



State-Tribal Collaboration Act July 31, 2019 Agency Report

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

Kathyieen M. Kunkel - Cabinet Secretary

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SECTION I. EXECUTIVE SUMMARY

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

Based on the State-Tribal Collaboration Act, the New Mexico Department of Health (NMDOH) Office of the Tribal Liaison works to facilitate and encourage agency staff to continuously engage tribal partners and leaders in the creation, cultivation, and expansion of services and resources which respect the tenets of sovereignty and self-determination held by indigenous nations in the state.

This year's executive summary marks a transition in state leadership beginning with Governor Michelle Lujan-Grisham, her cabinet, and appointment of new Cabinet Secretaries for state agencies. Governor Lujan-Grisham attended the annual State Tribal Leaders Summit and has provided strong guidance that promotes the value and importance of collaboration and engagement on a government-to-government basis in planning and implementing programs with the 23 American Indian Tribes, Pueblos, and Nations located within the geographic boundaries of the state. The four largest agencies, Health (NMDOH), Human Services Department (HSD), Children, Youth, and Families (CYFD), and Aging and Long-Term Services Department (ALTSD) are tasked to work together to address complex inter-related factors that contribute to the overall well-being of New Mexico residents. Cabinet Secretaries are regularly meeting to share concerns, priorities, and strategies.

New Mexico Department of Health's Secretary, Kathyleen M. Kunkel has served a number of years as an attorney and Deputy Director of the Developmental Disabilities Division for NMDOH. Kathy brings diverse experiences as a social worker and as an attorney providing leadership related to the disabilities waivers as well as the Jackson Suit, a long-standing case that affects the health and welfare of individuals and families with disabilities.

Consideration of public health and tribal health systems and where there are opportunities to strengthen relationships with New Mexico's American Indian tribes, pueblos, and nations is ongoing work that begins on a face-to-face basis connecting what matters to tribal leadership, program directors and managers with NMDOH staff and resources.

During the first part of this fiscal year, NMDOH maintained a focus on the identified public health priorities of diabetes, obesity, teen pregnancy, and substance use (including commercial use of tobacco) among New Mexican populations including American Indian populations. As the agency moved past elections, Governor's priorities include but are not limited to behavioral health (including diseases of despair—alcohol use, suicide, unintentional and intentional deaths often connected to substance misuse), access to primary care, chronic diseases prevention and reduction.

Health Status Priorities: Highlights

Given the number of programs and services included in this report, this section of the report highlights the four key health status priorities for the agency during the first part of the fiscal year: Diabetes (page 13-15), Obesity (page 16-17), Teen pregnancy (page 18), and Substance Misuse-- which includes non-ceremonial use of tobacco (pages 27-31), drug overdoses prevention (page 39).

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

Diabetes

The Diabetes Prevention and Control Program (DPCP) works in collaboration with tribes, pueblos, and nations to provide training, education, technical assistance and other resources through the Tribal Outreach Coordinator. Examples include:

- Regular communication with the Native American Partnership (NAP) and logistical support to the group's leadership, the Core Committee.
- Training and implementation of the National Diabetes Prevention Program (National DPP), developed by the CDC, for adults with prediabetes or at risk for type 2 diabetes to Santa Ana Pueblo, Sandia, San Felipe Pueblo and Ohkay Owingeh pueblos. The year-long program focuses on moderate changes in both diet and physical activity to achieve modest weight loss in the range of five-seven percent of baseline body weight.
- Provision of Chronic disease self-management programs which include workshop series on managing diabetes, high blood pressure, heart disease, asthma, cancer, etc.

Obesity

Healthy Kids Healthy Communities (HKHC) Program. Healthy eating and physical activity are the two main lifestyle behaviors that can help prevent obesity and reduce the burden of chronic disease. ONAPA's HKHC program works closely with three tribal communities (Pueblos of San Ildefonso, Zuni, and Ohkay Owingeh,) to implement sustainable policy, systems, and environmental changes that support healthy eating and physical activity behaviors in a multi-sector community coalition-driven approach. Key strategies include schools/childcare (e.g., strengthening wellness policies), food system (e.g., increasing access to a healthy and affordable food supply), and built environment (e.g., creating safe and active outdoor space). 10,578 tribal members were served across three communities.

- **New for FY19:** In October 2018, ONAPA partnered with the Eight Northern Indian Pueblo Food Distribution Program on Indian Reservations (FDPIR) and the Cooperative Extension Ideas for Cooking and Nutrition (ICAN) program to begin conducting monthly tasting/cooking and nutrition education sessions for FDPIR recipients. ONAPA also partnered with Lois Ellen Frank and Walter Whitewater, two Native American chefs, to provide healthy food preparation and nutrition education training for Indian Health Service staff, tribal clinical staff, and community health representatives.
- **New for FY19:** In FY19, ONAPA awarded the Zuni Youth Enrichment Project (ZYEP) \$200,000 to implement traditional dance and comprehensive in-school and after-school physical activity programs including soccer and basketball (with a nutrition education and parent engagement component) for students attending the Shiwi T'sana public elementary school in Zuni Pueblo.

Teen Pregnancy

- **Family Planning Services.** This program provides comprehensive family planning services, including clinical reproductive health services, community education and outreach. Technical assistance and funding is provided for the Teen Outreach Program (TOP), a positive youth development program for preventing teen pregnancy and increasing school success, at Laguna-Acoma Junior/Senior High School.

Substance Use (including non-ceremonial tobacco use)

- Tobacco Use Prevention and Control Program (TUPAC). There is extensive outreach, education, and engagement designed to reach Native Americans with a focus on secondhand smoke exposure. NMDOH TUPAC also engages youth in community awareness and policy development.
- Through contracts with Keres Consulting Inc., a variety of secondhand smoke policies were supported through Community Health Leader Awards (10); trainings on empowering policy change (15); numerous tribal events on secondhand smoke protections (25 tribal and tribal serving organizations); technical assistance in drafting policies, etc.
- For Navajo Nation, Oso Vista Ranch Project provides outreach and technical support through six partners.
- TUPAC provides support to the Southwest Tribal Tobacco Coalition-Albuquerque Area Indian Health Board.
- QUIT NOW cessation services were provided to 139 Native Americans in the state.

- Overdose Prevention and Education Program. This program aims to reduce overdose incidents due to both prescription and non-prescription substances. Legislation passed in 2016 (SB 262/HB 277), Section 24-23-1 NMSA, allows licensed prescribers to prescribe, dispense, or distribute naloxone under a standing order. The NMDOH has issued statewide standing orders for naloxone for pharmacists, law enforcement agencies, public health offices, registered Overdose Prevention and Education programs including Syringe Service Providers, and schools. The goal is to expand access to and increase the availability of naloxone, a life-saving opioid overdose reversal medication. All New Mexicans, including tribal members, can get naloxone from a pharmacy without needing to have a written prescription from a medical provider.

- Naloxone information, drug overdose epidemiology data, and community-based opioid overdose prevention strategies was provided to Cochiti, Jemez, Sandia, Santa Ana, Zia, Santa Clara, Nambe, San Ildefonso, Pojoaque, Tesuque, Santo Domingo, Picuris, and Taos Pueblos. The program also facilitated naloxone training for lay first responders and provided free naloxone via collaboration with the SAMSHA-funded NM Behavioral Health Services Division's overdose prevention contractor.

Other additional topics of interest:

Bureau of Vital Records and Health Statistics

The bureau conducted six regional delayed birth registration events to assist tribal members in obtaining a Real ID driver's license. One of those events was a multi-day mega event with Arizona, Utah, and Colorado's Vital Records. Vital Records also participated in two regional events to issue birth certificates to pueblos.

Food Insecurity and Food Deserts in Tribal Communities

The Office of Tribal Liaison worked in collaboration with the Obesity, Nutrition, and Physical Activity Program (ONAPA) and with the Women, Infant, Children (WIC) Farmers Market and Senior Farmers Market programs to provide a third gathering of tribal farmers and ranchers at Pojoaque Pueblo. A combined tour of the Agriculture and Bison Ranch as well as presentations on seed sovereignty was attended by 30 tribal participants. A training was held with Navajo Nation Food Service cooks for Elder Centers with indigenous chefs Lois Frank and Walter Whitewater focused on integrated traditional and contemporary foods into elder center menus. Participating

Tribal, Pueblo, and Nation, Farmers' Markets include: San Felipe, Jemez, Santo Domingo, Taos, Pojoaque, and Five Sandoval Indian Pueblos; Hasbido Mobile Farmers' Market for Ojo Encino, Nageezi and Torreon; Alamo and Shiprock Chapters of the Navajo Nation.

Maternal Child Health Epidemiology Program

The Maternal Child Health Epidemiology Program (MCHEP) within the Family Health Bureau, Public Health Division, regularly collaborates with the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC), Navajo Nation Epidemiology Center (NEC), tribal WIC programs and community organizations such as Tewa Women United for the Pregnancy Risk Assessment Monitoring System (PRAMS) Surveillance surveys.

In addition, these partners work actively on health equity initiatives to improve reproductive health indicators and reporting in NM. Survey questions were adopted on health discrimination to learn more about unequal treatment in perinatal healthcare, and the impact of these experiences on maternal and infant health outcomes. The Navajo Nation Maternal Child Health/ PRAMS work group also convenes MCHEP staff, monthly.

Developmental Disabilities Division

1133 American Indian children were served by the Family Infant Toddler Program (FIT). This program works with children from birth to age three with, or at risk, for developmental delays and disabilities and their families. An array of early intervention services are provided.

As the fiscal year drew to an end on June 30, leadership throughout the agency is focused on assessment of current services and direction in the next four years. The State Health Improvement Plan (SHIP) and strategic plan will engage tribal partners.

SECTION II. AGENCY OVERVIEW/BACKGROUND/IMPLEMENTATION

A. Mission Statement

The mission of the NMDOH is to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico.

The Department strives to succeed in its mission by committing to and practicing the following values: Accountability: honesty, integrity, and honor commitments made; Communication: promote trust through mutual, honest, and open dialogue; Teamwork: share expertise and ideas through creative collaboration to work towards common goals; Respect: appreciation for the dignity, knowledge, and contributions of all persons; Leadership: promote growth and lead by example throughout the organization and in communities; and, Customer Service: placing internal and external customers first, assure that their needs are met.

B. Agency Overview

NMDOH is an executive agency of the State of New Mexico. NMDOH supports, promotes, provides, or funds a wide variety of initiatives and services designed to improve the health status of all New Mexicans. The agency is organized into the following program areas (Administrative Services, Public Health, Epidemiology and Response, Scientific Laboratory, Facilities Management, Developmental Disabilities Supports, Medical Cannabis, and Health Certification, Licensing and Oversight; See appendix for a brief description of each of the program areas). Most of the Department's services are free or low-cost and are accessible to all New Mexicans, including American Indians.

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

The Department currently operates four health facilities and a community-based program. The facilities provide care for people with disabilities, long-term care, veterans, behavioral health, and substance abuse treatment services. The Department also provides safety net services to eligible individuals with special needs. These services are both community-based and facility-based for behavioral health and long-term care, provided directly by the Department or through its contract providers.

The Department plays a key regulatory role in the healthcare system. NMDOH promulgates regulations pursuant to its statutory authority and is an enforcement entity for health care facilities and providers statewide for compliance with state and federal health regulations, standards and law. Over 2,000 public and private sector inpatient and outpatient providers are licensed by the Department and those providers who participate in Medicare or Medicaid are certified, inspected and monitored by the agency.

C. Policy Applied

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

- NMDOH Infectious Disease Epidemiology Bureau (IDEB) epidemiologists work with tribal partners daily to investigate reportable infectious diseases that occur among tribal members. Investigations conducted by tribal public health nurses of isolated infectious disease cases and outbreaks are coordinated with IDEB staff, and IDEB provides subject matter expertise and consultation during these events.
- NMDOH staff who work with tribal communities are required to take a cultural humility training which provides information on State Tribal Collaboration Act requirements; information that facilitates increased knowledge of historical events that shape tribal health care policies and tribal health care systems; and awareness and practice of culturally appropriate communication techniques when working with tribal communities. 168 NMDOH staff participated in this training known as *Working More Effectively with American Indian Tribes, Pueblos and Nations in New Mexico*,” from June 2018 to June 2019.
- The Tribal Epidemiologist is available to conduct trainings for community groups and other agencies. These trainings consist of accessing data through publicly available data sources, basic epidemiological research and concept overview, and provision of an analysis of tribal data within the state of New Mexico as requested.
- On-going outreach and input opportunities are continually made available to the tribes, pueblos, and nations and off-reservation members. NMDOH’s Tribal Liaison continues to facilitate these activities and opportunities, communicates identified tribal needs and priorities to the Secretary of Health, and works collaboratively with NMDOH Divisions and tribal communities to implement appropriate responses. All initiatives included in this report demonstrate a variety of methods through which tribes, pueblos, and nations provide guidance in planning, implementing, and evaluating projects undertaken to reduce identified health inequities. Face-to-face meetings, conference calls, emails, written documents in a variety of formats, interactive video-conferencing, and webinars are vehicles through which communication occurs.

SECTION III. CURRENT RESOURCES FOR AMERICAN INDIANS

Public Health Division

Office of Community Health Workers

(505) 827-0015

The DOH, OCHW Tribal Coordinator provides office updates, training opportunities, etc., to the NM/Southern Colorado Community Health Representative (CHR) Association meetings on a quarterly basis. New Mexico/Southern Colorado CHR Association meetings attended include:

- Jicarilla Apache Reservation
- Santa Fe
- Ysleta Del Sur Pueblo
- Upcoming meeting in June, at Southern Ute Tribe

The Tribal Coordinator also provides an array of information, training, and technical support to all tribes within the ABQ Area Indian Health Service. She provides individual assistance in filling out the CHW certification application. The Tribal Coordinator also works to find trainings, and resources for all tribal CHR programs.

