



State-Tribal Collaboration Act July 31, 2021 Agency Report

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

Tracie C. Collins, MD - Cabinet Secretary

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SECTION I. EXECUTIVE SUMMARY

Accountability for our work on a government-to-government basis is documented 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 reflects the agency's urgent and primary focus on COVID-19 pandemic response. Over the course of COVID spread and mitigation, NMDOH saw the retirement of Kathyleen Kunkel as the Department Secretary, an interim Acting Secretary, Billy Jimenez (NMDOH General Counsel), and the appointment of Tracie C. Collins, MD, MPH, MHCDS as Secretary. Both she and Deputy Secretary Laura Parajon came to the agency from the University of New Mexico (UNM). Dr. Collins came from the College of Population Health and Dr. Parajon from the School of Medicine. As this report is being prepared, Dr. Collins will return to UNM in August. The New Mexico Human Services Department (HSD) Secretary Dr. David R. Scrase, MD will serve as Acting Cabinet Secretary for NMDOH.

Work during the pandemic is the story of essential collaboration among state, federal, and non-profit partners and donors in order to provide direct and immediate testing, shelter for quarantine, and vaccination services along with other humanitarian aid in the form food, water, supplies and other requests to indigenous nations located throughout the state and urban Indian populations.

Hit initially the hardest in terms of number of cases and mortality rates, tribal leadership has led the way in addressing spread and mitigation of the virus to its current low numbers through implementing sound prevention policies and advocating tirelessly in figuring out how to move together as sovereign nations on a government-to-government basis.

From March 2020 to July 2020, NMDOH Infectious Disease Epidemiology Bureau (IDEB) established a group of epidemiologists/staff to assist with data sharing, testing, personal protective equipment and vaccination planning. NMDOH also established a COVID-19 case investigation and contact tracing unit to provide these functions and to work with the Indian Health Service and tribal authorities to assure case investigations and contact tracing was occurring throughout the state.

The IDEB tribal team worked closely with the NMDOH Tribal Liaison in developing a communications mechanism for case notification and decision-making. NMDOH also worked with many of the American Indian populations to assist in the development of their COVID-19 response plans including infection control policies, and isolation and quarantine efforts. The OTL Project Coordinator developed a tracking system for tribal COVID-19 test events and vaccinations among tribal nations that selected NMDOH as their vaccine distribution source. This information was provided on a daily basis to the IAD Secretary and NMDOH Secretary and leadership.

The Bureau of Health Emergency Management (BHEM), Department Operations Center (DOC) was activated on March 9, 2020 in response to the COVID-19 pandemic and worked in support of the State Emergency Operations Center (SEOC). This included the allocation, delivery, and management of COVID-19 testing kits and other medical related missions.

NM Indian Affairs Department (IAD) was engaged throughout the building of a complex system of COVID response with Secretary Lynn Trujillo working with NMDOH Secretaries Kunkel and Collins to assure evaluation and coordination of services.

The Public Health Division (PHD) was all hands-on deck as training was offered to all tribes, pueblos, and nations interested in establishing their own community drive through test site models. At the heart of tribal testing and vaccination was the Indian Health Service (IHS) Albuquerque and Navajo Area. Efforts were made throughout to work with IHS in collaboration with NMDOH and healthcare providers such as Presbyterian Medical Services who offered intensive support for test site events.

NMDOH established an Incident Command System with technical assistance from FEMA. We developed a system for vaccine delivery with consideration of populations, in light of equity and disparities impacting different populations. Tribal protocols were developed.

PHD, Immunizations, Federal Emergency Management Agency (FEMA), and the National Guard vaccine worked together on vaccine access.

Albuquerque Area Indian Health Board, Southwest Tribal Epidemiology Center (AASSTEC) was a key partner supporting contact tracing, case monitoring, overall communication about COVID-19, and tribally tailored educational materials circulated by the Health Department.

NMDOH Information Technology (IT) worked with contractors in creating dashboards and resources about COVID-19. NMDOH IT/ DO-IT worked rapidly to also develop an application system and network so that staff could work remotely when public health orders were initiated to prevent spread of COVID-19 in workplace settings.

Other agencies to acknowledge in the public health response to the pandemic included HSD, Children, Youth, and Families (CYFD), Aging and Long-Term Services Department (ALTSD), Department of Homeland Security and Emergency Management (DHSEM), Department of Tourism, NM Environment Department, and the Public Education Department (PED) worked together to address complex inter-related challenges raised by the pandemic.

As the virus continues to evolve into new strains, the NMDOH Scientific Laboratory Division (SLD) has worked tirelessly to develop processes that support genetic sequencing of the virus and to provide education and communication to partners such as the Navajo Nation Unified Command Group and the tri-state partner lab divisions that share borders with the Nation.

To meet the challenges of the pandemic has meant finding ways to collaborate strategically in leveraging limited resources to their maximum effect and to more fully engage in understanding how to operationalize government-to-government work.

Other Health Status Priorities: Highlights

While the COVID pandemic was the dominant priority since the last STCA agency report, public health priorities in the areas of substance use, suicide prevention, and chronic disease prevention continued. The pandemic compelled the agency to continue its work in a virtual world of on-line meetings through ZOOM and Webex platforms, with most staff working remotely.

Substance Use

The Office of Tribal Liaison (OTL) and the Institute for American Indian Arts coordinated the first roundtable on tribal alcohol-related mortality on a virtual ZOOM platform in September 2020. While opioids have received significant focus nationally, alcohol use and methamphetamines continue to be a high priority over decades. Representatives from 11 tribes, pueblos, and nations participated in the first roundtable in which indigenous perspectives were shared from the spheres of both treatment and prevention of substance use. What is needed to maintain momentum and a sustained focus on this priority emerged as recommendations moving forward. A second roundtable will be held in September of 2021. While the Epidemiology and Response Division (ERD) completed a first statewide survey of treatment facilities, the OTL undertook capacity mapping of prevention resources among indigenous nations in the state.

Tobacco Use Prevention

Services to American Indian populations in New Mexico are provided through contracts and partnerships between NM Tobacco Use Prevention and Control Program (TUPAC) and Keres Consulting, Inc., Rescue Agency, Alere Wellbeing, Inc., Oso Vista Ranch Project, Southwest Tribal Tobacco Coalition, Acoma Health & Wellness Department, and the New Mexico Allied Council on Tobacco. These organizations provide outreach, education, and engagement designed to reach Native Americans to eliminate disparities related to secondhand smoke exposure by strengthening secondhand smoke protections. TUPAC also contracts with Rescue Social Change Group to engage youth in community awareness and policy development.

