.Callaghan@state.nm.us	(505) 827-2389
Public Health Division	Jane Peacock, Deputy Director	Jane.Peacock@state.nm.us	(505) 827-2504
Public Health Division	Christina Carrillo y Padilla, Program Manager Office of Community Health	Christina.CarrilloPadilla@state.nm.us	(505) 476-3082
Public Health Division	Judith Gabriele, Diabetes Program Manager	Judith.Gabriele@state.nm.us	(505) 476-7613
Public Health Division	Yolanda Cordova, Director, Office of School & Adolescent Health	Yolanda.cordova@state.nm.us	(505) 841-5889
Public Health Division	Beth Pinkerton, Comprehensive Cancer Program manager	Beth.Pinkerton@state.nm.us	505-841-5847
Public Health Division	Melissa Heinz, Hepatitis Program Manager	Melissa.heinz-bennett@state.nm.us	505-827-2507
Public Health Division	Gena Love, Program Manager	Gena.love@state.nm.us	505-841-5859
Epidemiology and Response Division	Mack Sewell	Mack.Sewell@state.nm.us	(505) 827-0006
Epidemiology and Response Division	Joe Baca, Native American	Joe.Baca@state.nm.us	(505) 476-8206

Division	Name/Title	Email	Phone
	Planner-Bureau of Health Emergency Management		
Developmental Disabilities Supports	Mikki Rogers, Division Director	Mikki.Rogers@state.nm.us	(505) 827-2574
Developmental Disabilities Supports	Andy Gomm, FIT Program Manager	Andy.Gomm@state.nm.us	(505) 476-8975
Scientific Laboratory Division – Environmental Testing	Dr. Phillip Adams, Chemistry Bureau Chief	Phillip.Adams@state.nm.us	(505) 841-2510
Scientific Laboratory Division – DWI	Dr. Rong Jen Hwang, 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

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. Any 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. List of DOH Agreements, MOUs/MOAs with Tribes that are currently in effect.

Tribe	Agency	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
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
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 process – Should be in effect as of 9/09	Andy Gomm	(505) 476-8975
Navajo Nation	DOH	Tuberculosis direct-observed therapy	MOA	In effect	Renai Edwards	(505) 827-2106
Navajo Nation	DOH	STD Investigation and control	MOA	In effect	Dan Burke	(505) 476-1778
To'Hajiilee (Canoncito Band of Navajos)	DOH	Community Health Improvement Council	MOA	In effect	BJ Butler	(505) 827-2519
Pueblo of Acoma	DOH	Community Health Improvement Council	MOA	In effect	BJ Butler	(505) 827-2519
Pueblo of Cochiti	DOH	Community Health Improvement Council	MOA	In effect	BJ Butler	(505) 827-2519
San Ildefonso Pueblo	DOH	Community Health Improvement Council	MOA	In effect	BJ Butler	(505) 827-2519
Santa Clara Pueblo	DOH	Community Health Improvement Council	MOA	In effect	BJ Butler	(505) 827-2519
Canoncito Band of Navajos Health Center Corp	DOH	Community Health Improvement Council	PSC	In effect	BJ Butler	(505) 827-2519
Mescalero Apache	DOH	Primary & behavioral	MOA	In effect	Jim Farmer	(505) 222-8682

Tribe	Agency	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
Schools		health care in school-based health center				
Navajo Preparatory School	DOH	Primary & behavioral health care in school-based health center	MOA	In effect	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	Wanicha Barupa	(505) 476-8870
Mescalero Apache Tribe	DOH	Tobacco-related activities	MOA	In effect	Larry Elmore	(505) 222-8618
Five Sandoval Indian Pueblos	DOH	Tobacco-related activities	MOA	In effect	Larry Elmore	(505) 222-8618
Navajo Preparatory School	DOH	Tobacco-related activities	PSC	In effect	Larry Elmore	(505) 222-8618
Pueblo Isleta	DOH	WIC services	MOU	In effect	Deanna Torres	(505) 476-8814
Mescalero Apache Tribe	DOH	WIC services	MOA	In effect	Barbara Garza	(505) 528-5135
Pueblo of Laguna	DOH	Cancer prevention and survivorship	MOA	In effect	Beth Pinkerton	(505) 841-5847
Navajo Area Indian Health Service	DOH	Receipt, Storage and Staging site for the Strategic National Stockpile program	MOA	In effect	Eric Category	(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-	DOH	Influenza	PA	In effect	Katie Avery	(505) 827-0083

Tribe	Agency	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
Picuris Indian Health Services		Surveillance				
Acoma-Canoncito-Laguna Indian Health Services	DOH	Influenza Surveillance	PA	In effect	Katie Avery	(505) 827-0083
PHS Santa Fe Indian Hospital	DOH	Tobacco related activities	MOA	In effect	Larry Elmore	(505) 222-8618
County of San Juan	DOH	Community Health Improvement Council	MOA	In effect	BJ Butler	(505) 827-2519
ABQ Area Indian Health Services	DOH	Provide essential public health functions that include epidemiological assessments	MOA	In effect	Kathy Garcia	(505) 476-3588
Pueblo de San Ildefonso	DOH	Obesity and Diabetes Youth Prevention Program	MOA	In effect	Patty Morris	(505) 827-2520
Santa Clara Pueblo	DOH	Obesity and Diabetes Youth Prevention Program	MOA	In effect	Patty Morris	(505) 827-2520
Santa Clara Pueblo	DOH	Tobacco related activities	MOA	In effect	Larry Elmore	(505) 222-8618
Pueblo of Zia	DOH	Emergency Management during healthcare emergencies	MOA	In effect	Xavier Rodriguez	(505) 476-3567
Pueblo of Isleta	DOH	Emergency Management during healthcare emergencies	MOA	In effect	Xavier Rodriguez	(505) 476-3567
Pueblo of Jemez	DOH	Emergency Management during healthcare emergencies	MOA	In effect	Xavier Rodriguez	(505) 476-3567
Pueblo of	DOH	Emergency	MOA	In effect	Xavier	(505) 476-3567

Tribe	Agency	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
Santo Domingo		Management during healthcare emergencies			Rodriguez	
Pueblo of San Felipe	DOH	Emergency Management during healthcare emergencies	MOA	In effect	Xavier Rodriguez	(505) 476-3567
Pueblo of Santa Ana	DOH	Emergency Management during healthcare emergencies	MOA	In effect	Xavier Rodriguez	(505) 476-3567
Pueblo De Cochiti	DOH	Emergency Management during healthcare emergencies	MOA	In effect	Xavier Rodriguez	(505) 476-3567

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.