- In collaboration with the Community Outreach Patient Empowerment, (COPE), Program, (Native run non-profit), OCHW provided CHW core competency trainings to prepare CHW/Rs for state certification
- Provided a CHW presentation to Jemez Pueblo CHR program
- Attended and provided CHW certification and oral health information at Health Fairs within the following Tribal Communities:
 - San Ildefonso Pueblo
 - Tesuque Pueblo
 - Zia Pueblo
 - Alamo Reservation
 - Santa Fe Indian School, Senior Olympics
 - Sandia Pueblo

The OCHW Tribal Coordinator has:

- Discussed CHW program endorsement and CEU providership with ABQ Area I.H.S.
- Emailed DOH ERD lead poisoning information to all the tribes
- Met with AASTEC, Albuquerque Area Southwest Tribal Epidemiology Center to provide application support for the CHW CEU endorsement
- Participated in an RFP review for the Family Health Bureau, Native American programs applied for this funding

- In collaboration with the DOH Immunization program, provided a 2-day training pilot on Immunization education. Four tribes participated, and received CEU credit for the training
- Provided Navajo Nation Department of Health, CHR Outreach program with two trainers/trainings for the Annual Navajo Nation CHR Meeting in Arizona
- Met with San Manuel Band of Mission Indians of California to explain the NM CHW Model and certification legislation
- Worked to provide a tribal food cooking class in June
- Participated in a heart health event at San Ildefonso Pueblo
- Working with Keres Consulting to arrange tobacco trainings within various tribal communities; Scheduled-Jicarilla Apache Nation CHR program, Crownpoint CHR program, later in May & June
- Arranged a DOH, “adult fall prevention” training for San Ildefonso Pueblo CHR program
- Worked with the DOH Office of Policy and Accountability to gather feedback from four CHRs regarding an oral health document relating to the oral health curriculum for CHW/Rs
- Collaborating and meeting with the NM Breastfeeding Task Force to provide resources to the Mescalero CHR program later in May
- Attended the NAPPR (Native American Professional Parent Resources) meeting and provided CHW presentation and certification information
- Met and provided CHW certification application & CEU opportunity support to Kewa Health Clinic and San Ildefonso Pueblo CHRs, Cochiti Pueblo CHRs, Acoma Pueblo, Pine Hill, Zia Pueblo, Five Sandoval Indian Pueblos, Tesuque Pueblo, Southern Ute Tribe, Navajo Nation, Pojoaque Pueblo
- Met with Acoma CHR program and a representative from Medicaid Assistance Division regarding Medicaid reimbursement for CHR services
- Met with the Health and Wellness program and community members who are interested in CHW certification at Pine Hill Clinic
- Presented at the Navajo Nation CHR Annual meeting, shared information on CHW certification, specialty track training, and provided overall technical support
- Met with public health nurse at Kewa Health Clinic, regarding possible resources for CHRs.
- Met with Picuris Pueblo CHR supervisor to determine documents needed to apply for the Medicaid provider number for non-emergency transportation. Also met with the Tribal Administrator to discuss documents needed for Medicaid provider number
- Met with Picuris Pueblo CHR program to obtain Medicaid provider number
- Provided an asthma community education session in partnership with DOH, ERD, in Zia Pueblo
- Provided a second two-day immunization education pilot for Tribal CHRs, later in May

- Participated in Zia Pueblo Children's health fair in June

FY19 Estimated Expenditures: Program fees go to support the administration of the certification process.

Office of Oral Health

(505) 827-2837

Population and Community Health Bureau

Services: The Office of Oral Health (OOH) conducts a mobile prevention program (dental sealant, fluoride varnish, and oral health education) targeting pre-school and elementary school aged children statewide. During the FY19 school year, 310 American Indian students participated in the program throughout the state. The data varies year to year due to the number of students participating in the program.

Services were provided by state staff and state funded contractors. Students participated in the programs while attending public school and non-pueblo Head Start schools. Services included oral health education, a dental assessment/examination, application of a dental sealant or fluoride varnish (3 times a year), incentives (toothbrush, tooth paste and dental floss), dental examination, and dental case management. State staff assisted 77 students secure dental treatment.

OOH staff attended health fairs this past fiscal year at Santo Domingo, Alamo and Tesuque Pueblos. Staff provide oral health education and toothbrushes, tooth paste, and dental floss were given to the participants.

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

OOH staff have worked the National Maternal and Child Oral Health and the State of New Mexico Office of the Tribal Liaison editing the newsletter "Bruising Up on Oral Health" article entitled "Working with the AIAN Community".

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

OOH staff work in conjunction with the Office of Community Health Workers to promote oral health among the American Indian population. This past year 11 Native American communities have received oral health information and incentives (toothbrush, tooth paste).

Surveillance: The BRFSS collects data on access to oral health care on a bi-annual basis, providing population-based estimates of time since last dental health visit and loss of teeth due to decay or gum disease.

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

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

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

Served FY19: 310

FY19 Estimated Expenditure: \$19,796.59 (clinical services).

FY19 In Kind Expenses: Dental Sealant, Fluoride Varnish, dental clinical supplies, oral health education material. And incentives (e.g. toothbrushes, etc.). Additional cost includes vehicle and personnel costs.

Cancer

Public Health Division

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

Services: Provide free breast and cervical cancer screening and related diagnostic follow-up care for American Indian individuals residing in the state who meet program eligibility criteria. These services are available through Indian Health Service (IHS) clinics and hospitals (Albuquerque Area IHS Service Units and Navajo Area IHS Shiprock Service Unit), Jemez Pueblo Health Center, Alamo Navajo Health Center, Ramah Navajo Pine Hill Health Center, First Nations Community HealthSource, and at approximately 90 other federally qualified health centers and hospitals throughout the state. Those diagnosed with breast or cervical cancer through the BCC Program may be eligible for Medicaid coverage for treatment of their condition. Also available are public awareness activities and education for tribes interested in increasing community capacity for breast and cervical cancer control.

Surveillance: The Behavioral Risk Factor Surveillance System (BRFSS) collects data on breast and cervical cancer screening on a biennial basis, providing population-based estimates of mammogram and Pap test screening history. Estimates are available via indicator reports on the New Mexico Indicator-Based Information System (NM-IBIS) website.

Served FY19 (YTD): 395 American Indian women 21 years of age or older, who live at or below 250 percent of the federal poverty level and are uninsured/underinsured. To date in FY19, one (1) American Indian woman has been diagnosed with invasive breast cancer and no American Indian women have been diagnosed with in situ breast cancer. In addition, one (1) American Indian woman has been diagnosed with a pre-cancerous cervical condition, and no American Indian women have been diagnosed with invasive cervical cancer so far in FY19.

FY19 Estimated Expenditure: \$71,016.37 to date in federal grant and state funds.

Comprehensive Cancer Program (505) 222-8609

Services: Provide support for culturally tailored cancer prevention, risk reduction, and screening education programs in partnership with the Albuquerque Area Indian Health Board (AAIHB). In June 2019, AAIHB, in partnership with the Comprehensive Cancer Program and other stakeholders, hosted an educational training for field health and ancillary staff (Community Health Representatives, health educators, medical assistants, and others) from the 22 Tribes, Nations and Pueblos in New Mexico. Additional FY19 activities included sessions conducted in Indian Health

Service and tribal health facilities to educate providers on current cancer screening recommendations.

The Program also provided financial support to finalize a culturally tailored section of the *New Mexico Cancer Plan* to guide cancer control and prevention activities within Native American communities. Input from community stakeholders from tribal communities, and the New Mexico Cancer Council's Native American Workgroup, was collected and incorporated into the new *Cancer Plan*. In addition, the Program provided administrative support for the Native American Workgroup.

The Comprehensive Cancer Program continues to respond to requests for support of community events from Native American communities interested in conducting cancer prevention and risk-reduction activities. The Program provided an inflatable model of a colon, which is an innovative walk-through educational tool, for a Sandia Casino Employee Health Fair and provided educational resources and materials for community members in Tesuque Pueblo.

Served FY19: Approximately 100 healthcare providers and 450 community members received information and/or education in programs supported by the Comprehensive Cancer Program; no community members received direct services though the 2019 meetings of the New Mexico Cancer Council's Native American Workgroup.

FY19 Estimated Expenditures: \$39,500.00 as well as approximately \$500 in NMDOH staff salaries.

Diabetes & Chronic Disease Prevention and Management Initiatives

Public Health Division

Native American Partnership for Diabetes Prevention and Management

(505) 222-8610

Services: One of the Diabetes Prevention and Control Program's (DPCP) goals is to build capacity for evidence-based diabetes prevention and management strategies in New Mexico's Native American communities to reduce diabetes-related health disparities. The DPCP's Tribal Outreach Coordinator communicates regularly with Native American Partnership (NAP) members and provides logistical support to the group's leadership, the Core Committee. The Tribal Outreach Coordinator also links programs, tribes, information and resources via NAP's list serve (33 emails this fiscal year). NAP's Strategic Plan (2017-2020) includes six strategic focus areas :1) organizing internally; 2) defining roles; 3) enhancing New Mexico Department of Health support; 4) prioritizing community needs; 5) growing membership; and 6) expanding partnerships. A group of tribal diabetes program leaders worked with the DPCP's Tribal Outreach Coordinator to establish a NAP Core Steering Committee whose in-kind duties include leading efforts to develop culturally appropriate diabetes prevention and management activities for New Mexico's Native American communities and supporting the DPCP goals and strategies.

Served FY19: Over 100 contacts have been documented this fiscal year for NAP Core Committee meetings, calls, and activities. Based on needs expressed by NAP members for their programs and communities, the DPCP Tribal Outreach Coordinator has collaborated with NAP's Core Committee for a two-day conference in June 2019, "Weaving Wellness into Native American Communities," to bring together multiple strands to create healthy communities and prevent diabetes.

Estimated FY19 Expenditure: \$10,000

National Diabetes Prevention Program (505) 841-5861

Services: Build capacity to offer evidence-based lifestyle interventions for preventing type 2 diabetes. The National Diabetes Prevention Program (National DPP), developed by the CDC, is for adults with prediabetes or at risk for type 2 diabetes. This intensive lifestyle intervention is based on the National Institute of Health's original Diabetes Prevention Program study. The yearlong program focuses on moderate changes in both diet and physical activity to achieve modest weight loss in the range of 5-7 percent of baseline body weight.

Served FY19: DPCP offered one National DPP Lifestyle Coach training with two (2) staff each from Sandia Pueblo and Santo Domingo (Kewa) Pueblo attending. DPCP offered two (2) refresher course trainings with staff from Santo Domingo (Kewa) Pueblo registered to attend. Bi-monthly technical assistance calls were offered with consistent attendance from tribal representatives including the Northern Navajo Medical Center in Shiprock, NM. Additionally, eight (8) technical assistance contacts were made with the Pueblos of Santo Domingo (Kewa) and Sandia, and the Northern Navajo Medical Center.

The DPCP is leading a statewide engagement effort to scale and sustain the National DPP in high burden populations and communities in New Mexico. The DPCP held online zoom meetings to launch the New Mexico Diabetes Prevention Action Plan which includes objectives and strategies focusing on efforts with tribal and pueblo communities. **Members of Santa Ana Pueblo, San Felipe Pueblo and Ohkay Owingeh** attended the online zoom meetings and received education and information about opportunities to bring evidence-based programs to prevent diabetes to Native American communities.

Estimated FY19 Expenditure: \$2,500

Kitchen Creations Cooking Schools for People with Diabetes (505) 476-7618

Services: Provide Kitchen Creations, a four-session series of cooking classes, for adults with diabetes and their families/caregivers. Instructors focuses on enhancing meal planning and food preparation skills for self-management through four sessions, each lasting 2½ - 3 hours. Nutrition recommendations are in line with current recommendations for people with type 2 diabetes set forth by the American Diabetes Association. Recipes are appropriate for New Mexico's populations and cultures.

Served FY19: A total of 68 American Indians participated in Kitchen Creations. There are three (3) additional Kitchen Creations classes planned for Acoma, Santa Ana Pueblo, and Gallup in FY19.

Data is pending from the two cooking schools in Gallup and in the Pueblos of Laguna and Cochiti since the cooking schools are in progress.

FY19 Expenditure: \$ 19,720 (average cost per person \$290).

Chronic Disease Self-Management Education Programs (505) 841-5859

Services: The Chronic Disease Self-Management Education Programs (CDSMEP) is a group of self-management programs for adults of all ages, including those with disabilities, who are living with one or more chronic health condition that requires daily self-management. Conditions may include diabetes, heart disease, high blood pressure, arthritis, chronic pain, asthma, or cancer. All workshops are led by two trained leaders, at least one of whom has a chronic health condition, and are delivered in community settings such as churches, hospitals, senior centers and worksites. Participants meet for 2-1/2 hours once a week for six weeks. Workshops are highly participative and focus on skill-building and support to help develop participants' confidence in their ability to manage and improve their health.

Served FY19: A total of 11 American Indians participated in a CDSMEP workshop.

Estimated FY19 Expenditure: \$ 3,850 (average cost per person \$350). There is a Chronic Disease Self-Management Program being delivered in Taos Pueblo. Data is pending since the workshop is in progress.

Heart Disease and Stroke Prevention (HDSPP) Program (505) 841-5889

American Heart Association's Go Red for Native American Women (505) 222-8610

Services: The American Heart Association in partnership with the Department of Health's HDSP Program put on the 5th annual Go Red for Native American Women Heart Health Summit on Friday, February 2, 2018. The event was well attended with approximately 263 participants coming from all over the state including pueblos, tribes and nations throughout New Mexico, Arizona and Colorado.

Go Red was developed to bring attention and research dollars to a neglected area: women's heart health. Heart disease is the #1 killer of women and the symptoms of heart attack in women can be more subtle than in men. Event speakers included Kirsten Concha-Moore, a medical student at the University of Arizona, who grew up in the Taos and Jemez pueblos here in New Mexico. She gave an educational session about women and heart disease. Elfeida Barton led an exercise session for participants called "Stay Strong with Movement." Samantha Smith, RD, presented on nutrition heart health facts for Native American women. Two individuals shared their personal stories of how they've been affected by heart disease. One of the women, Barbara, shared how the conference last year saved her life because a few days after the event she had a heart attack, but knew from the conference what the signs and symptoms were and didn't hesitate to call 911.

Served FY19: A total of 190 American Indians participated in the Go Red Event.