Chronic Disease Prevention and Risk Reduction

Native American Partnership for Health and Wellness Program (Diabetes, Heart Disease, and Stroke Program)

Due to COVID-19, the Native American Partnership (NAP) core committee held meetings virtually. The committee is made up of volunteers in the tribal community that want to bring health education and community engagement to their own tribes. Currently the committee represents seven different tribal communities including Taos, Jicarilla Apache, San Felipe, Pojoaque, To'Hajiilee, Laguna, and Picuris.

Food Insecurity and Food Deserts in Tribal Communities (Office of Tribal Liaison)

The Office of Tribal Liaison and Keres Consulting, Inc. held the 6th From Field and Range to Market gathering of tribal farmers and ranchers in the state on ZOOM. These gatherings are held to strengthen the business of tribal agriculture. Presenters share their experiences in farming and ranching and how they have addressed challenges as well as found success.

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

The US Department of Agriculture (USDA) provided funding 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 fruits and vegetables at authorized Farmers' Markets throughout the state of New Mexico, during the summer growing season. 18,000 seniors spent \$356,140 at authorized New Mexico's Farmers' Markets. Participating Tribal, Pueblo, and Nation, Farmers' Markets include 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.

Suicide Prevention

The Native American workgroup has established their workgroup structure, are in process of writing their mission and goal statement and are developing a cohesive strategic plan to address suicide in native communities across the state. This workgroup also applied for and received funds from the DOH Office of Injury Prevention to create a Suicide Prevention Resource Guide for Native Americans in New Mexico.

Maternal Morbidity and Mortality

During the 2021 NM legislature, the Maternal Child Health Epidemiology Program (MCHEP), Family Health Bureau staff worked with the NM Birth Equity Collaborative and the Tribal Epidemiology Centers to pass SB 96 to ensure Native American participation on the maternal mortality committee would be institutionalized in statute. Implementation of the statutory rule making and policies will include input from Indigenous Women Rising, Tewa Women United, Changing Woman Initiative and tribal consultants from the NM Doula Association.

SECTION II. AGENCY OVERVIEW/BACKGROUND/IMPLEMENTATION

A. Mission Statement

The mission of 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:

- During the COVID-19 pandemic, the Office of Community Health Workers (OCHW) Tribal Coordinator became aware of the difficult situations the NM tribes were experiencing. The OCHW Tribal Coordinator endeavored to raise money to purchase water tanks for elders on the reservation. The OCHW tribal coordinator also requested and coordinated donations of

food, PPE, water, winter clothing, baby food, formula, blankets, etc., from the Santa Fe area and surrounding communities.

- 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.
- 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
- 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 videoconferencing, and webinars are vehicles through which communication occurs. During the COVID-19 pandemic, communications and activities took place by virtual platform.

SECTION III. CURRENT RESOURCES FOR AMERICAN INDIANS

Public Health Division

Northwest Region

(505)841-4110

Services:

The NW region of the Public Health Division (PHD) provided extensive support to the pueblos and tribal communities in the area throughout FY21 in the form of COVID testing and vaccinations in Bernalillo, Sandoval, Valencia, Cibola, McKinley, and San Juan Counties. Regional public health staff provided extensive COVID-19 testing support to the Navajo Nation, and Zuni, San Felipe, Zia, Santo Domingo/Kewa, Laguna, Sandia, Santa Ana, Acoma, and Laguna Pueblos. PHD supported Jemez and Cochiti Pueblos by assisting them in getting connected to other contracted resources to manage their testing needs.

Only Laguna and Acoma Pueblos requested PHD support for Pfizer, Moderna, and/or Johnson & Johnson COVID-19 vaccinations, which the regional staff provided from December 2020 through May 2021, to ensure that all who wanted vaccine received it. All other tribes and pueblos in NW region received vaccination support from Indian Health Services.

Served FY21: Unable to determine unduplicated count.

FY21 estimated expenditures: Unable to quantify.

Northeast Region

(505)476-2659

Services:

Northeast Region PHD staff collaborated with tribal partners to test a total of 12,477 individuals at eight pueblos and one nation during the course of 60 testing events. This includes 4,480 people at Jicarilla Apache Nation, 975 people at Taos Pueblo, 500 people at Santa Clara Pueblo, 256 people at Nambe Pueblo, 463 people at Picuris Pueblo, 600 people at Tesuque Pueblo, 350 people at San Ildefonso Pueblo, 4,006 people at Pueblo of Pojoaque, and 847 people at Ohkay Owingeh Pueblo.

Northeast regions collaborated with Picuris Pueblo and the Pueblo of Pojoaque to provide vaccinations at 10 vaccination events. A total of 887 individuals were vaccinated at Picuris Pueblo (508) and the Pueblo of Pojoaque (379).

Served FY21: Unable to determine unduplicated count.

FY21 estimated expenditures: Unable to quantify.

Southeast Region

(505) 347-2409

Services:

COVID-19 Testing Efforts

The Southeast and Southwest regions collaborated with the Mescalero Apache to provide testing in the earlier months of the pandemic. Both regions offered up staff (nurses and support staff) who could meet in the middle to assist staff in Mescalero to test their community. Hundreds of community members were tested during a few different events, providing education to everyone to keep safe as the pandemic progressed.

Southwest Region

(575) 528-5148

Services:

For the SW Region we assisted with multiple testing events with both the Mescalero Apache Tribe (total of 2,000 – 2,500 tests) and the Alamo Navajo Tribe (total of 300 tests). We did not assist with any vaccines as vaccinations were covered by I.H.S. although we had offered to assist.

Office of Community Health Workers

(505)827-0015

During the COVID-19 pandemic, the OCHW tribal coordinator became aware of the difficult situations the NM tribes were experiencing. The OCHW tribal coordinator decided to raise money to purchase water tanks for elders on the reservation. Without access to clean water for washing hands, the chances for COVID-19 spreading were greater. The OCHW tribal coordinator also requested donations of food, PPE, water, winter clothing, baby food, formula, blankets, etc., from the Santa Fe area and surrounding communities. The OCHW tribal coordinator also participated in COPE, (community outreach patient empowerment) Program's board meetings. COPE supports Navajo Nation's Community Health Representatives, (CHR) with trainings, COVID-19 contact tracing training, CEU opportunities, etc.

During the Pandemic the OCHW tribal coordinator worked directly with the tribal Community Health Representatives, to determine the greatest need in their respective communities.

The OCHW tribal coordinator:

- Provided CHW certification support, Continuing Education Units, (CEUs) support, etc., to those needing to certify or recertify.
- Collaborated with the DOH, Office of Oral Health to distribute toothpaste, toothbrushes, and educational literature.
- Collaborated with the DOH, Office of Tribal Liaison, (OTL) Project Coordinator who assisted in picking up food donations in the Santa Fe area.
- Delivered twenty (275) gallon water storage tanks (for elders) in the Shiprock Service Unit within Navajo Nation. Delivered three truckloads, and a cargo trailer of food, PPE, water, and clothing.
- Delivered two (275) gallon water storage tanks (for elders) to To'hajiilee, the eastern band of Navajo Nation. A double pane window was provided to an elder for his house in preparation for winter. Clothes, food, water, blankets, and three truckloads of firewood for the elders.
- Delivered eleven (275) gallon water storage tanks to the Crownpoint Service Unit for elders, delivered nine truckloads of firewood to Crownpoint Service unit. Made 10 trips to Crownpoint

with twenty truckloads of clothing, blankets, food, baby food, baby formula, walkers, car seats, toothpaste & brushes, PPE, facemasks, etc.

- Delivered one (275) gallon water storage tank, water, food, PPE, blankets were delivered to the Chaco canyon area for an elder.
- 2000 handmade fabric facemasks were donated and distributed throughout the tribal communities.
- The Tribal Coordinator made and distributed 150 fabric facemasks.
- Delivered one shipment to Zia Pueblo of PPE and cleaning supplies for COVID positive individuals.
- Delivered four truckloads of PPE, clothing, food, and water to Torreon, sent eight truckloads of clothing, housewares, bedding, water, food, beds to Torreon
- Delivered four truckloads of wood to elders at Taos Pueblo. Taos pueblo also received puzzles, food and clothing, magazines, frozen food. Fresh food, PPE, for the elders.
- Delivered five truckloads to Santa Ana Pueblo of food, blankets, water, magazines, puzzle books, tooth paste & toothbrushes, PPE, for elders.
- Delivered four truckloads to Santo Domingo Pueblo of food, dog food, clothing, blankets, toothpaste & toothbrushes, PPE.
- Delivered one truckload to Pojoaque Pueblo, crossword puzzle books, and puzzles, board games, food, water, and blankets, PPE, for elders.
- Delivered one truckload to Jicarilla Apache Nation, PPE, fresh food, dry and canned food, water, toothbrushes & paste.
- Delivered two truckloads to Counselor within Navajo Nation, PPE, frozen food and fresh vegetables, cases of water, PPE, toothbrushes & paste.
- Delivered four truckloads to San Felipe Pueblo, blankets, food, clothing, PPE, books and table games, frozen food, for elders.
- Delivered five truckloads to Cochiti Pueblo, PPE, clothing, food, one bike, frozen food, fresh vegetables, books, puzzles, baby items-formula, bottles, walkers, carriers, baby clothes, etc.

The donations helped:

Cochiti Pueblo- 100 families, and 50 elders

Crownpoint-200 families, and 150 elders

Jicarilla Apache Nation-65 elders

Taos Pueblo-55 elders

Santa Ana Pueblo-60 elders

San Felipe Pueblo-40 families & 25 elders

Santo Domingo Pueblo-50 families & 40 elders

Pojoaque Pueblo-35 elders

Shiprock-90 families & 45 elders

To'Hajiilee-8 elders & one family

Torreon-65 families & 50 elders

Counselor-45 families & 50 elders

Chaco canyon area-One family & one elder

Zia Pueblo-15 COVID positive patients

FY21 Estimated Expenditures: Program fees go to support the administration of the certification process.

Office of Oral Health Population and Community Health Bureau

(505) 827-0837

Each year New Mexico Department of Health (NMDOH), New Mexico Delta Dental, and the Hearst Corporation (KOAT TV Channel 7 Albuquerque) partner and promote oral health during Children's Oral Health Month in February through numerous media outlets. In February 2021, children's oral health month, NMDOH, KOAT TV and the Native American Professional Parent Resources Inc. produced an additional public service announcement featuring Dr. Lisa Begay (Canoncito) to promote Native American oral health.

Services: The Office of Oral Health (OOH) conducted a mobile prevention program targeting pre-school and elementary school aged children statewide. During the FY21 school year 157 American Indian students participated in the program throughout the state. There were fewer participants in the program due to COVID19 school closures. 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. During the reopening of schools OOH staff conducted virtual training classes promoting oral health among Native American Head Start and Navajo Nation Early Childhood Collaboration (children, parent, and teachers).

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

Surveillance: The Behavioral Risk Factor Surveillance System collects statewide 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
https://www.ihs.gov/doh/documents/surveillance/IHS_Data_Brief_Oral_Health_13-15_Year_Old_Follow-Up_to_2013_Survey.pdf IHS Data Brief 2020.

Served FY21: 192

FY21 Estimated Expenditure: \$20,803 funding for direct services and PSA.

FY21 In Kind Expenses: Dental Sealant, Fluoride Varnish, dental clinical supplies, oral health education material.

Cancer

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 Jemez Pueblo Health Center, Alamo Navajo Health Center, First Nations Community Health Source, and at approximately 80 other federally qualified health centers and hospitals throughout the state. Those diagnosed with breast or cervical cancer through the BCC Program may be eligible for Medicaid coverage for treatment of their condition. Also available are public awareness activities and education for tribes interested in increasing community capacity for breast and cervical cancer control.

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

Served FY21 (YTD): 29 American Indian women 21 years of age or older, who live at or below 250 percent of the federal poverty level and are uninsured. To date in FY21, no American Indian women have been diagnosed with invasive breast cancer and no American Indian women have been diagnosed with in situ breast cancer. In addition, no American Indian women have been diagnosed with a pre-cancerous cervical condition or invasive cervical cancer so far in FY21.

FY21 Estimated Expenditure: \$6,205 to date in federal grant and state funds.

Comprehensive Cancer Program

(505) 222-8609

Services: Provide support for culturally and linguistically tailored cancer prevention, risk reduction, and screening education programs in partnership with the Albuquerque Area Indian Health Board (AAIHB). In FY21, AAIHB, with funding from the Comprehensive Cancer Program, hosted the Native American Cancer Education Leadership Institute and provided trainings to field health and ancillary staff (Community Health Representatives, health educators, medical assistants, and others) from the 22 Tribes, Nations and Pueblos in New Mexico about colorectal cancer screening during the COVID-19 pandemic, cancer risk reduction strategies and promotion of the New Mexico Native American Cancer Plan. AAIHB also conducted follow-up with Community Health Representatives who received training by AAIHB during the previous year. In addition, AAIHB provided resources and materials to providers in Indian Health Service and tribal health care facilities in New Mexico highlighting United States Preventive Services Task Force recommendations for breast, cervical and colorectal cancer screening and recommendations from the Advisory Committee on Immunization Practices to support the uptake of HPV vaccination.