Estimated FY19 Expenditure: \$10,000

Million Hearts Workshops (505) 841-5889

Services: Million Hearts is a national initiative launched in 2012 that successfully aligns national cardiovascular disease prevention efforts around a select set of evidence-based public health and

clinical goals and strategies. The Million Hearts 2022 goal is to prevent 1 million heart attacks and strokes by 2022 through optimizing care by using healthcare teams and health information technology; keeping people healthy through promoting healthier levels of sodium consumption increased physical activity and decreased tobacco use; and improving outcomes for priority populations.

As a continuation of last year's efforts, the NMDOH HDSPP, in partnership with the New Mexico Chronic Disease Prevention Council and Indian Health Service (IHS), will provide Million Hearts workshops to IHS service units, wellness centers, and during pueblo health events to raise awareness about this initiative, discuss the importance of self-measured blood pressure monitoring, and demonstrate the proper technique to measure blood pressure at the clinic and at home.

Served FY19: A total of 350 American Indians participated in a Million Hearts workshop or heart health event in FY18. The total number of individuals for FY19 is to be determined.

Estimated FY19 Expenditure: \$50,000

Obesity, Nutrition and Physical Activity Program

Healthy Kids Healthy Communities

(505) 476-7616

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

- **Schools/Childcare:** Establishing and implementing wellness policies to include specific language around healthy eating, physical activity, and staff wellness; procuring local produce for school meals; establishing edible gardens and providing gardening lessons; conducting fruit and vegetable tastings; implementing healthy fundraisers; implementing walk and roll to school programs and in-school walking clubs; establishing safe and active schoolyards that are open for community use; increasing elementary students' participation in the Healthy Kids 5.2.1.O Challenge (eat at least 5 fruits and vegetables a day, trim screen time to 2 hours or less a day, get at least 1 hour of physical activity a day, and drink lots of H₂O every day for 21 consecutive days); working with preschools and Head Start programs to implement the four-week Healthy Kids Healthy Preschool Challenge to increase physical activity to 120 minutes per day and limit screen time to less than 30 minutes per week, and motivating parents/families with preschool-age children that participate in the five-week Family 5.2.1.O Challenge that motivates and encourages families to adopt healthy lifestyle behaviors at home.
- **Food System:** Increasing access to a healthy and affordable food supply by establishing farmers' markets, community gardens, and increasing selection of healthy food options at local grocery stores or establishing mobile grocery stores.

New for FY19: In October 2018, ONAPA partnered with the Eight Northern Indian Pueblo Food Distribution Program on Indian Reservations (FDPIR) and the Cooperative Extension Ideas for Cooking and Nutrition (ICAN) program to begin conducting monthly tasting/cooking and nutrition

education sessions for FDPIR recipients. ONAPA also partnered with Lois Ellen Frank and Walter Whitewater, two Native American chefs, to provide healthy food preparation and nutrition education training for Indian Health Service staff, tribal clinical staff, and community health representatives.

- **Built Environment:** Creating safe and active outdoor space and increasing the number of safe walking and biking routes that connect neighborhoods to schools and other everyday destinations.
- **New for FY19:** In FY19, ONAPA awarded the Zuni Youth Enrichment Project (ZYEP) \$200,000 to implement traditional dance and comprehensive in-school and after-school physical activity programs including soccer and basketball (with a nutrition education and parent engagement component) for students attending the Shiwi T'sana public elementary school in Zuni Pueblo.

Surveillance: ONAPA established the NM childhood obesity surveillance system in 2010. Annual reports have been released each year since 2010 and include statewide obesity prevalence rates for American Indian children who attend public elementary schools selected for statewide surveillance. Rates of childhood obesity and overweight remain high in New Mexico and American Indian students continue to have the highest obesity prevalence rates among all racial and ethnic groups. In 2018, 28.2 percent of American Indian third grade students and 22.5 percent of kindergarten students were obese. The BRFSS collects data on height and weight, providing population-based estimates of body mass index, overweight, and obesity for the adult population. Estimates are available via annual reports and NM-IBIS.

Served FY19: 10,578 tribal members across three communities.

FY19 Expenditures: Total FY19 budget: \$400,000. The three communities also leveraged a large amount of additional funding and resources to support HKHC implementation efforts.

Immunizations

Public Health Division

Immunization Advocacy

(505) 827-0219

Services: Provided immunization education and administered vaccines at approximately 375 outreach events serving both pediatric and adult populations: school-based vaccine clinics, community-located hepatitis A vaccine clinics, and influenza vaccine point of dispensing sites (PODs). Other advocacy activities include the annual “Got Shots?” back-to-school event and collaborations with other agencies on identifying strategies to improve immunization rates.

Ongoing collaboration in the Influenza and Pneumococcal Reduction initiative continues, and Epidemiology and Response Bureau leads the effort in facilitating meetings to ensure the activities outlined in the strategic plan are completed. Reminder-recall postcards are mailed quarterly to increase flu and pneumococcal vaccinations.

The Community Health Worker (CHR) curriculum was developed by Immunization Program staff and our CDC Public Health Advisors to aid CHRs in educating communities about immunizations, including identification and implementation of best practices. In October 2018, CHRs representing several pueblos and tribes participated in a curriculum pilot event; the curriculum was revised based on the feedback from this pilot. A second pilot was conducted on May 29th and 30th 2019. The CHR curriculum will be used to train CHRs and providers in AI/AN communities in dispelling myths and identifying reasons why people are not getting vaccinated.

Served FY19: All American Indian children ages birth through 18 years in New Mexico; children and adults served at outreach sites.

FY19 Estimated Expenditures: \$2,165 in personnel costs for the CHR curriculum.

Vaccines for Children

(505) 827-2898

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

Served FY19: Approximately 81,896 American Indian children ages birth through 18 years.

FY19 Estimated Expenditures: Approximately \$2,172,905.62.

Family Planning Services

Public Health Division

Family Planning Services

(505) 476-8879

This program provides comprehensive family planning services, including clinical reproductive health services, community education and outreach. Technical assistance and funding is provided for the Teen Outreach Program (TOP), a positive youth development program for preventing teen pregnancy and increasing school success, at Laguna-Acoma Junior/Senior High School.

Served FY19: Clinical services for American Indian or Alaska Native; and educational programming for teens.

FY19 Estimated Expenditures: Personnel and administrative costs only

Infectious Diseases

Public Health Division and Epidemiology and Response Division (ERD)

**Infectious Disease Epidemiology Bureau
Epidemiology and Response Division (ERD)**

(505) 827-0006

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

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

Served FY19: All tribes in New Mexico.

FY19 Estimated Expenditures: Personnel and administrative costs only.

HIV Services Program

(505) 476-3628

Services:

1. Provides a comprehensive continuum of HIV support, care and medical services to persons living with HIV (PLWH) through contracts with multi-service HIV Service Provider (HSP) agencies in each region of New Mexico. First Nations Community HealthSource (FNCH) is a funded HSP that specifically targets American Indians in both the Albuquerque metropolitan area and the northwestern part of the state. FNCH provides services from offices in Albuquerque, Farmington and Gallup to serve persons from tribal and urban areas statewide, including the Navajo Nation.
2. The HIV Services Program also funds dental services using state funds and First Nations is also a dental services provider.

Served FY19: Unable to determine unduplicated count.

FY19 estimated expenditures: \$175,000 for HSP contract plus \$9,000 for dental contract with First Nations Community HealthSource. Additional expenditures for American Indians served across all providers in the HSP network.

HIV Prevention Program

(505)476-3624

Services:

1. Provides culturally specific and tailored HIV prevention interventions to American Indians at risk of HIV including gay/bisexual men and transgender persons. Services are delivered via contracts with First Nations Community HealthSource (FNCH) from their offices in Albuquerque, Gallup and Farmington. These providers have adapted evidence-based models to create innovative and effective local programs that are tailored to specific populations. For example, the Nizhoni SISTA intervention is for Navajo and other American Indian transgender women.
2. Delivers culturally competent HIV testing services in the Northwest Region and Albuquerque metropolitan area to expand access via contracts with community-based organizations.

3. Referrals and information about all statewide services for HIV, STD, Hepatitis and Harm Reduction can be found on the searchable website: www.nmhivguide.org.

Served FY19: First Nations provided targeted HIV tests to 330 persons. Unable to determine unduplicated count for participants reached by HIV prevention.

FY19 Estimated Expenditures: \$166,400 for First Nations Community HealthSource to deliver culturally specific prevention programs and HIV testing.

Infectious Disease Prevention Team – NW Region **(505) 722-4391**

Services: Provide sexually transmitted disease (STD), HIV, adult viral hepatitis and harm reduction services to at-risk persons in the Northwest Region, with an emphasis on American Indians living on or near the Navajo Nation. Services include STD, HIV, hepatitis B and hepatitis C screening and testing; hepatitis A and B vaccines; HIV, STD, hepatitis and harm reduction prevention education; STD treatment, partner services, disease investigation and referrals; syringe exchange and overdose prevention services; and other disease investigation and follow-up services.

Served FY19: Unable to determine unduplicated count.

FY19 Estimated Expenditures: Approximately \$165,000 in personnel costs for the regional team

Tuberculosis Program **(505) 827-2473**

Services: Provide technical support and guidance in the provision of care for American Indians with active tuberculosis disease or tuberculosis infection (TBI), contact investigations, and professional training to service providers.

Served FY19: Services available for all tribes within New Mexico.

FY19 Estimated Expenditures: Personnel and administrative costs only.

Nutrition Services

Public Health Division

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

Services: To safeguard the health of nutritionally at-risk, low-income, pregnant, postpartum and breastfeeding women, infants, children, and seniors, by providing nutritious foods to supplement their diets, provide healthy eating information, health counseling, breastfeeding support, cooking classes, and referrals to health care providers and social services. In New Mexico, WIC Programs are also available through Indian Tribal Organizations. Native American families can choose services from either agencies, but not both.

FY19

Services:

Caseload –

- Monthly average 47,000
- **FFY19 Estimated Expenditures:**
- Federal Fund (Admin): \$14,637,715

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

Farmers' Market Nutrition Program (FMNP)

(505) 476-8816

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

FY19 served: 6,711 WIC clients spent \$120,600 at Farmers' Markets in New Mexico.

Senior Farmers' Market Nutrition (SFMNP) (FMNEP) Program and Farmers' Market Nutrition Enhancement Program

(505) 476-8816

Services: Provide USDA funding from NM Department of Agriculture, in the form of a \$25.00 book of checks (up to \$50.00 per household) for income eligible adults 60 and older to spend on fresh fruit and vegetables at authorized Farmers' Markets throughout the state of New Mexico, during the summer growing season.

FY19 served: 13,000 seniors spent \$288,000 at authorized New Mexico's Farmers' Markets.

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

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

Senior Farmers' Market Nutrition Program participating senior centers:

Ohkay Owingeh and San Ildefonso Pueblos.

Pregnancy Support

Public Health Division

Families FIRST

(877) 842-4152

Services: Provides case management services to Medicaid-eligible pregnant women and children 0-3 years. Among the services provided is assistance with the application process for Medicaid eligibility, screening for possible lead exposure, providing developmental screening, and providing education and educational materials related to pregnancy, and child development and safety.

Services are provided in the home, in the local public health office and in other community settings.

Served FY19: Services provided to approximately 51 American Indian families statewide.

FY19: Estimated Expenditures: \$26,000.

School-Based Health Centers

Public Health Division

School-Based Health Centers

(505) 222-8682

Services: Provide integrated primary and behavior health care to school-aged children. Four sites specifically providing oral health services. All SBHCs serving American Indian youth are encouraged to address important cultural and traditional beliefs in their services. **NOTE: All contracts require the contractor to ensure diversity of programs and structure, and programs offered meet the federal cultural and linguistic access standards to serve the target population.**

School Based Health Centers (SBHC) receiving funding from the Office of School and Adolescent health are required to deliver a minimum of eight (8) hours of primary care and eight (8) hours of behavioral health care each week during the school year. Oral health services are optional and are delivered if providers are available. Some sites have been able to add additional hours through other funding sources or through Medicaid reimbursement. All SBHCs are required to screen all students using a health questionnaire designed specifically for adolescents. The screen includes risk assessment for depression, anxiety and suicide. All SBHCs serve students regardless of their ability to pay.

Served FY19: There were Sixteen (16) sites that served a high number (some 100 percent) of American Indian youth: Ruidoso High School, Bernalillo High School, Highland High School, Wilson Middle School, Van Buren Middle School, Native American Charter Academy, Taos High School, Taos Middle School, Mescalero Apache School, Española High School, Carlos Vigil Middle School, Quemado School District, Cobre Schools, Cuba Middle School, Pojoaque High School, and Gallup High School.

FY19 Estimated Expenditure: \$950,000 (for sixteen sites listed above)

NMDOH, Office of School and Adolescent Health (OSAH) actively promotes the following crisis lines to all schools and school based health centers: Agora, located at University of New Mexico (UNM) campus in Albuquerque; NM Crisis and Access Line (NMCAL); and the National Suicide Lifeline. Agora and the National Suicide Lifeline have added an on-line CHAT to their existing call capabilities. This CHAT feature has proven to be a very popular communication venue for teens. Calls are answered by trained professionals and volunteers with supervision and backup by a licensed behavioral health provider.

Screening Programs

Public Health Division

Newborn Genetic Screening Program

(505) 476-8868

Children's Medical Services

Services: New Mexico requires that all newborns receive screening for certain genetic, metabolic, hemoglobin and endocrine disorders. The New Mexico Newborn Screening Program oversees the

bloodspot screening for 27 disorders performed in birthing hospitals. Newborns are also required to be screened for congenital heart defects prior to discharge as well. The program has a nurse consultant who assists with follow-up and access to critical medical care and treatment for newborns identified with a congenital condition.

Served FY19: All newborns are screened for genetic conditions prior to discharge from the hospital. This includes 3,000 American Indian children born in IHS Hospitals and those born in private or public hospitals.

FY19: Estimated Expenditures: \$342,000

Newborn Hearing Screening Program

(505) 476-8868

Children's Medical Services

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

Served FY19: Approximately 200 American Indian children required follow-up services.

FY19: Estimated Expenditures: \$48,730

Children's Medical Services

Public Health Division

Children's Medical Services (NMCMS)

(505) 476-8860

Services: CMS provides safety net services and care coordination to Native American children with special health care needs that meet program eligibility requirements to assist families in accessing health care. CMS social workers coordinate multidisciplinary pediatric specialty clinics serving the Native American population in Southeast, Northwest, Central and North Central areas of New Mexico. The clinics help families access specialty medical care for their children with special needs. Specialty care includes: Cleft Lip and Palate, Genetic, Metabolic, Nephrology, Cardiology, Dysmorphology, Endocrinology, Neurology, Pulmonary and Gastroenterology.

Served FY19: 400 American Indian youth and children with special health care needs statewide.

FY19 Estimated Expenditures: \$75,000. Estimated In Kind Contributions related to NMCMS care coordination for these three (3) programs listed above would be \$1,074,000.

Maternal and Child Health

Public Health Division

Maternal Child Health Epidemiology

(505)476-8895

Services: The Maternal Child Health Epidemiology Program (MCHEP) within the Family Health

Bureau, Public Health Division, regularly collaborates with the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC), Navajo Nation Epidemiology Center (NEC), tribal WIC programs and community organizations such as Tewa Women United for PRAMS surveillance operations and Title V MCH Block Grant monitoring.

In addition, these partners work actively on health equity initiatives to improve reproductive health indicators and reporting in NM. For example, we developed new metrics and adopted validated survey questions on health discrimination to learn more about unequal treatment in perinatal healthcare, and the impact of these experiences on maternal and infant health outcomes. The Pregnancy Risk Assessment Monitoring System (PRAMS) steering committee has statewide representation from stakeholders, including American Indian/Alaska Native (AI/AN) populations. The Navajo Nation Maternal Child Health/ PRAMS work group also convenes MCH staff, monthly.

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

Through ongoing communication and development of multi-jurisdictional data sharing agreements, NMDOH MCH Epidemiology helped lead efforts for a Navajo-specific PRAMS-like surveillance. We worked together with AZ and UT to provide the Navajo Nation Epidemiology Center with technical assistance and agreements for their application to the CDC PRAMS cooperative agreement.

Although the Navajo Nation did not obtain a cooperative agreement with the CDC to conduct PRAMS, the tribal epidemiology center staff worked with NM PRAMS and AASTEC to develop a statewide Native American/American Indian PRAMS surveillance program. MCH staff supported AASTEC in multiple logistical aspects of setting up and operationalizing the study in FY17 and FY18.

Since then, AASTEC's data collection has begun and been in place for over a year. AASTEC has just recently begun to collect their second year of data in April 2019. MCH staff has been available to assist throughout the process. This included helping AASTEC gain access to necessary resources, devoting several man-hours each month for routine operational tasks, and hosting an all-day training on human subjects protections and telephone interviewing.

A highlight of FY19 was the Maternal and Child Health Tribal Symposium held in Albuquerque in November 2018. The symposium was a day and a half event that welcomed various MCH professionals and representatives from tribal communities. MCH staff assisted AASTEC with the planning of the symposium for approximately 6 months and participated in presenting information at the event.

Collaborative meetings with NEC, Navajo WIC, and AZ and UT MCH programs were held twice in

Window Rock, AZ. A meeting focusing on Title V was held in November 2018. In April 2019, representatives from these organizations met with the Navajo First Lady Nez to discuss the activities and goals within our programs.

FY19 objectives in the State Systems Development Initiative (SSDI) included a linkage between birth certificate records and New Mexico's hospitalization and Inpatient Dataset (HIDD) to measure the statewide prevalence of severe maternal morbidity (SMM)

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/severe-morbidity-ICD.htm> and learn more about predictors or underlying conditions reported on the birth certificate. The linkage was completed in October 2018 and preliminary analysis shared with perinatal collaborative leadership and public health practitioners in November 2018. A brief update was shared in the meeting with the Navajo Epidemiology Center and First Lady Nez in April 2019.

In NM, only non-federal facilities are required to report quarterly into the NMDOH hospitalization database (HIDD), but most IHS facilities are voluntarily reporting on an annual basis. And because most severe morbidity incidents occur at non-federal hospitals with sufficient maternal levels of care, the expectation is we will find few additional cases in the IHS files.

Analysis of 2017 SMM corroborate this expectation, except in one case. On the other hand, among the 437 2017 'deliveries' in NM IHS facilities, postpartum hemorrhage (n=48) (without transfusion) was captured in the IHS annual file, indicating a need for IHS inclusion for quality improvement efforts in the Alliance of Innovation for Maternal Health (AIM) hemorrhage bundle. However, based on birth denominator for IHS we know these counts will be inaccurate and not valid for any internal planning or aggregate reporting until updated with the delivery procedures. We will consult with Navajo IHS to obtain a comparison of procedure and CPT codes available in their IHS 'Datamart' and determine next steps.

With complete and cleaned data, we will start sharing AZ, UT and Navajo and Albuquerque area estimates for aggregation of severe maternal morbidity estimates and develop prevention strategies with our tribal partners in FY20.

Served FY19: All federally recognized U.S. tribes.

FY19 Estimated Expenditures: \$65,000 for communication, technical assistance-capacity building, collaborative media development and staff training for both Tribal Epidemiology Centers.

Suicide Prevention

Public Health Division

Suicide Prevention

(505) 222-8683

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

Thirty (30) Natural Helpers Peer-to-Peer Programs were funded including the following predominately NA-serving schools in the 2018-2019 school year:

1. Jemez Valley School District Natural Helpers Program serving nine (9) communities, including Seven Springs, La Cueva, Sierra Los Pinos, Jemez Springs, Ponderosa, Cañon, Jemez Pueblo, San Ysidro and Zia Pueblo.
2. Aztec
3. Kirtland
4. Espanola
5. Pojoaque
6. Farmington
7. Native American Community Academy (NACA)
8. Nambe Pueblo
9. Ruidoso
10. Santa Fe Schools

QPR Suicide Prevention Program Gatekeeper Program was presented to:

1. University of New Mexico:
 - Women's Resource Center
 - Dean of Students
 - Cancer Center
 - Lobo Village Ras
 - Communication & Journalism Department
 - Psychology Clinic
 - Department of Psychology
 - Graduate Students
 - Pre-Med Society
2. Central New Mexico Community College (and satellite campus locations)
3. Highlands University (and satellite locations)
4. Serenity Mesa
5. Southwest Mesa Clinic
6. Transgender Resource Center
7. Albuquerque High School
8. Healthy Families Counseling
9. National Association of Social Workers NM
10. Public Allies of New Mexico
11. Girl Scouts of New Mexico
12. Eldorado High School
13. Moriarty Middle School
14. Native American Community Academy
15. South Valley Academy
16. Manzano High School
17. ACE Leadership High School
18. Health Leadership High School
19. Corrales International School
20. Alice King Community School
21. National Dance Institute of New Mexico

22. La Cueva High School
Served FY19: Over 30 communities annually.
FY19 Estimated Expenditure: \$175,000

Tobacco

Public Health Division

Tobacco Use Prevention and Control Program

(505) 222-8618

Services: Provide activities and services to communities, schools and organizations to promote healthy, tobacco-free lifestyles among all New Mexicans. Does not include tobacco use during religious or ceremonial events.

Surveillance: The NM Behavioral Risk Factor Surveillance System (BRFSS) continues to collect data on tobacco use on an annual basis. Estimates are available via annual reports and NM-IBIS. The Youth Risk and Resiliency Survey (YRRS) collects data on cigarette and other tobacco use among middle and high school students bi-annually. Utilization, satisfaction, and quit rates of QUIT NOW enrollees are also collected by TUPAC and its cessation and evaluation contractors on an ongoing basis. The BRFSS, YRRS, and QUIT NOW all include a race/ethnicity demographic question that includes an American Indian category, and data can be analyzed and reported out accordingly.

TUPAC Anti-Oppression Framework

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

Many institutions inadvertently create systems that can present oppressive obstacles to accessing and providing services. TUPAC operates from the belief that helping our staff, contractors and partners better understand the dynamics of oppression is essential to identifying and addressing the barriers, obstacles and misunderstandings that hold back the development of strong, trusting, and effective partnerships essential to identifying and addressing tobacco-related disparities. Through the incorporation of an [anti-oppression framework](#), TUPAC expects to see the harmful and addictive use of tobacco decrease more rapidly, as tobacco –related health disparities are identified, addressed, and eliminated.

FY19 Services

FY19 services to American Indian populations in New Mexico are provided through contracts and partnerships between TUPAC and Keres Consulting, Inc., Rescue, Oso Vista Ranch Project, Southwest Tribal Tobacco Coalition, and Ohkay Owingeh Diabetes Program. These organizations provide outreach, education, and engagement designed to reach Native Americans to eliminate disparities related to secondhand smoke exposure by

strengthening secondhand smoke protections. TUPAC also contracts with Rescue Social Change Group to engage youth in community awareness and policy development.

Keres Consulting, Inc.

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

In FY19, *Smoke Free Signals* granted ten Community Health Leader (CHL) awards to tribal community champions to work toward a range of secondhand smoke policy initiatives to protect people from exposure to secondhand smoke. FY19 award recipients include:

1. Acoma Pueblo
2. Cochiti Pueblo
3. Kewa Pueblo
4. Laguna Pueblo
5. San Felipe Pueblo
6. Zia Pueblo Pueblo
7. Navajo Nation Littlewater Chapter
8. Native American Community Academy
9. Southwestern Indian Polytechnic Institute (two CHL awards supported this university)

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

In FY19, "Empowering Policy Change," was presented by *Smoke Free Signals* to the following communities.

1. Albuquerque-Area training – for local tribal-serving organizations and neighboring pueblo tribes
2. Cochiti Pueblo
3. Community Health Leadership Program orientation meeting
4. Crownpoint/Gallup – CEU offering
5. Jicarilla Apache Nation
6. Laguna Behavioral Health Prevention Program
7. Native American Community Academy (NACA) – NACA is an Albuquerque-based school with grades 6 through 12 with students from all NM tribes
8. Native American Training Institute (NATI) Annual Conference – NATI provides training in the development and implementation of culture, strengths, and spiritual based programs for Natives and non-native people.
9. Pojoaque Pueblo, Boys and Girls Club & Wellness Program
10. Pojoaque Pueblo, Tribal Administrative staff, HR Director and staff, Executive Assistant
11. Pojoaque Pueblo, Tribal Council, Governor, and all departments of Tribal staff
12. San Felipe Pueblo

13. San Ildefonso Pueblo
14. Zuni Pueblo, Housing
15. Zuni, Teen Health Youth Program

This contractor participated in numerous tribal events to provide education on secondhand smoke protections through environmental policies, including:

1. Acoma Pueblo
2. Crownpoint/Gallup – CEU offering
3. Jicarilla Apache Nation
4. Laguna Pueblo, Behavioral Health Program
5. Laguna Pueblo, Community Event Presentation
6. Mescalero Apache Tribe
7. Pojoaque Pueblo
8. San Felipe Pueblo – CEU offering
9. Santo Domingo (Kewa) Pueblo School, three separate groups of students
10. Santo Domingo (Kewa) Pueblo, Tribal home-based kidney care program*
11. San Ildefonso Pueblo, Have a Heart Campaign Community Event, presentation
12. San Ildefonso Pueblo, Supporting SHS campaign as resource booth, Community Event, health fair, safety day, and planning meeting
13. San Ildefonso – CEU offering
14. Santa Ana Pueblo
15. Tesuque Pueblo
16. Zia Task Force, support to CHL
17. Zia Pueblo, Children’s Health Fair
18. Zia Pueblo, Pueblo Crossroads and Health Fair
19. Zuni Pueblo, Zuni tribal housing
20. Zuni Pueblo, Teen Health and Family Wellness Center (meeting, and presentation)
21. Albuquerque Indian Center
22. Santa Fe Community College – One World, Many Cultures. In Celebration of Unity event
23. Santa Fe Indian School (SFIS) – SFIS is a Santa Fe-based high school with students from all NM tribes
24. Southwest Indian Polytechnic Institute (SIPI) – SIPI is an Albuquerque-based college with students from all NM tribes
25. Albuquerque-Area training – CEU offering for local tribal-serving organizations and neighboring pueblo tribes

Technical assistance was provided to Pojoaque Pueblo by drafting policy language to eliminate cigarettes and e-cigarettes from all tribal buildings.

Most recently, the Pueblo of Acoma passed a proclamation to protect the community from secondhand smoke and e-cigarette aerosols. The proclamation guarantees the control and elimination of commercial tobacco and electronic cigarettes from tribal buildings, community centers, work places, enclosed public spaces, tribal vehicles, schools, day cares, recreational areas, tribal housing, and outdoor tribal program events.

Additionally, *Smoke Free Signals* publishes a bi-monthly newsletter published as part of the TUPAC contract with Keres Consulting, Inc. that supports the work of strengthening secondhand smoke protections in Native American communities. The newsletter is currently distributed to 379 recipients.

Rescue Agency

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

1. Navajo Preparatory School
2. Miyamura High School
3. Newcomb High School

Alere Wellbeing, Inc.

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

To date in FY19, QUIT NOW Cessation Services has provided individual services to 139 Native Americans in New Mexico. The Health Systems Change Training and Outreach Program offers free consultation, technical assistance, and training for tobacco treatment health systems change. The program provides training and outreach curriculum, including pre/post treatment surveys, Brief Tobacco Intervention training for staff and providers, Cessation Services and Referral training for staff and providers. In FY19, five organizations that specifically serve Native Americans participated in the Health Systems Change Training and Outreach Program including:

1. Alamo Navajo Health Center
2. Albuquerque Indian Dental Clinic
3. Albuquerque Indian Health Center
4. Eight Northern Indian Pueblos/Circle of Life North
5. Zia Pueblo – HIS

Oso Vista Ranch Project

Oso Vista Ranch Project provides outreach and technical support for the adoption of smoke-free protections to Navajo Nation. In FY19, Oso Vista Ranch Project has partnered with:

1. Navajo Nation Department of Health
2. Navajo Nation Epidemiology Center
3. Ramah Navajo Community health partners
4. Diné Presenters Group
5. Southwest Tribal Tobacco Coalition

6. New Mexico Indian Affairs Department

Southwest Tribal Tobacco Coalition - Albuquerque Area Indian Health Board

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

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

Ohkay Owingeh Diabetes Program

The TUPAC Program supports the “Have a Heart” campaign, which educates people on the dangers of secondhand smoke for people living with diabetes and asks friends and family to support and respect people living with diabetes by doing their part to keep the air clear of secondhand cigarette smoke. The campaign features heart-shaped pins that are attached to cards which feature artwork by various Native artists from the communities where the cards are being distributed. For each of the past nine years, the Program has supported a different tribal community to promote this important health message. In FY19, TUPAC partnered with Ohkay Owingeh Diabetes Program to promote the message of the “Have a Heart” campaign to the people of the Ohkay Owingeh Pueblo.