The Program also provided financial support to promote a newly developed educational module to support implementation of the New Mexico Native American Cancer Plan in Native communities. Input from community stakeholders from tribal communities and the New Mexico Cancer Council's Native American Workgroup was collected to create and develop this document. In addition, the Program provided administrative support for the Native American Workgroup.

Served FY21: Approximately 250 healthcare providers and 100 community members received information and/or education via programs supported by the Comprehensive Cancer Program; no

community members received direct services through the 2021 meetings of the New Mexico Cancer Council's Native American Workgroup.

FY21 Estimated Expenditures: \$39,500.00 as well as approximately \$500 in DOH staff salaries.

Diabetes & Chronic Disease Prevention and Management Initiatives

Public Health Division

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

Services: One of the Diabetes Prevention and Control Program's (DPCP) strategies is to build capacity for diabetes prevention and management interventions in New Mexico's Native American communities to reduce diabetes-related health disparities. Due to COVID-19, the Native American Partnership (NAP) core committee held meetings virtually. The committee is made up of volunteers in the tribal community that want to bring health education and community engagement to their own tribes. Currently the committee represents seven different tribal communities including Taos, Jicarilla Apache, San Felipe, Pojoaque, To'Hajiilee, Laguna, and Picuris.

Served FY21:

The Native American Partnership kicked off the year with a virtual nutritional seminar and healthy cooking demonstration. The nutritional seminar began with Sarah Falion, a registered dietitian educating the tribal community on healthy eating practices. Mary Silentwalker of the Turquoise Spoon demonstrated how to cook a healthy meal using indigenous foods. Over 75 people registered to attend and more than 25 watched via YouTube hosted on the NAP website. Attendees rated the event highly and more than 80 percent plan to attend future events and will invite friends and family. In addition, NAP established two new partnerships from this event including Laguna Pueblo and Kitchen Creations, which is sponsored by the Diabetes Program. Kitchen Creations offered to bring educational cooking classes to all the pueblos.

Estimated FY21 Expenditure: \$30,000 funds paid by DPCP; \$5,000 funds paid by HDSPP federal funds)

National Diabetes Prevention Program (505) 841-5861

Services: Build capacity to offer an evidence-based lifestyle intervention for preventing type 2 diabetes to communities. The National Diabetes Prevention Program (National DPP) was developed by the CDC for people who have been diagnosed with prediabetes or are at risk based on the CDC risk test. This intensive lifestyle intervention has been adapted from the original Diabetes Prevention Program National Institutes of Health study. The National DPP focuses on assisting

participants with the skills to lose 5-7 percent of their starting weight and to accumulate 150 minutes of moderate physical activity each week.

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

Services: Provide a four-session series of cooking schools for people with diabetes and their families/care givers. Instructors teach appropriate meal planning and address food selection, portion control, techniques of food preparation and new products available to improve the diet of people with diabetes. Recipes are appropriate for New Mexico's populations and cultures.

Served FY21: Many workshops had to be cancelled due to COVID-19. Four (4) American Indians participated during the first nine months of FY21, out of 158 participants. Due to the disproportionate impact of COVID 19 on Native American communities and the difficulty of accessing programs virtually via the internet in some tribal communities, this year was especially challenging to offer these programs.

Estimated FY21 Expenditure:

2021: 100% funded by TSF, average cost per person \$476. This is an estimate of FY21 for American Indian participants of Kitchen Creations Cooking Schools and is higher than usual due to the cancellation of workshops.

Chronic Disease Self-Management Education Programs (505) 841-5841

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

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

Served FY21: A total of five (5) American Indians participated in CDSMEP workshops during the first 10 months of FY21, out of a total of 315 participants.

The impact of COVID 19 resulted in the cancellation of over 15 in-person Chronic Disease Self-Management workshops.

Due to the disproportionate impact of COVID 19 on Native American communities and the difficulty of accessing virtual programs via the internet in some tribal communities, this year was especially challenging to offer these programs. All scheduled in-person workshops on the pueblos and reservations (such as at the Mescalero Apache Reservation, San Felipe Pueblo, Zuni Pueblo, Ohkay Owingeh and in Gallup NM) were cancelled in FY21 due to COVID 19.

Estimated FY 21 Expenditure: \$3,970 (90% from TSF and 10% from General Funds), average cost per person is \$794.

Heart Disease and Stroke Prevention Program (HDSPP) (505) 841-5871

Services:

In recognition of Heart Health month in February 2021, the American Heart Association collaborated with the Department of Health and the Chronic Disease Prevention Council to present the Annual Go Red for Native Women Day. The conference was held virtually on February 5, 2021. Speakers included Dr. Juliana Reece from the Navajo Nation. She shared how symptoms of heart attack in women differ than in men. She also discussed risk factors and talked about how smoking can impact heart health.

Chef Lois Frank and Chef Walter Whitewater held a live cooking demonstration with plant-based native foods including beans, zucchini and corn. Chef Frank focuses on food as medicine and sustainable food systems for Native Americans.

Go Red was developed to bring attention and research dollars to women's heart health. Heart disease is the leading cause of death for women.

Served FY21: Nearly 200 people participated in the virtual conference.

Estimated FY21 Expenditure: \$10,000 (100% federal funds paid by HDSPP)

Obesity, Nutrition and Physical Activity Program Healthy Kids Healthy Communities (505) 476-7616

Services and Interventions:

Since 2010, the New Mexico Department of Health's (DOH) Obesity, Nutrition, and Physical Activity (ONAPA) and Healthy Kids Healthy Communities (HKHC) programs have partnered with two or more Indian Tribal Organizations on healthy eating, physical activity, and obesity prevention. HKHC currently works with Pueblo de San Ildefonso and Zuni Pueblo and focuses obesity prevention efforts in the preschool setting, school setting, food system, and built environment. Key strategies include:

Preschool Setting:

- Establishing and implementing preschool wellness policies that support increased healthy eating and physical activity, decreased screen time, water consumption, breast feeding support, and staff wellness.
- Implementing the Healthy Kids Healthy Preschool Challenge, a 4-week initiative to increase physical activity to 120 minutes per day and decrease or eliminate screen time for preschool age children attending preschools.