NMACTION Conference

The [2019 New Mexico ACTION Conference](#) was held on Monday, May 6 and Tuesday, May 7 at the Albuquerque Marriott Pyramid. The conference was titled, “CONVERGENCE: Weaving partnerships and education to transform community norms through tobacco policy”. The conference offered a tribal track featuring a variety of Native American presenters. The goals of the tribal track were:

- To honor, respect, and value the importance of sacred and ceremonial practices of tobacco among Native Americans.
- To acknowledge history and its implications to address "policy".
- To motivate participants to take action that supports commercial tobacco-free communities

Regis Pecos, from Cochiti Pueblo, was the Conference Keynote Speaker. He delivered an inspirational presentation on importance of including core values in policy development and decision-making.

Estimated Expenditures: \$543,200

Epidemiology and Response Division

Data and Epidemiology Services

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

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

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

Birth and Death Certificates

Epidemiology and Response Division

Bureau of Vital Records and Health Statistics

(505) 827-0121

Services: The Bureau of Vital Records and Health Statistics registers about 2,592 births and 1,539 deaths of American Indians each year. The bureau issues certified copies of birth and death certificates to American Indian families and executes amendments, affidavits of paternity and delayed registration of births to assist American Indians in collaboration with tribal registrars to address issues with record registrations for their administrative and legal needs.

This year, the major initiatives were to conduct six regional delayed birth registration events to assist tribal members in obtaining a Real ID driver's license. One of those events was a multi-day mega event with Arizona, Utah and Colorado Vital Records. Additionally, the Bureau of Vital Records and Health Statistics participated in two regional events to issue birth certificates to pueblos. Vital Records also participated in three Legal Fairs where they partnered with district

courts and attorneys to assist individuals who need either court ordered corrections or legal name changes to their birth certificates.

Served FY19: All tribes in New Mexico.

FY19: Estimated Expenditures: Personnel, travel and administrative costs.

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

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

Since 2001, the NM YRRS has been administered in odd-numbered years. The YRRS is a part of the CDC's Youth Risk Behavior Surveillance System (YRBSS) and collects data on protective factors and health risk behaviors among public middle school and high school students. The YRRS also collects data on health conditions such as asthma, height, and weight, and produces population-based estimates of body mass index, overweight, and obesity. The YRRS has included an expanded sample of American Indian students since 2007.

The survey epidemiologists worked closely with AASTEC, assisting with the design of community YRRS survey protocol and questionnaire that was implemented by AASTEC in several communities across New Mexico. While this is not specifically tribal data, the expanded data collection is centered in geographical areas that will maximize participation by American Indian students, including Cibola, McKinley, Rio Arriba, Sandoval, Santa Fe, Bernalillo, Lincoln, and Otero Counties.

The NM BRFSS has over-sampled American Indian adults since 2004. Each year, the BRFSS Epidemiologist works closely with a CDC sampling statistician to develop a plan to over-sample American Indian adults, thereby providing a more robust sample resulting in improved estimates for this population. The BRFSS collects data on health risk behaviors, health conditions, and height and weight on an annual basis. The BRFSS also provides population-based estimates of body mass index, overweight, and obesity for the adult population. Estimates are available via annual reports and NM-IBIS (New Mexico-Indicator-based Information System).

Served FY19: All tribes in New Mexico.

FY1 Estimated Expenditures: Personnel and administrative costs only.

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

Services: The Community Health Assessment Program (CHAP) maintains the NM-IBIS website, which publicly provides access to public health datasets and information on New Mexico's health issues. Data are made available through IBIS to be used by researchers and community

stakeholders alike. The NM-IBIS website allows the user to query several different data sets by demographic and geographic characteristics. Training and education using the NM-IBIS website and other sources of publicly available is available through the CHAP staff and DOH regional epidemiologists. Data that identifies a specific- tribe is not publicly available, but this information is available to tribes through the IBIS secure tribal query for birth, death, and population data. Additionally, the Tribal Epidemiologist can provide technical assistance to tribes in providing tribe-specific health data. The Tribal Epidemiologist position is supervised by CHAP.

Served FY19 All tribes in New Mexico.

FY19 Estimated Expenditures: In-kind services with Tribal Epidemiologist staff salary.

Tribal Epidemiologist

(505) 476-3654

Services: The job of the Tribal Epidemiologist at the NM DOH is to leverage DOH epidemiology resources to analyze and disseminate health data, provide training in epidemiology and public health assessment, improve disease and injury surveillance and reporting systems, and advocate for utilization of American Indian health data.

The Tribal Epidemiologist works closely with Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) and the Navajo Nation Tribal Epidemiology Center (NEC). In addition to these organizations, the Tribal Epidemiologist provides data and technical assistance to all tribes, nations, reservations and pueblos within New Mexico. The Tribal Epidemiologist maintains NMDOH data sharing agreements with the Albuquerque Area Indian Health Service, the Navajo Area Indian Health Service, and the Navajo Nation Tribal Epidemiology Center in order to facilitate this sharing of data and resources.

In October 2018, a CDC Public Health Associate joined the Community Assessment Bureau under the supervision of the tribal epidemiologist. Currently, she is working on an expansive literature review of NM and tribal alcohol regulation policies and the impact on NM American Indians and Alaska Natives health. She will be in her position for two years working on tribal public health projects.

In fiscal year 2019, the Tribal Epidemiologist provided technical assistance for San Felipe Pueblo Community Assessment.

In June 2019, in collaboration AASTEC, the 3rd Annual Tribal Public Health Emergency Preparedness Conference was held at Buffalo Thunder Resort and Casino. The theme of this year's conference was "Partnering in a Climate of Change."

Served FY19 All tribes in New Mexico.

FY19 Estimated Expenditures: In-kind services with Tribal Epidemiologist staff salary.

NM State Epidemiologist

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

FY19 Estimated Expenditures: In-kind services

Health Systems Epidemiology Program

(505) 827-2642

Services: The Health Systems Epidemiology Program (HSEP) collects data from hospitals as well as other types of healthcare related data within New Mexico. The Hospital Inpatient Discharge Database, or (HIDD) collects tribal affiliation in the state of New Mexico. The HIDD integrates IHS hospitalizations into the state-wide dataset. The dataset is currently being formatted to be publicly available through NM-IBIS in aggregate form. From this dataset, a data request has been fulfilled from a NM tribe requesting information on hospitalizations of their tribal members.

HSEP provided a subset of the HIDD dataset to AASTEC for their work developing an American Indian/Alaskan Native Injury Atlas for the Albuquerque-Southwest area.

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

Served FY19: All tribes in New Mexico.

FY19 Expenditures: Personnel and administrative costs only.

Substance Abuse Epidemiology Section

(505) 827-0017

SAES collects and analyzes data on substance abuse in New Mexico and shares the results with community groups, policy makers, and other stakeholders. Examples of substance abuse data that SAES assesses include alcohol-related death, drug overdose death, excessive alcohol consumption, and naloxone distribution.

Served FY19: Several tribes in New Mexico.

FY19 Estimated Expenditures: Personnel and administrative costs only.

Tribal Cancer Concerns

(505) 827-0006

Services: The Environmental Public Health Tracking Program within the Epidemiology and Response Division of the NMDOH and the NM Tumor Registry convened the Cancer Concerns Work Group (CCW), a cross-agency collaboration. The CCW is comprised of experienced public health professionals with complementary expertise in the areas of epidemiology, environmental and occupational health, toxicology, and health promotion.

The CCW established a formal protocol to address public inquiries about cancer clusters based on recommendations from the Centers for Disease Control and Prevention. The group created standardized protocols to govern investigations, communications, and report templates. Activities have been promoted via online and public meetings. When requested, the CCW has provided tribes, nations, and pueblos with reports about the incidence of cancer in their communities.

Served FY19: Three tribal communities within New Mexico.

FY19 Estimated Expenditures: Personnel and administrative costs only.

Occupational Health:

(505) 827-0006

Services: The Environmental Health Epidemiology Bureau (EHEB) Occupational Health Surveillance Program's Health Educator, provided technical assistance, either by phone or by travelling to communities, on occupational health and safety matters to tribes and educated or consulted on a variety of subjects such as mercury spill response, the development of chemical hazard response plans, and workplace exposures. He presented on the prevention of occupational asthma, and was an invited attendee at a Community Health Representative meeting in December.

Served FY19: Four tribal communities within New Mexico.

FY19 Estimated Expenditures: Personnel and administrative costs only.

Private Wells Program

(505) 841-5894

Services: Provided the New Mexico Private Wells Program private wells and disaster guidelines, including wildfire and flooding, and shared general well owner resources and program response activities during the *New Mexico Tribal Public Health Emergency Preparedness Conference* to about 80 attendees.

Served FY19: All tribal communities within New Mexico.

FY19 Estimated Expenditures: Personnel and administrative costs only.

NM Environmental Public Health Tracking Program:

(505) 827-0006

Services: The New Mexico Environmental Public Health Tracking Program (NMEPHT), within the Environmental Health Epidemiology Bureau (EHEB), Epidemiology and Response Division, has participated in meetings with tribal members in two states to educate on NMEPHT and participate in learning sessions. The EPHT Program Manager participated in a one-day meeting in June 2019 titled: Environmental Public Health tracking in Tribal Lands, co-sponsored by the Arizona Department of Health Services and the Institute for Tribal Environmental Professionals.

Information was presented on the NMEPHT portal, including a demonstration of available data, along with an overview of the EHEB's activities with New Mexico tribes and pueblos. The Program Manager also participated in the planning committee for the meeting. This meeting was a mirror of the Tribal environmental public health tracking symposium meeting held in Albuquerque, September 2018 and co-sponsored by NMDOH and the Albuquerque Area Southwest Tribal Epidemiology Center.

An overview of the NMEPHT was presented, along with information about biomonitoring projects conducted by the Four Corner States Biomonitoring Consortium.

Served FY19: 27 tribal communities within New Mexico (invited), plus tribal communities in Arizona and other states.

FY19 Estimated Expenditures: Personnel and administrative costs only.

Infectious Disease Epidemiology Bureau

(505) 827-0006

Services: Infectious Disease Epidemiology Bureau (IDEB) has been working closely with the Navajo Epidemiology Center (NEC) and Gallup Indian Medical Center (GIMC) on surveillance and investigations of infectious diseases through the New Mexico Electronic Disease Surveillance System NMEDSS system. NMEDSS is a web-enabled database for the tracking and investigation of infectious diseases of public health significance that is maintained at NMDOH.

Indian Health Service staff have been trained to use NMEDSS and GIMC staff have been conducting investigations of all cases of notifiable conditions that reside in their jurisdiction and sending that information back to IDEB for final notification to the Centers for Disease Control and Prevention (CDC).

IDEB staff collaborated with the Navajo Epidemiology Center (NEC) and tribal public health nurses (PHN) to investigate several foodborne illness clusters.

- In January 2019, IDEB was notified of a cluster of *Salmonella* patients that lived on tribal land. All cases were in a national outbreak associated with ground beef consumption. The NEC and tribal PHN worked with IDEB to conduct rapid interviews and collect purchase history from each patient to share with Food Safety Inspection Services to assist with product recall.
- In March 2018, 81 tribal residents attended an event, 43 (53%) became ill with vomiting or diarrhea within 48 hours of the event. An outbreak investigation was organized with the NEC and tribal PHN as soon as IDEB was notified of several people becoming ill after attended the event. Tribal PHN interviewed 72 (89%) of attendees and the NEC organized the responses for NMDOH to analyze. Several food items produced at one facility were implicated. Education was done at the facility to reduce the spread of disease in the future.

From December 2017 to August 2018, IDEB staff worked with Gallup Indian Medical Center and Zuni Indian Hospital in a community-wide outbreak of pertussis. The collaborative effort brought together staff from IDEB, providers from GIMC, Zuni Indian Hospital, the NEC, and tribal members to develop strategies to prevent further transmission and facilitate appropriate response to the outbreak.

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

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

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

Served FY19: All tribes in New Mexico.

FY19 Estimated Expenditures: In-kind services with staff salaries from epidemiologists.

Bureau of Health Emergency Management & Emergency Preparedness Efforts

Epidemiology and Response Division

Cities Readiness Initiative for Medical Countermeasures Dispensing and Public Health Preparedness for

Albuquerque/Bernalillo County Metro Area

(505) 476-8292

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

Served FY19: Pueblos of Cochiti, Isleta, Jemez, Santa Ana, Santo Domingo, Sandia, and Zia.

BHEM's Preparedness Program

(505) 476-8333

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

Served FY19: All New Mexico tribes

Emergency Operations Center Representative (EOCR)

(505) 231-5506

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

- On May 22, 2019, the NMDOH BHEM conducted a Hospital Coalition Surge Test involving all four Hospital Coalitions and their partners around the state. This test also involved Indian Health Service hospitals throughout the state.

Served FY19: All New Mexico tribe

Tribal Public Health and Emergency Preparedness Workshop

Services: The BHEM, New Mexico Indian Affairs Department, and the Indian Health Service conducted the Third Annual Tribal Public Health & Emergency Preparedness Workshop open to the 23 New Mexico Tribes, Pueblos, and Nations. Attendees were able to participate in a number of helpful presentations and activities.

Served FY19: All New Mexico tribes

Injury Prevention Education and Training

Emergency and Response Division

Drug Overdose Prevention Program

(505) 827-6870

Services: The goals of the program are to decrease the number and rate of prescription drug overdose deaths occurring in New Mexico, in part by conducting outreach to Tribes and Pueblos. Presentations were made to increase education about, increase awareness of, and prevent opioid overdose. The audiences were tribal leadership, adult American Indian community members and parents.

The program also facilitated naloxone training for lay first responders and provided free naloxone via collaboration with the SAMSHA-funded NM Behavioral Health Services Division's overdose prevention contractor. The Program conferred with tribal authorities about the state's Good Samaritan Law for possible replication by tribes, promoted increasing the availability of naloxone to reverse opioid overdoses, and promoted use of drug treatment programs.

Served FY19: Cochiti, Jemez, Sandia, Santa Ana, Zia, Santa Clara, Nambe, San Ildefonso, Pojoaque, Tesuque, Santo Domingo, Picuris, and Taos Pueblos

FY19 Estimated Expenditures: Personnel and administrative costs only.

Childhood Injury Prevention

(505) 827-2582

Services: Conducted home/vehicle/personal safety workshops for home daycare providers, home visitors, emergency medical services technicians and paramedics, parents and grandparents for American Indian nations, tribes, and pueblos across the state. Also provided technical consulting for planning and promoting local bicycle use in addition to safety programs and promoting bicycle helmet use.

Served FY19: Served three (3) tribal communities, including Navajo Nation, Tesuque Pueblo and San Domingo Pueblo. in addition to tribal members working for and/or served by nonprofits in urban areas.

FY19 Estimated Expenditures: Personnel and administrative costs only.

Suicide Prevention Program

(505) 827-2488

Services: The program works to reduce the rate of completed suicides and suicide attempts in New Mexico. For the program, there were two convened meetings of the New Mexico Suicide Prevention Coalition, which included participation from various tribes and pueblos and the Indian Health Service. Tribal representatives provided input into the development of the NMDOH Suicide Prevention Strategic Plan.

Served in FY 19: Ohkay Owingeh Pueblo, Kewa Pueblo, Sandia Pueblo, the Navajo Nation, and tribal community members statewide.

FY 19 Estimated Expenditures: Personnel and administrative costs only

Adult Falls Prevention

(505) 476-3042

Services: The program trained medical providers and other medical workers to use the STEADI (Stopping Elderly Accidents, Deaths, and Injuries) programs. This included events in Gallup and Shiprock and some of these trainees will serve American Indians. This program also supported falls prevention events at the Native American Senior Olympics at the Santa Fe Indian School and met with AASTEC staff about falls prevention.

The program also trained instructors in evidence-based exercise-and-balance falls prevention programs, specifically “Tai Ji Quan: Moving for Better Balance”, “A Matter of Balance”, and “Tai Chi for Arthritis”. The instructors then led education and exercise programs.

Served FY19: Trainers who provided training statewide for all racial-ethnic groups, including American Indians.

FY 19 Estimated Expenditures: Personnel and administrative costs only.

Sexual Violence Prevention

(505) 827-2725

Services: The program contracts with community-based organizations to reduce the sexual violence perpetration. This includes conducting evidence-supported sexual violence primary prevention program trainings to elementary, middle, and high school youth; parents and coaches through contracts with Tewa Women United (Española), Sexual Assault Services of Northwest New Mexico, which is in Farmington, and other contracts statewide that serve schools that have American Indian students.

Served FY19: All tribes in New Mexico.

FY 19 Estimated Expenditures: \$90,000

Division of Health Improvement

Division of Health Improvement

(505) 841-5829

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

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

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

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

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

Developmental Disabilities Supports Division

Developmental Disabilities Waiver

877-696-1472

Services: Serve individuals with intellectual disabilities or a related condition and a developmental disability occurring before the individual reaches the age of 22. The program provides an array of residential, habilitation, employment, therapeutic, respite and family support services.

Served FY19: 278 American Indian clients served (Based on Omnicaid Claims Reports through April 2019 – New Mexico Department of Health, Developmental Disabilities Supports Division).

FY19 Estimated Expenditures: \$18,972,740.36 (Based on Omnicaid Claims Reports through April 2019 – New Mexico Department of Health, Developmental Disabilities Supports Division).

Medically Fragile Waiver Services

877-696-1472

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

Served FY19: 12 American Indian clients received services under the Medically Fragile Waiver. (Based on Omnicaid Claims Reports through April 2019 – New Mexico Department of Health, Developmental Disabilities Supports Division)

FY19 Estimated Expenditures: \$220,956. (Based on Omnicaid Claims Reports through April 2019 – New Mexico Department of Health, Developmental Disabilities Supports Division)

Mi Via Waiver

877-696-1472

Services: Provides home and community-based services to individuals qualified for the traditional Developmental Disability and Medically Fragile waivers who select the Mi Via self-direction model of care. Participants on the Mi Via Waiver are allowed more choice, control, and flexibility to plan, budget and manage their own services/supports.

Served FY19: 90 American Indian clients served. (Based on Omnicaid Claims Reports through April 2019 – New Mexico Department of Health, Developmental Disabilities Supports Division)

FY19 Estimated Expenditures: \$4,415,609 (Based on Omnicaid Claims Reports through April 2019 – New Mexico Department of Health, Developmental Disabilities Supports Division)

Family Infant Toddler Program (FIT)

877-696-1472

Services: Serve children from birth to age three with or at-risk for developmental delays and disabilities and their families. The FIT program provides an array of early intervention services, including physical therapy, speech therapy, occupational therapy, developmental instruction, social work, and family service coordination, etc., and services are provided primarily in the home and other community settings.

Served FY19: 1133 American Indian children

FY19 Estimated Expenditures: \$3,691,646.50. Estimates based on 10 months of billed services (July 2018-May 2019). Source: DDSD/FIT, 6/14/2019.

Scientific Laboratories Division

Environmental Analysis

(505)383-9023

Services: Analyze drinking water for chemicals, biological, and radiological testing under Federal Safe Drinking Water Act. Total number of samples was 103 for Total Coliform MMO-MUG and 169 samples for chemical analyses.

Served FY19: Pueblos of Alamo, Salinas, Jemez, and Navajo Nation

FY19 Estimated Expenditures: \$13,818 (Time period July 2018 – May 2019)

Implied Consent Training and Support

(505)383-9086

Services: Provide classes to certify 107 tribal law enforcement personnel as “operators” and “key operators” under the State Implied Consent Act. Certification for operators is two years, certification for key operators is one year. Also, provide certification for breath alcohol test devices used by tribal law enforcement of DWI/DUID programs. Certification of breath alcohol test devices is one year.

Served FY19: Navajo (Shiprock) and Ramah Navajo, Pueblos of Laguna, Santa Clara, Sandia, Santa Ana, Taos, Zuni, Jicarilla Apache Nation, Crownpoint, Ohkay Owingeh, Acoma, Na’ Nizhoozhi Center, Mescalero BIA.

FY 19 Estimated Expenditures: Training and instrument certification/repair \$ 9,192.75. This service does not include costs that are not chargeable due to tribal entities being contributors to the Administrative Office of the Courts.”

Implied Consent Sample Analysis

(505) 383-9086

Services: Analyze blood samples for alcohol and drugs of abuse for impairment testing. Total number of 20 cases.

Served FY19: BIA Southern Pueblos, BIA Mescalero, Isleta Tribal PD, Jicarilla Apache Tribal Police, Laguna Pueblo Tribal Police, Crownpoint Navajo Dept. of Corrections, Shiprock Navajo Dept. of Corrections, Santa Clara Indian Pueblo PD, Ohkay Owingeh PD, Pojoaque Tribal PD.

FY 19 Estimated Expenditures: Cost of these services is a minimal of \$240

Facilities Management

Fort Bayard Medical Center (FBMC)

(575) 537-3302

Services: FBMC is a licensed long-term, intermediate, and skilled care facility. FBMC provides services to elders, veterans, and their spouses and families who can no longer care for themselves. Clinical services offered include short-term rehabilitation, secure memory unit, palliative, and long-term care.

Served FY19: Through FY19 Quarter 3, 12 tribal members from several tribal communities.

New Mexico Behavioral Health Institute (NMBHI)

(505) 454-2100

Services:

NMBHI has five divisions:

- **Center for Adolescent Relationship Exploration (CARE):** Offers residential treatment for young men 13-17 who have caused sexual harm and have a mental health diagnosis. (Served 1 YTD)
- **Long Term Services Division (LTSD):** Offers nursing home care, including skilled nursing services and VA services. (Served 9 YTD)
- **Community-based Services (CBS):** Offers adult outpatient psychiatric treatment, Psychosocial Rehabilitation Services, Comprehensive Community Support Services and rehabilitation services. (Served 14 YTD)
- **Adult Psychiatric Division (APD)-a licensed psychiatric hospital:** Offers acute hospitalization, treatment, and assessment for individuals experiencing an exacerbation of symptoms due to a mental illness. (Served 41 YTD)
- **The Forensic Division-a licensed psychiatric hospital and the only secure locked forensic hospital:** Offers competency restoration through basic medical, psychological, social work, psycho-social rehabilitation and nursing services. (Served 11 YTD)

Served FY19: Through FY19 Quarter 3, 184 tribal members from several tribal communities.

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

Services: Turquoise Lodge Hospital (TLH) provides substance misuse services to adult New Mexico residents 18 years and older in a Tobacco free environment. TLH provides medical detoxification (1-10 day stay), social rehabilitation (18-21 stay), and Intensive outpatient Program (approximately 9 hours a week/3-6 months).

TLH has most recently began a collaboration with Bernalillo County Metro Court where these patients can be prioritized for social rehabilitation service if they meet ASAM 3.5 criteria. TLH anticipates enhancing current outpatient services in the fall, adding an outpatient Medication Assisted Treatment (MAT) clinic.

Served FY19: Through 5/13/19, 80 tribal members, representing 12 New Mexico tribal communities.

New Mexico Rehabilitation Center (NMRC)**(575) 347-3400**

Services: NMRC is a specialty hospital that offers medical rehabilitation to patients with spinal cord injuries, traumatic brain injuries, strokes, orthopedic issues including hip or knee replacement and various other medical conditions that require intensive therapy services. NMRC also offers services a variety of substance abuse programming for adult clients with addiction problems to various drugs and alcohol. Service provisions include inpatient medical detox, 28 day inpatient residential treatment, and Intensive Outpatient Programming.

Served FY19: Through FY19 Quarter 3, 6 tribal members from several tribal communities.

Sequoyah Adolescent Treatment Center (SATC)**(505) 222-0355**

Services: SATC offers residential treatment to adolescent males from the ages of 13 -17. The adolescent must be violent or have history of violence, have a mental disorder or diagnosis, and be amenable to treatment. The adolescent must have the cognitive capacity to benefit from verbal therapies and milieu programming offered at SATC. Normally, this would mean intellectual functioning at least within the borderline range. SATC does not accept admission of adolescents with a diagnosis of a developmental intellectual disability. SATC has an education department which provides education and credit recovery for the adolescents.

Served FY19: Through 5/16/18, 2 tribal members from unknown tribal communities have been served.

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

Services:

- **Customized Community Supports:** Based on the preferences and choices of those served, the LLCP assists adults with developmental and intellectual disabilities to increase independence strengthen the ability to decrease needed paid supports, establish or strengthen interpersonal relationships, join social networks and participate in community life.
- **Community Integrated Employment:** Based on the informed choice of those served, the LLCP assists adults with developmental and intellectual disabilities to become employed in the

community in jobs that increase economic independence, self-reliance, social connections, and career development.

- **Supportive Living:** In the community of choice, the LLCP assists those served to live as independently as possible providing supports designed to assist, encourage, and empower those served to grow and develop, gain autonomy, become self-governing, and pursue personal interests and goals.
- **Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IDD):** ICF/IDD is an intermediate care facility that provides food, shelter, health or rehabilitative and active treatment for individuals with a developmental or intellectual disability or persons with related conditions whose mental or physical condition require services on a regular basis that are above the level of a residential or room and board setting and can only be provided in a facility which is equipped and staffed to provide the appropriate services. The individuals residing in the LLCP ICF/IDD facility are court ordered there for rehabilitation.

Served FY19:

Through FY 19 Quarter 3: 6 individuals residing at Los Lunas Community Program representing 3 New Mexico tribal communities.