- Implementing the Family 5.2.1.O Challenge, a fun four-week initiative supporting parents with children attending preschools to practice healthy habits at home.

School Setting

- Updating, strengthening, and implementing school wellness policies that support healthy eating and physical activity
- Establishing edible school gardens and salad bars
- Purchasing local produce for school meals
- Supporting healthy cafeteria environments
- Nutrition education and fruit and vegetable tastings
- Healthy fundraising
- Implementing the Healthy Kids 5.2.1.O Challenge and Eat Smart to Play Hard social marketing campaign to support healthy habits and family engagement
- Increasing physical activity opportunities before, during, and after school and during the summer
- Events and ongoing programs that promote walking and biking
- Active outdoor school spaces
- Construction of sidewalks and crosswalks to promote neighborhood safety and walkability
- Traditional dance programs

Food System:

- Establishing farmers' markets and community gardens
- Nutrition education including fruit and vegetable tastings or cooking demonstrations
- Establishing and supporting edible gardens in senior centers
- Purchasing local produce for senior meals
- Healthy food preparation and nutrition education training for food service staff at 20 of 59 tribal elder centers since 2019

Built Environment:

- Creating safe and active outdoor spaces, such as parks and trails
- Increasing the number of safe walking and biking routes connecting neighborhoods to everyday destinations

These strategies are culturally and linguistically tailored to better suit the needs of our tribal partners. Nutrition education and fruit and vegetable tastings are conducted in Tewa language at San Ildefonso and Zuni language at Zuni Pueblo. Programming at school and community gardens incorporates traditional foods and traditional garden practices, such as waffle gardening. At Zuni Pueblo, physical activities before, during, and after school incorporate Zuni culture and language. These activities include an after-school sports league, a summer camp, and a traditional dance unit in the middle school. Trail development leverages the spiritual and cultural significance of outdoor spaces and wildlife. In previous years, our partners at Zuni Pueblo developed a 50-mile trail system. In the past year, they maintained the trails and updated the trailheads and markers, incorporating icons and colors with cultural significance.

During the COVID-19 pandemic, ONAPA's tribal partners worked diligently and creatively to adapt these strategies and transition to virtual programming. Pueblo de San Ildefonso secured \$12,000 in grants to purchase local fruits and vegetables for community distribution during COVID-19. They developed invaluable connections with local farmers, which can be leveraged for Farm to School, Preschool, and Senior Center programs in the future. Pueblo de San Ildefonso also provided virtual programming, partnering with a teacher at the San Ildefonso Day School to offer nutrition, health, physical activity, and gardening lessons to students using Google Classroom. They also created a Facebook page to promote HKHC activities, which has supported remote learning and local food access during COVID-19.

Recreation areas at the Pueblo de San Ildefonso were closed during the pandemic. During this time, the Pueblo approved a Master Recreation Plan, outlining trail enhancements across the pueblo and prioritizing the fishing pond and nearby picnic area. Plans will be implemented once recreational areas are opened. Additionally, in 2021 San Ildefonso coordinated with Rocky Mountain Youth Conservation Corps (RMYCC) to plan trail improvements and signage projects in 2022.

During COVID-19, partners at Zuni Pueblo created exercise videos with NM United, the state's professional soccer team; distributed 120 kits to support physical activity at home; conducted a step challenge to promote local trails; and organized a virtual cross-country league. They also developed exercise posters in Zuni and English to send home with students and collaborated with the elementary school to provide high-quality PE instruction remotely. Our Zuni partners also distributed gardening kits and food packages to students and families.

Statewide ONAPA Efforts

In addition to its HKHC program in Zuni and San Ildefonso Pueblos, ONAPA supports healthy eating opportunities in tribal communities across the state. ONAPA partnered with OTL, Aging & Long-Term Services Department (ALTSD), Office of Indian Elder Affairs (OIEA), and DPCP to coordinate and provide healthy, indigenous food preparation training to food service staff from tribal elder centers throughout the state. In 2019 food service staff from 11 ITOs were trained, including Cochiti, Jicarilla-Apache, Mescalero-Apache, Navajo, Ohkay Owingeh, Pojoaque, San Ildefonso, Santa Ana, Santa Clara, Taos, and Tesuque. OTL and DPCP provided \$10,000 in funding for food service training and ALTSD provided technical assistance to revise meal menus at the elder centers that participated in the trainings. Due to COVID-19, in-person trainings were canceled, but virtual cooking sessions were filmed in 2020 and are currently in production to be shared with ALTSD, DPCP, OTL, OIEA. ONAPA is currently planning future in-person trainings for the remaining 39 elder centers.

Additionally, ONAPA promoted healthy eating opportunities in partnership with the Eight Northern Indian Pueblo Council, which represents Taos, Picuris, Nambe, Tesuque, Pojoaque, San Ildefonso, Ohkay Owingeh, and Santa Clara Pueblos. Since 2018, ONAPA collaborated with Eight Northern Indian Pueblo Council's Food Distribution Program on Indian Reservations program (ENIPC-FDPIR) and NMSU's Ideas for Cooking and Nutrition (ICAN) to provide monthly nutrition education and tastings to walk-in participants. Recipes for those tastings were distributed to ENIPC-FDPIR participants each month. ONAPA partnered with ENIPC-FDPIR, the County Ag agent, and ICAN to establish a large community garden at the FDPIR warehouse in Nambe Pueblo. The

garden was maintained and produce was harvested until the COVID shutdown in March 2020. Planning is on-going for re-opening and future nutrition sessions.

Since 2019, ONAPA has partnered with WIC to distribute Senior Farmers' Market Nutrition Program (SFMNP) checks to elder centers in Navajo Nation and ENIPC pueblos near farmers' markets who had not received this benefit previously including Santa Clara, Nambe, and Picuris Pueblos.

Lastly, ONAPA contributed to other efforts described in this report. ONAPA assisted OTL in organizing the Field and Range to Market conference, developing agendas and securing speakers. See the Food Insecurity and Food Deserts in Tribal Communities section for more information. ONAPA also participated in planning for the Native American Partnership for Health & Wellness Promotion conference, providing speakers on community gardens and indigenous cooking. Finally, ONAPA partners at Ohkay Owingeh helped expand the Senior Farmer's Market Nutrition Program to tribal centers in Taos, Tesuque, Nambe and Picuris Pueblos.