Section IV. Key Names and Contact Information

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

Division	Name/Title	Email	Phone
Office of the Secretary	Kathleen M. Kunkel Cabinet Secretary	Kathy.Kunkel@state.nm.us	(505)827-2613
Office of the Secretary	Abinash Achrekar, MD Deputy Secretary	Abinash.Achrekar@state.nm.us	(505)827-2613
Office of Tribal Liaison	Aiko Allen Tribal Liaison	Aiko.Allen@state.nm.us	(505)827-2627
Office of Policy and Accountability	Aryan Showers, Policy Director	Arvan.Showers@state.nm.us	(505)827-2270
	Martin Brown, Deputy Director	Martin.Brown@state.nm.us	(505)476-3656
	Joaquin Baca, Deputy Director	Joaquin.Baca@state.nm.us	(505)827-2358
Office of Health Equity	Joaquin Baca Director	Joaquin.Baca@state.nm.us	(505)827-2358
Public Health Division	Karin Rhoades Division Director	Karin.Rhoades@state.nm.us	(505)827-2389
Public Health Division	Jeff Lara, BS, Deputy Director, Regions	Jeffrey.Lara1@state.nm.us	(505)827-2691
Public Health Division	Cathy Rocke, MBA Deputy Director, Programs	Cathy.Rocke@state.nm.us	(505)827-2334
Public Health Division	Chris Novak, MD, MPH Medical Director	Christopher.Novak@state.nm.us	(505)827-2389
Public Health Division	Heather Black, RN, BSN, BSW Chief Nurse	Heather.Black@state.nm.us	(505)476-3668
Public Health Division, NW Regional Director	Jared Rounsville Region Director	Jared.Rounsville@state.nm.us	(505)841-4110
Public Health Division, NE Region	Nick Boukas Region Director	Nick.Boukas@state.nm.us	(505)476-2659
Public Health Division, SW Region	Dawn Sanchez Region Director	Dawn.Sanchez@state.nm.us	(575)528-5148
Public Health Division, SE Region	Jimmy Masters Director	James.Masters@state.nm.us	(505)347-2409 Ext. 6227
Public Health Division, Population and Community Health Bureau	Britt Catron Judith Gabrielle, Deputy Directors	Britt.Catron@state.nm.us Judith.Gabriele@state.nm.us	(505)222-8671 (505)476-7613

Division	Name/Title	Email	Phone
Public Health Division, Family Health Bureau	Janis Gonzales, MD MPH, Bureau Chief	Janis.Gonzales@state.nm.us	(505)476-8854
Public Health Division, Infectious Disease Bureau	Dan Burke Bureau Chief	Daniel.Burke@state.nm.us	(505)827-2412
Public Health Division, Office of Oral Health	Rudy Blea, BA Program Manager	Rudy.Blea@state.nm.us	(505)827-0837
Public Health Division, Office of Obesity, Nutrition, Physical Activity	Rita Condon, Program Director	Rita.Condon@state.nm.us	(505)476-7623
Public Health Division, Diabetes Prevention and Control Program	Chris Lucero, Diabetes Prevention and Control Manager	Chris.Lucero@state.nm.us	(505)222-8605
Public Health Division, Diabetes Prevention and Control Program	Vonne Strobbe, Tribal Outreach Coordinator, Diabetes Program	Vonne.Strobbe@state.nm.us	(505)841-5888
Public Health Division, Heart Disease and Stroke Prevention Program	Ryan Sanchez, Acting Program Manager	Ryan.Sanchez@state.nm.us	(505)841-5889
Public Health Division, Tobacco Use Prevention and Control	David Tompkins, Manager, Community Health Initiatives	David.Tompkins@state.nm.us	(505)841-5874
Public Health Division, Tobacco Use Prevention and Control	Monica Patten Tribal Outreach Coordinator, TUPAC Program	Monica.Patten@state.nm.us	(505)841-5844
Public Health Division, Office of Community Health Workers	Diana Abeyta Statewide Coordinator, Tribal Coordinator	Diana.Abeyta@state.nm.us	(505)827-0015
Public Health Division, WIC Program	Sarah Flores-Sievers, Director	Sarah.Flores-Sievers@state.nm.us	(505)476-8801
Public Health Division, Farmer's Market Nutrition Programs	Martin Miller, Program Manager	Martin.Miller@state.nm.us	(505)476-8808
Public Health Division, Children's Medical Services	Susan Chacon, Program Manager	Susan.Chacon@state.nm.us	(505)476-8860
Public Health Division, Newborn Genetic and Hearing Screening Programs	Brenda Romero Program Manager	Brenda.Romero@state.nm.us	(505)476-8857

Division	Name/Title	Email	Phone
Public Health Division, Family Planning Program	Susan Lovett Title X Director	Susan.Lovett@state.nm.us	(505)476-8879
Public Health Division, Office of School and Adolescent Health	Jim Farmer, Director	Jim.Farmer@state	(505)222-8682
Public Health Division, Cancer Prevention and Control Program	Beth Pinkerton, Section Head	Beth.Pinkerton@state.nm.us	(505)841-5847
Public Health Division, Breast and Cervical Cancer Early Detection Program	Kristin Hansen, Education and Outreach Manager	Kristine.Hansen@state.nm.us	(505)841-5836
Public Health Division, Hepatitis Program	Dominick Zurlo, Program Manager	Dominick.Zurlo@state.nm.us	(505)827-2507
Public Health Division, HIV, STD and Hepatitis Section	Andrew Gans, MPH Section Manager	Andrew.Gans@state.nm.us	(505)476-3624
Public Health Division, Maternal and Child Health Services	Eirian Coronado, Maternal Health Epidemiologist	Eirian.Coronado@state.nm.us	(505) 476-8895
Public Health Division, Tuberculosis Program	Diana Fortune, RN Manager	Diana.Fortune@state.nm.us	(505)827-2473
Public Health Division, Immunizations Program	Erica Martinez, Manager	Erica.Martinez@state.nm.us	(505)827-2463
Epidemiology and Response Division	Michael Landen, MD, MPH State Epidemiologist and Director	Michael.Landen@state.nm.us	(505)476-3575
Epidemiology and Response Division	Brooke Doman, Tribal Epidemiologist	Brooke.Doman@state.nm.us	(505)476-3654
Epidemiology and Response Division, Environment Health Epidemiology	Heidi Kraphl, Bureau Chief	Heidi.Kraphl@state.nm.us	(505) 476-3577
Epidemiology and Response Division, Office of Injury Prevention	John McPhee, Childhood Injury Prevention Coordinator New Mexico Consumer Product Safety Commission Designee New Mexico Safe Kids Coalition Coordinator	John.McPhee@state.nm.us	(505)827-2582

Division	Name/Title	Email	Phone
Division of Health Improvement	Christopher Burmeister, Director	Christopher.Burmeister@state.nm.us	(505)476-8804
Division of Health Improvement Policy, Planning, Performance	Danny Maxwell, Deputy Director	Danny.Maxwell@stte.nm.us	505) 841-5829
Developmental Disabilities Supports Division	Jason Cornwell Director	Jason.Cornwell@state.nm.us	(505)476-8973
Developmental Disabilities Supports Division	Marc Kolman, Deputy Director	Marc.Kolman@state.nm.us	(505)476-8839
Developmental Disabilities Supports Division	Roberta Duran, Deputy Director	Roberta.Duran@state.nm.us	(505)476-8923
Developmental Disabilities Supports Division	Andy Gomm, FIT Program Manager	Andy.Gomm@state.nm.us	(505)476-8975
Scientific Laboratory Division	Twila Kunde, Interim Director	Twila.Kunde@state.nm.us	(505)383-9003
Scientific Laboratory Division	Deputy Director	Twila.Kunde@state.nm.us	(505)383-9003
Scientific Laboratory Division, Environmental Testing	Dr. Phillip Adams, Chemistry Bureau Chief	Phillip.Adams@state.nm.us	(505)383-9023
Scientific Laboratory Division – DWI	Dr. Rong-Jen Hwang, Toxicology Bureau Chief	Rong.Hwang@state.nm.us	(505)383-9086
Fort Bayard Medical Center	Todd Winder, Administrator	Todd.Winder@state.nm.us	(505)537-8600
New Mexico Behavioral Health Institute	Frances Tweed, Administrator	Frances.Tweed@state.nm.us	(505)454-2100
New Mexico State Veterans Home	Colleen Rundell, Administrator	Colleen.Rundell@state.nm.us	(575)894-4205
New Mexico Rehabilitation Center	Jose Gurrola, Administrator	Jose.Gurrola@state.nm.us	(575)347-3400
Sequoia Adolescent Treatment Center	Carmela Sandoval, Administrator	Carmela.Sandoval@state.nm.us	(505)222-0375
Turquoise Lodge Hospital	Shauna Hartley, LISW, Administrator	Shauna.Hartley@state.nm.us	(505)841-8978
Los Lunas Community Program	Shauna Hartley, Acting Administrator	Shauna.Hartley@state.nm.us	(505)252-1053

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

SECTION V. APPENDICES

A. Brief Description of the Department's Program Areas

PROGRAM AREA: ADMINISTRATIVE SERVICES

The mission of the Administrative Services Division is to provide leadership, policy development, information technology, administrative and legal support to the Department of Health so that the Department achieves a high level of accountability and excellence in services provided to the people of New Mexico. This Division includes the Office of the Secretary, the Information Technology Services Division, the Office of General Counsel, the Office of Policy and Accountability, the Office of Health Equity the Office of Border Health and the Office of the Tribal Liaison.

The Administrative Services Division is responsible for all financial functions of the Department, including management of a \$550 million annual budget and approximately 3,300 employees, appropriation requests, operating budgets, the annual financial audit, accounts payable, revenue and accounts receivable, federal grants management, and financial accounting. It also provides human resources support services and assures compliance with the State Personnel Act and State Personnel Board rules, training, and key internal audits; information systems management for the Department, and legal advice and representation to assure compliance with state and federal laws.

PROGRAM AREA: PUBLIC HEALTH

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

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

PROGRAM AREA: EPIDEMIOLOGY AND RESPONSE

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

PROGRAM AREA: SCIENTIFIC LABORATORY

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

PROGRAM AREA: FACILITIES MANAGEMENT

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

PROGRAM AREA: DEVELOPMENTAL DISABILITIES SUPPORTS

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

PROGRAM AREA: HEALTH CERTIFICATION, LICENSING AND OVERSIGHT

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

PROGRAM AREA: MEDICAL CANNABIS

The Medical Cannabis Program was established in accordance with the Lynn and Erin Compassionate Use Act and is charged with enrolling patients into the medical cannabis program and regulating a system of production and distribution of medical cannabis for patients in order to ensure an adequate supply.

B. Agency Efforts to Implement Policy

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

However, with the signing of Senate Bill 196 (SB196) in March 2009, also known as the State-Tribal Collaboration Act (STCA), a new commitment was established that required the State of New Mexico to work with the Tribes on a government-to-government basis. In the fall of 2009, the Governor appointed several workgroups to address these requirements. An Interagency Group comprised of representatives from NMDOH, Aging and Long-Term Services Department, Children, Youth and Families Department, Department of Veterans' Services, Human Services Department, Indian Affairs Department, Office of African American Affairs, and several tribes, met to develop an overarching policy that:

1. Promotes effective collaboration and communication between the agency and Tribes;
2. Promotes positive government-to-government relations between the State and Tribes;

3. Promotes cultural competence in providing effective services to American Indians; and,
4. Establishes a method for notifying employees of the agency of the provisions of the SB196 and the Policy that the agency adopts.

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

NMDOH will also continue to support other requirements in the State Tribal Collaboration Act such as maintaining a designated Tribal Liaison to monitor and track Indian health concerns. Aiko Allen, MS, was hired in April 2014 as the NMDOH Tribal Liaison. She has met with the Secretary of Health to discuss and formulate action plans to address American Indian health concerns within the State.

C. Agency-specific and applicable/relevant state or federal statutes or mandates related to providing services to American Indians (AI)

The State Maternal and Child Health Plan Act created community health councils within county governments. In 2007, this act was amended to allow allocation of funds for both county and tribal governments to create health councils to address their health needs within their communities.

D. List of NMDOH Agreements, MOUs/MOAs with tribes that are currently in effect.

Tribe	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
Cherokee Nation	MOSAIC (EBT/MIS) WIC Support/Services	NMDOH – CNO MOA	In effect	Brenda Carter Tahlequah, OK Brenda-carter@cherokee.org	(918) 453-5291
Pueblo of Isleta	MOSAIC (EBT/MIS) WIC Support/Services	NMDOH – POI MOA	In effect	Mary Dominguez	(505) 924-3181
Mescalero Apache Tribe	WIC services	MOA	In effect	Barbara Garza	(575) 528-5135
Pueblo of Laguna	Family Infant Toddler Program	Provider Agreement	In effect	Andy Gomm	(505) 476-8975
Mescalero Apache	Family Infant Toddler Program	Provider Agreement	In effect	Andy Gomm	(505) 476-8975
Navajo Nation	Family Infant Toddler Program	MOA	In effect	Andy Gomm	(505) 476-8975
Navajo Nation	STD Investigation and control	Operational partnership	In effect	Antoine Thompson	(505) 722-4391 ext. 117
Mescalero Apache Schools	Primary & behavioral health care in school-based health center	MOA	In effect	Jim Farmer	(505) 222-8682
UNM, Pediatrics, Div. of Prevention and Population Sciences	Teen Pregnancy Prevention Program (TPP) Laguna-Acoma Jr. Sr. High School	Master Services Agreement	In effect	Julie Maes	505-476-8881
Navajo Area Indian Health Service	Receipt, Storage and Staging site for the Strategic National Stockpile program	MOA	In Effect	John Miller	(505) 476-8258
IHS ABQ Area	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
IHS Navajo Area	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
Alamo Navajo School Board	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
Jemez Pueblo	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
Ramah Navajo School Board/Pine Hill Health Center	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
First Nations Community HealthSource	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847

Albuquerque Area Indian Health Board (AAIHB)	Public and professional education on breast, cervical and colorectal cancer screening.	Request for Proposal (RFP)	In Effect	Christine Brown	505-222-8609
Jicarilla Apache Health Care Facility	Influenza Surveillance	PA	In Effect	Diane Holzem	(505) 759-7233
Taos-Picuris Indian Health Center	Influenza Surveillance	PA	In Effect	Ben Patrick	(505) 758-6922
Acoma-Canoncito-Laguna (ACL) Hospital	Influenza Surveillance	PA	In Effect	Tammy Martinez	(505) 552-5355
Connie Garcia	Develop Native American section of NM Cancer Plan; support Cancer Council Native American Workgroup	PSC	In Effect	Christine Brown	(505) 222-8609

E. NMDOH's Tribal Collaboration and Communication Policy

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

Section I. Background

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

- F. The Policy meets the intent of the STCA and defines the Agency's commitment to collaborate and communicate with Tribes.

Section II. Purpose

Through this Policy, the Agency will seek to improve and/or maintain partnerships with Tribes. The purpose of the Policy is to use or build-upon previously agreed-upon processes when the Agency initiates programmatic actions that have tribal implications.

Section III. Principles

- A. **Recognize and Respect Sovereignty** – The State and Tribes are sovereign governments. The recognition and respect of sovereignty is the basis for government-to-government relations and this Policy. Sovereignty must be respected and recognized in government-to-government consultation, communication and collaboration between the Agency and Tribes. The Agency recognizes and acknowledges the trust responsibility of the Federal Government to federally-recognized Tribes.
- B. **Government-to-Government Relations** – The Agency recognizes the importance of collaboration, communication and cooperation with Tribes. The Agency further recognizes that Agency programmatic actions may have tribal implications or otherwise affect American Indians/Alaska Natives. Accordingly, the Agency recognizes the value of dialogue between Tribes and the Agency with specific regard to those programmatic actions.
- C. **Efficiently Addressing Tribal Issues and Concerns** – The Agency recognizes the value of Tribes' input regarding Agency programmatic actions. Thus, it is important that Tribes' interests are reviewed and considered by the Agency in its programmatic action development process.
- D. **Collaboration and Mutual Resolution** – The Agency recognizes that good faith, mutual respect, and trust are fundamental to meaningful collaboration and communication policies. As they arise, the Agency shall strive to address and mutually resolve concerns with impacted Tribes.
- E. **Communication and Positive Relations** – The Agency shall strive to promote positive government-to-government relations with Tribes by: (1) interacting with Tribes in a spirit of mutual respect; (2) seeking to understand the varying Tribes' perspectives; (3) engaging in communication, understanding and appropriate dispute resolution with Tribes; and (4) working through the government-to-government process to attempt to achieve a mutually-satisfactory outcome.
- F. **Informal Communication** – The Agency recognizes that formal consultation may not be required in all situations or interactions. The Agency may seek to communicate with and/or respond to Tribes outside the consultation process. These communications do not negate the authority of the Agency and Tribes to pursue formal consultation.
- G. **Health Care Delivery and Access** – Providing access to health care is an essential public health responsibility and is crucial for improving the health status of all New Mexicans, including American Indians/Alaska Natives in rural and urban areas. American Indians/Alaska Natives often lack access to programs dedicated to their specific health needs. This is due to several factors prevalent among American Indians/Alaska Natives, including but not limited to, lack of resources, geographic isolation, and health disparities. The Agency's objective is to work collaboratively with Tribes to ensure adequate and quality health service delivery in all tribal communities, as well as with individual American Indians/Alaska Natives in urban areas or otherwise outside tribal communities.

- H. **Distinctive Needs of American Indians/Alaska Natives – Compared with other Americans, American Indians/Alaska Natives experience an overall lower health status and rank at, or near, the bottom of other social, educational and economic indicators. American Indians/Alaska Natives have a life expectancy that is four years less than the overall U.S. population and they have higher mortality rates involving diabetes, alcoholism, cervical cancer, suicide, heart disease, and tuberculosis. They also experience higher rates of behavioral health issues, including substance abuse. The Agency will strive to ensure with Tribes the accountability of resources, including a fair and equitable allocation of resources to address these health disparities. The Agency recognizes that a community-based and culturally appropriate approach to health and human services is essential to maintain and preserve American Indian/Alaska Native cultures.**
- I. **Establishing Partnerships – In order to maximize the use of limited resources, and in areas of mutual interests and/or concerns, the Agency seeks partnerships with Tribes and other interested entities, including academic institutions and Indian organizations. The Agency encourages Tribes to aid in advocating for state and federal funding for tribal programs and services to benefit all of the State’s American Indians/Alaska Natives.**
- J. **Intergovernmental Coordination and Collaboration-**
1. **Interacting with federal agencies. The Agency recognizes that the State and Tribes may have issues of mutual concern where it would be beneficial to coordinate with and involve federal agencies that provide services and funding to the Agency and Tribes.**
 2. **Administration of similar programs. The Agency recognizes that under Federal tribal self-governance and self-determination laws, Tribes are authorized to administer their own programs and services which were previously administered by the Agency. Although the Agency’s or Tribe’s program may have its own federally approved plan and mandates, the Agency shall strive to work in cooperation and have open communication with Tribes through a two-way dialogue concerning these program areas.**
- K. **Cultural and Linguistic Competency – The Agency shall strive for its programmatic actions to be culturally relevant and developed and implemented with cultural and linguistic competence.**

Section IV. Definitions

A. **The following definitions shall apply to this Policy:**

1. **American Indian/Alaska Native – Pursuant the STCA, this means:**
 - a) **Individuals who are members of any federally recognized Indian tribe, nation or pueblo;**
 - b) **Individuals who would meet the definition of "Indian" pursuant to 18 USC 1153; or**
 - c) **Individuals who have been deemed eligible for services and programs provided to American Indians and Alaska Natives by the United States public health service, the bureau of Indian affairs or other federal programs.**
2. **Collaboration – Collaboration is a recursive process in which two or more parties work together to achieve a common set of goals. Collaboration may occur between the Agency and Tribes, their respective agencies or departments, and may involve Indian organizations, if needed. Collaboration is the timely communication and joint effort that lays the groundwork for mutually beneficial relations, including identifying issues and problems, generating improvements and solutions, and providing follow-up as needed.**

3. Communication – Verbal, electronic or written exchange of information between the Agency and Tribes.
4. Consensus – Consensus is reached when a decision or outcome is mutually-satisfactory to the Agency and the Tribes affected and adequately addresses the concerns of those affected. Within this process it is understood that consensus, while a goal, may not always be achieved.
5. Consultation – Consultation operates as an enhanced form of communication that emphasizes trust and respect. It is a decision making method for reaching agreement through a participatory process that: (a) involves the Agency and Tribes through their official representatives; (b) actively solicits input and participation by the Agency and Tribes; and (c) encourages cooperation in reaching agreement on the best possible decision for those affected. It is a shared responsibility that allows an open, timely and free exchange of information and opinion among parties that, in turn, may lead to mutual understanding and comprehension. Consultation with Tribes is uniquely a government-to-government process with two main goals: (a) to reach consensus in decision-making; and (b) whether or not consensus is reached, to have considered each other's perspectives and honored each other's sovereignty.
6. Cultural Competence – Refers to an ability to interact effectively with people of different cultures. Cultural competence comprises four components: (a) awareness of one's own cultural worldview, (b) appreciation of cultural differences, (c) knowledge of different cultural practices and worldviews, and (d) honing cross-cultural skills. Developing cultural competence improves one's ability to understand, communicate with, provide services and resources to, and effectively interact with people across cultures.
7. Culturally Relevant – Describes a condition where programs or services are provided according to the clients' cultural backgrounds.
8. Government-to-Government – Describes the intergovernmental relationship between the State, Tribes and the Federal government as sovereigns.
9. Indian Organizations –Organizations, predominantly operated by American Indians/Alaska Natives, that represent or provide services to American Indians and/or Alaska Natives living on and/or off tribal lands and/or in urban areas.
10. Internal Agency Operation Exemption – Refers to certain internal agency operations and processes not subject to this Policy. The Agency has the authority and discretion to determine what internal operations and processes are exempt from this Policy.
11. Internal Tribal Government Operations Exemption – Refers to certain internal tribal government operations not subject to this Policy. Each Tribe has the authority and discretion to determine what internal operations and processes are exempt from this Policy.
12. Linguistic Competence – Refers to one's capacity to communicate effectively and convey information in a manner that is understood by culturally diverse audiences.
13. Participation – Describes an ongoing activity that allows interested parties to engage one another through negotiation, compromise and problem solving to reach a desired outcome.

14. Programmatic Action – Actions related to the development, implementation, maintenance or modification of policies, rules, programs, services, legislation or regulations by the Agency, other than exempt internal agency operations, that are within the scope of this Policy.
15. Tribal Advisory Body – A duly appointed group of individuals established and organized to provide advice and recommendations on matters relative to Agency programmatic action.
16. Tribal Implications – Refers to when a programmatic action by the Agency will have substantial direct effect(s) on American Indians/Alaska Natives, one or more Tribes, or on the relationship between the State and Tribes.
17. Tribal Liaison – Refers to an individual designated by the Agency, who reports directly to the Office of the Agency Head, to:
 - a) assist with developing and ensuring the implementation of this Policy;
 - b) serve as a contact person responsible for maintaining ongoing communication between the Agency and affected Tribes; and
 - c) ensure that training is provided to staff of the Agency as set forth in Subsection B of Section 4 of the STCA.
18. Tribal Officials – Elected or duly appointed officials of Tribes or authorized intertribal organizations.
19. Tribes – Means any federally recognized Indian nation, tribe or pueblo located wholly or partially within the boundaries of the State of New Mexico. It is understood that “Tribes” in the plural form means that or those tribe(s) upon which programmatic actions have tribal implications.
20. Work Groups – Formal bodies and task forces established for a specific purpose through joint effort by the Agency and Tribes. Work Groups can be established to address or develop more technical aspects of programmatic action separate or in conjunction with the formal consultation process. Work groups shall, to the extent possible, consist of members from the Agency and participating Tribes.

Section V. General Provisions

A. Collaboration and Communication

To promote effective collaboration and communication between the Agency and Tribes relating to this Policy, and to promote cultural competence, the Agency shall utilize, as appropriate: Tribal Liaisons, Tribal Advisory Bodies, Work Groups and Informal Communication.

1. The Role of Tribal Liaisons. To promote State-Tribe interactions, enhance communication and resolve potential issues concerning the delivery of Agency services to Americans Indians/Alaska Natives, Tribal Liaisons shall work with Tribal Officials and Agency staff and their programs to develop policies or implement program changes. Tribal Liaisons communicate with Tribal Officials through both formal and informal methods of communication to assess:
 - a) issues or areas of tribal interest relating to the Agency’s programmatic actions;
 - b) Tribal interest in pursuing collaborative or cooperative opportunities with the Agency; and
 - c) the Agency’s promotion of cultural competence in its programmatic actions.

2. **The Role of Tribal Advisory Bodies.** The Agency may solicit advice and recommendations from Tribal Advisory Bodies to collaborate with Tribes in matters of policy development prior to engaging in consultation, as contained in this Policy. The Agency may convene Tribal Advisory Bodies to provide advice and recommendations on departmental programmatic actions that have tribal implications. Input derived from such activities is not defined as this Policy's consultation process.
3. **The Role of Work Groups.** The Agency Head may collaborate with Tribal Officials to appoint an agency-tribal work group to develop recommendations and provide input on Agency programmatic actions as they might impact Tribes or American Indians/Alaska Natives. The Agency or the Work Group may develop procedures for the organization and implementation of work group functions. (See, e.g., the sample procedures at Attachment A.)
4. **Informal Communication.**
 - a) **Informal Communication with Tribes.** The Agency recognizes that consultation meetings may not be required in all situations or interactions involving State-Tribal relations. The Agency recognizes that Tribal Officials may communicate with appropriate Agency employees outside the consultation process, including with Tribal Liaisons and Program Managers, in order to ensure programs and services are delivered to their constituents. While less formal mechanisms of communication may be more effective at times, this does not negate the Agency's or the Tribe's ability to pursue formal consultation on a particular issue or policy.
 - b) **Informal Communication with Indian Organizations.** The State-Tribal relationship is based on a government-to-government relationship. However, in certain instances, communicating with Indian Organizations can benefit and assist the Agency, as well. Through this Policy, the Agency recognizes that it may solicit recommendations, or otherwise collaborate and communicate with these organizations.

B. Consultation

Consultation shall be between the Agency Head and Tribal Officials or their delegated representatives who possess authority to negotiate on their behalf.

1. **Applicability** – Tribal consultation is most effective and meaningful when conducted before taking action that impacts Tribes and American Indians/Alaska Natives. The Agency acknowledges that a best case scenario may not always exist, and that the Agency and Tribes may not have sufficient time or resources to fully consult on a relevant issue. If a process appropriate for consultation has not already begun, through this Policy, the Agency seeks to initiate consultation as soon as possible thereafter.
2. **Focus** – The principle focus for government-to-government consultation is with Tribes through their Tribal Officials. Nothing herein shall restrict or prohibit the ability or willingness of Tribal Officials and the Agency Head to meet directly on matters that require direct consultation. The Agency recognizes that the principle of intergovernmental collaboration, communication and cooperation is a first step in government-to-government consultation, and is in accordance with the STCA.

3. Areas of Consultation – The Agency, through reviewing proposed programmatic actions, shall strive to assess whether such actions may have Tribal Implications, as well as whether consultation should be implemented prior to making its decision or implementing its action. In such instances where Tribal Implications are identified, the Agency shall strive to pursue government-to-government consultation with relevant Tribal Officials. Tribal Officials also have the discretion to decide whether to pursue and/or engage in the consultation process regarding any proposed programmatic action not subject to the Internal Agency Operation Exemption.
4. Initiation – Written notification requesting consultation by an Agency or Tribe shall serve to initiate the consultation process. Written notification, at the very least, should:
 - a) Identify the proposed programmatic action to be consulted upon.
 - b) Identify personnel who are authorized to consult on behalf of the Agency or Tribe.
5. Process – The Agency, in order to engage in consultation, may utilize duly-appointed work groups, as set forth in the previous section, or otherwise the Agency Head or a duly-appointed representative may meet directly with Tribal Officials, or set forth other means of consulting with impacted Tribes as the situation warrants.
 - a) Consultation shall be between the Agency Head and Tribal Officials or their delegated representatives with authority to negotiate on their behalf.
 - b) The Agency will make a good faith effort to invite for consultation all perceived impacted Tribes.
6. Limitations on Consultation –
 - a) This Policy shall not diminish any administrative or legal remedies otherwise available by law to the Agency or Tribe.
 - b) The Policy does not prevent the Agency and Tribes from entering into Memoranda of Understanding, Intergovernmental Agreements, Joint Powers Agreements, professional service contracts, or other established administrative procedures and practices allowed or mandated by Federal, State or Tribal laws or regulations.
 - c) Final Decision Making Authority: The Agency retains the final decision-making authority with respect to actions undertaken by the Agency and within Agency jurisdiction. In no way should this Policy impede the Agency’s ability to manage its operations.

Section VI. Dissemination of Policy

Upon adoption of this Policy, the Agency will determine and utilize an appropriate method to distribute the Policy to all its employees.

Section VII. Amendments and Review of Policy

The Agency shall strive to meet periodically with Tribes to evaluate the effectiveness of this Policy, including the Agency’s promotion of cultural competence. This Policy is a working document and may be revised as needed

Section VIII. Effective Date

This Policy shall become effective upon the date signed by the Agency Head.

Section IX. Sovereign Immunity

The Policy shall not be construed to waive the sovereign immunity of the State of New Mexico or any Tribe, or to create a right of action by or against the State of New Mexico or a Tribe, or any State or Tribal official, for failing to comply with this Policy. The Agency shall have the authority and discretion

to designate internal operations and processes that are excluded from the Policy, and recognizes that Tribes are afforded the same right.

Section X. Closing Statement/ Signatures

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

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

F. Attachment A -Sample Procedures for State-Tribal Work Groups

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

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

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