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 sampled in statewide surveillance. Rates of childhood obesity and overweight remain high in New Mexico and American Indian students continue to have the highest obesity prevalence rates among all racial and ethnic groups. In 2019, 29.3 percent of American Indian third grade students and 21.5 percent of kindergarten students were obese. Obesity prevalence rates among American Indians may be attributed to disproportionate risk factors, chronic disease burden, and limited access to healthy, affordable food and places to be physically active.

Served FY21: 9,260 tribal members across fourteen ITOs.

FY 21 Expenditures: Total FY 21 budget: \$406,040. Pueblo de San Ildefonso and Zuni Pueblo also leveraged additional funding and resources to support HKHC implementation efforts.

Immunizations

Public Health Division

Immunization Advocacy

(505) 827-2730

Services: Provided immunization education and administered vaccines statewide during many outreach events serving both pediatric and adult populations: school-based vaccine clinics, community-located hepatitis A vaccine clinics, and influenza vaccine point of dispensing sites (PODs). Other advocacy activities include the annual "Got Shots?" back-to-school event and collaborations with other agencies on identifying strategies to improve immunization rates. A project manager is being funded to assist the Office of Tribal Liaison. This position will support coordination of meetings, webinars, and presentations focused on immunization efforts.

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 monthly to increase flu and pneumococcal vaccinations. Due to COVID-19, several outreach events were not held due to state and federal mandates.

Served FY21: All American Indian children ages birth through 18 years in New Mexico; children and adults served at outreach sites.

FY21 Estimated Advocacy Federal Fund Expenditures: \$21,600.00

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 FY21: Due to COVID-19 this number is not available

FY21: Estimated Federal Fund Expenditures: Approximately \$2,801,053.20

Family Planning Services

Public Health Division

Family Planning Services

(505) 476-8882

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

Served FY 21: Clinical services for 169 American Indian or Alaska Native individuals; and educational programming for teens which included 30 American Indian or Alaska Native youth who successfully completed programming.

FY 21 Estimated Expenditures: Personnel and administrative costs only including \$100,300 for the education contract.

Infectious Diseases

Public Health Division and Epidemiology and Response Division (ERD)

Infectious Disease Epidemiology Bureau

(505) 827-0006

Epidemiology and Response Division (ERD)

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

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

Served FY21: All tribes in New Mexico.

FY21 Estimated Expenditures: Personnel and administrative costs only.

HIV Services Program

(505) 476-3628

Services:

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

The HIV Services Program also funds dental services using state funds and First Nations is also a dental services provider.

Served FY21: Unable to determine unduplicated count.

FY21 estimated expenditures: Provider agreement with First Nations for HSP services increased from \$325,000 in SFY 2120 to \$425,000 in SFY 2121. Additional Provider Agreement for dental services in the amount of \$9,000 per fiscal year. Additional expenditures for American Indians served across all providers in the HSP network.

HIV Prevention Program

(505) 476-3624

Services: Provides culturally specific and tailored HIV prevention interventions to American Indians at risk of HIV including gay/bisexual men and transgender persons. Services are delivered

via contracts with First Nations Community Health Source (FNCH) from their offices in Albuquerque, Gallup and Farmington. These providers have adapted evidence-based models to create innovative and effective local programs that are tailored to specific populations. For example, the Nizhoni SISTA intervention is for Navajo and other American Indian transgender women.

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

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

Served FY21: Testing statewide decreased dramatically across all sites and populations in 2020 due to the COVID-19 pandemic. Unable to determine unduplicated count for participants reached by HIV prevention.

FY21 Estimated Expenditures: \$166,900 for First Nations Community HealthSource to deliver culturally specific prevention programs and HIV testing.

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

Services: Provide sexually transmitted disease (STD), HIV, adult viral hepatitis and harm reduction services to at-risk persons in the Northwest Region, with an emphasis on American Indians living on or near the Navajo Nation. Services include STD, HIV, hepatitis B and hepatitis C screening and testing; hepatitis A and B vaccines; HIV, STD, hepatitis and harm reduction prevention education; STD treatment, partner services, disease investigation and referrals; syringe exchange and overdose prevention services; and other disease investigation and follow-up services. **Served FY21:** Unable to determine unduplicated count.

FY21 Estimated Expenditures: Approximately \$235,000 in personnel costs for the regional Disease Prevention Team.

Tuberculosis Program **(505) 827-2471**

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

Served FY21: Services available for all tribes within New Mexico.

FY21 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.

FY21 Services:

Caseload--

Monthly average

38,000

FY21 Estimated Expenditures:

- Federal Fund (Admin): \$14,063,112
- Federal Fund (food): \$15,615,608
- Total Federal Funds: \$29,678,720
- State General Fund: \$179,354

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.

FY21 served: 5,000 WIC clients spent \$89,868 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.

FY21 served: 18,000 seniors spent \$356,140 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 is now in ECECD.

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 FY21: 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.

FY21 Estimated Expenditure: \$1,150,000 (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.

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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 2020-2021 school year:

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

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

Served FY21: Over 30 communities annually.

FY21 Estimated Expenditure: \$350,000

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 FY21: 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.

FY21: 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 FY21: Approximately 200 American Indian children required follow-up services.

FY21: 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 FY21: 400 American Indian youth and children with special health care needs statewide.

FY21 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-based organizations such as Tewa Women United for PRAMS surveillance operations and Title V Maternal Child Health (MCH) Block Grant monitoring.

Since 2011, New Mexico MCHEP staff have worked in formal partnership with the TECs to improve survey participation and have sustained significant representation of Native women in New Mexico PRAMS. Together with the TECs, PRAMS staff continuously improve survey development, revision and data translation. The Pregnancy Risk Assessment Monitoring System (PRAMS) steering committee has statewide representation from tribal stakeholders, including American Indian/Alaska Native (AI/AN) populations. The Navajo Nation Maternal Child Health/ PRAMS work group also convenes AZ and NM Title V and MCHEP staff, monthly. We work in a consensus-based manner to establish in-kind and compensated contributions from NEC and AASTEC staff for data sharing and shared analysis products (e.g. Navajo PRAMS Surveillance report 2012-2018 births). We work across all three sites to develop media and data or policy applications with organizations serving Native American women, statewide and with staff of state and tribal WIC programs.

In 2017, the NM Tribal PRAMS Study began with a census of all NM Native American women giving birth, except Navajo women, of whom 50% are randomly selected. Native American women participating in the NM state PRAMS and in the NM Tribal PRAMS contribute to aggregated responses from both studies (using identical survey instruments) and can be reported in a unified data output. Results were shared at the Second Annual Tribal PRAMS Symposium in February 2020 which was planned by the Albuquerque Area Southwest Tribal Epidemiology Center with support from MCEHP PRAMS staff. Over 200 health and human services staff, CHRs, tribal serving organizations and MCH researchers participated in the 2018 and in the 2020 symposia. A 2021 Tribal PRAMS symposium has not been possible during the COVID-19 pandemic, but NMDOH and TEC surveillance staff are working together to plan a webinar series, which will feature PRAMS data, data to action and policy applications related to maternal and child health.

Title V Maternal Child Health Block Grant

MCHEP and other FHB staff conducted a five-year statewide maternal child health needs assessment in 2019-2020, which was completed and submitted to the Health Resources Service

Administration (HRSA) in September, 2020. Community and government-based tribal partners were consulted during the entire planning and implementation periods, and community input was gathered in a culminating survey with participation from residents in 17 tribal nations, bands or tribes. NM Title V/MCHEP staff coordinated with the AZ Title V, Dine College and Navajo Epidemiology Center staff in a comprehensive Navajo-area MCH needs assessment, which was completed in August 2020 and helped fulfill the NM Title V objectives to set priority areas for the next five years. The consulting agencies continue to meet monthly to share cross-jurisdictional data and assessments as well as opportunities for community input for the partnering Title V programs.

Maternal Morbidity and Mortality

MCHEP staff coordinated the CDC Preventing Maternal Deaths grant and the Maternal Mortality Review Grant in FY21, and staff participate in the monthly executive planning group of the mortality review. During the 2021 NM legislature, MCHEP staff worked with the NM Birth Equity Collaborative and the Tribal Epidemiology Centers to pass SB 96 to ensure Native American participation on the maternal mortality committee would be institutionalized in statute.

Implementation of the statutory rule making and policies will include input from Indigenous Women Rising, Tewa Women United, Changing Woman Initiative and tribal consultants from the NM Doula Association.

Although only four years of NM maternal death data have been reviewed, national findings indicate that Black and Native American women experience two to three times higher prevalence of pregnancy-related deaths, and NM severe maternal morbidity analysis reveals the same pattern among near-miss or acute medical hospitalizations during pregnancy or postpartum. New Mexico maternal mortality review analysts have been supporting a maternity safety bundle quality improvement initiative to address these disparities and to prevent pregnancy-related deaths among the NM birthing population.

COVID-19 and Pregnancy Case Tracking

MCHEP analysts have been developing pregnancy monitoring and follow up protocols to standardize data collection for COVID-19 cases where the case was pregnant or postpartum. The TEC and MCHEP staff modified the CDC COVID-19 pregnancy supplement and the CSTE PRAMS COVID-19 supplement to ascertain pregnancy experiences, birth outcomes and postpartum health status of women who had COVID-19 during pregnancy. The protocols require that cases under non-Navajo tribal jurisdiction are handled by AASTEC epidemiologists and that Navajo area cases are handled by MCHEP staff, including a Navajo Epidemiology Center project director, who work together in close communication. Results will be summarized and shared with all three public health authorities in March 2022. Aggregate summaries will be shared with health providers, birth workers, and policy makers to inform future emergency preparedness and to improve access to perinatal services.

Data translation

The FY21 objectives to make maternal and child health data accessible and user friendly expanded on technical assistance from Wayfinder Media to develop a Title V website and data dashboards. These web-based enhancements allow public health partners to share results from NM and Tribal PRAMS and national datasets pertaining to the NM birth and early childhood populations. The website has been developed to make reports and data queries from NMDOH and TECs consolidated

and more accessible. Policy and service resource directories related to perinatal services, maternity safety programming, pregnancy accommodations, lactation support, home visiting and primary care provision continue to highlight data to action with direct service impact.

Workforce Development

Staff at the University of New Mexico College of Population Health, MCH Epidemiology and the TECs launched an inaugural competitive **MCH Epidemiology Traineeship** in February 2020. The first cohort of five minority students were placed in internship positions with NMDOH and the TECs or partnering tribal organizations. Three students were Native American and are pursuing advanced degrees in medical and public health programs. The second cohort began in January 2021, and five students were selected to participate on COVID-19 case protocols, policy analysis, and PRAMS data applications in public health.

Served FY21: All federally recognized U.S. tribes for NM residents.

FY21 Estimated Expenditures: \$95,000 for communication, technical assistance-capacity building, collaborative media development and intern training with both Tribal Epidemiology Centers and with the UNM College of Population Health.

Tobacco

Public Health Division

Tobacco Use Prevention and Control Program

(505) 222-8618

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

Surveillance: The NM Behavioral Risk Factor Surveillance System (BRFSS) continues to collect data on tobacco use on an annual basis. Estimates are available via annual reports and NM-IBIS indicators. The Youth Risk and Resiliency Survey (YRRS) collects data on cigarette and other tobacco use among middle and high school students biennially, most recently in Fall 2019 and with plans underway for the next administration in Fall 2021. TUPAC provides funding that supports both the BRFSS and YRRS. Utilization, satisfaction, and quit rates of QUIT NOW enrollees are also collected by TUPAC and its cessation and evaluation contractors on an ongoing basis. The BRFSS, YRRS, and QUIT NOW all include a race/ethnicity demographic question that includes an American Indian category, and data can be analyzed and reported out accordingly.

TUPAC Anti-Oppression Framework

TUPAC works to identify and eliminate tobacco-related health disparities among population groups that have been targeted by the tobacco industry. Key to addressing this goal is the development of

strong, trusting partnerships, often with groups of people that have a history of being oppressed, marginalized, and having promises on treaties broken by government agencies.

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

In FY21, TUPAC funded the annual anti-oppression training examined how mitigating white supremacy culture and behaviors will work to foster the development of caucus and affinity spaces.

FY21 Services

FY21 services to American Indian populations in New Mexico are provided through contracts and partnerships between TUPAC and Keres Consulting, Inc., Rescue Agency, Alere Wellbeing, Inc., Oso Vista Ranch Project, Southwest Tribal Tobacco Coalition, Acoma Health & Wellness Department, and the New Mexico Allied Council on Tobacco. These organizations provide outreach, education, and engagement designed to reach Native Americans to eliminate disparities related to secondhand smoke exposure by strengthening secondhand smoke protections. TUPAC also contracts with Rescue Social Change Group to engage youth in community awareness and policy development.

Keres Consulting, Inc.

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

In FY 21, *Smoke Free Signals* granted 12 Community Health Leader (CHL) awards to tribal community champions to work toward a range of secondhand smoke policy initiatives to protect people from exposure to secondhand smoke. FY 21 award recipients include:

1. Acoma Pueblo (two CHL awards supported this tribe)
2. Jemez Pueblo (two CHL awards supported this tribe)
3. Laguna Pueblo
4. Pojoaque Pueblo
5. Taos Pueblo
6. Zia Pueblo

7. Navajo Nation Tooh Haltsooi Council of Naataanii Chapter
8. Navajo Nation Shiprock Chapter
9. Navajo Nation Eastern Agency
10. Navajo Nation To'hajiilee Chapter

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

In FY 21, "Empowering Policy Change," was presented by *Smoke Free Signals* to the following communities. Note that all presentations from March 2020 onward were cancelled due to COVID-19.

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

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

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

In FY 21, the Naataanii Chapter passed a tobacco free resolution, prohibiting all forms of tobacco, inclusive of smokeless and e-cigarettes, in public places. The resolution was supported with custom signs for Naataanii Chapter stating the resolution number and previous Navajo Nation executive order number. No tobacco-use signs have been hung in conspicuous places including at the flea market, Chapter House, wellness center, warehouse, senior center, visitor center, and headstart. Naatannii Chapter's CHL is teaming with Navajo Nation Delegate Crotty to have the Northern Agency adopt this resolution (extending existing no tobacco policy to be 100% with e-cigarettes and smokeless tobacco) to the Northern Agency, which will then be brought to Navajo Nation at large for consideration of implementation.

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

Additionally, *Smoke Free Signals* publishes a bi-weekly newsletter published as part of the TUPAC contract with Keres Consulting, Inc. that supports the work of strengthening secondhand smoke protections in Native American communities. The newsletter is currently distributed to 417 recipients.

Rescue Agency

The TUPAC Program contracts with Rescue Agency to support youth engagement through [Evolvement](#), which activates the power of local youth leaders to contribute to behavior change through policy change and health education, while providing leadership and skill-building to youth members. Evolvement partners with:

- Navajo Preparatory School
- Newcomb High School

Youth from Newcomb and Navajo Preparatory Schools made up 25% of Evolvement New Mexico Leadership Team in FY21.

Evolvement students work directly on the [24/7 Tobacco-Free Schools](#) initiative. The following are events, presentations and efforts for the 24/7 Tobacco-Free Schools campaign:

- Newcomb Parent Teacher Conference Event
- Southwest Tribal Tobacco Coalition Presentation (virtual)
- Student outreach to Navajo Prep principal and school board on policy change
- Navajo Prep student participation in Santa Rosa board meeting
- Two Bloomfield board meetings & comprehensive tobacco-free policy adoption
- Two Grants-Cibola Board Meetings

Evolvement students work directly on the [No Minor Sale](#) initiative. The following are events, presentations and efforts for the No Minor Sale campaign:

- Southwest Tribal Tobacco Coalition Presentation
- Three Navajo Preparatory School virtual classroom presentations

- Brief presentation with the New Mexico Alliance of Health Councils, which includes the To'hajiilee Health Council, the San Ildefonso Health Council, and the Taytsygeh Oweengeh Health Council

Optum

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

To date in FY 21, QUIT NOW Cessation Services has provided individual services to 118 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 FY21, fourteen (14) organizations that specifically serve Native Americans participated in the Health Systems Change Training and Outreach Program including:

1. Albuquerque Indian Dental Clinic
2. Albuquerque Indian Health Center
3. El Pueblo Health Services
4. Jemez Comprehensive Health Center
5. Jicarilla Behavioral Health
6. Jicarilla Department of Corrections
7. Mescalero Apache Tribe
8. Mescalero Community Health Representative Program
9. Native American Community Academy
10. Northern Navajo Medical Center
11. Pueblo of Acoma
12. Pueblo of Isleta Health Center
13. Pueblo of Laguna
14. Taos Pueblo

Oso Vista Ranch Project (OVRP)

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

In FY21, OVRP contacted and provided 2 Diné serving schools with requested TUPAC materials.

Virtual group presentations were delivered to Ramah Navajo Wellness Center's Youth Leadership Program, Ramah Navajo Social Services families, Pine Hill School Athletes, eighth grade graduating class, high school seniors graduating class and Pine Hill School's high school graduation

ceremony. All presentations were done by Diné comedian Ernie Tsosie. These presentation included information regarding the dangers of commercial tobacco use.

OVRP worked with Diné comedian, Ernie Tsosie, to develop and produce three 8-10 minute commercial tobacco prevention educational videos on the following topics: vaping and e-cigarettes, spit tobacco, cigarettes and the dangers of commercial tobacco use. There videos were shared with Rehoboth School and Pine Hill School. Both are Dine serving schools.

OVRP also shared commercial tobacco prevention training resources with the Ramah Navajo Wellness Center and Pine Hill Schools staff and attended and contributes to both the Southwest Tribal Tobacco Coalition and NM ACTION gatherings.

Southwest Tribal Tobacco Coalition

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

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

Acoma Health & Wellness Department

The TUPAC Program supports the “Have a Heart” campaign, which educates people on the dangers of secondhand smoke for people living with diabetes and asks friends and family to support and respect people living with diabetes by doing their part to keep the air clear of secondhand cigarette smoke. The campaign features heart-shaped pins that are attached to cards which feature artwork by various Native artists from the communities where the cards are being distributed. For each of the past ten years, the Program has supported a different tribal community to promote this important health message. In FY 21, TUPAC partnered with the Acoma Health & Wellness Department to promote the message of the “Have a Heart” campaign to the people of the Acoma Pueblo. The campaign was interrupted due to COVID-19 restrictions. The campaign will resume in will resume in July, FY22.

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

Epidemiology and Response Division

Birth and Death Certificates | Epidemiology and Response Division

Served: All tribes

Bureau of Vital Records and Health Statistics

(505) 827-0121

Services: The Bureau of Vital Records and Health Statistics (BVRHS) registers about 2,665 births and 1,617 deaths of American Indians each year. The bureau issues certified copies of birth and death certificates to American Indian families and executes amendments, affidavits of paternity, and delayed registration of births to assist American Indians in collaboration with tribal registrars to address issues with record registrations for their administrative and legal needs. Our major initiatives continue to focus on conducting registration and issuance assistance to tribal members, especially in obtaining a Real ID driver's license. Although the COVID-19 pandemic suspended in-person outreach events to tribal members, BVRHS worked to provide support and assistance virtually throughout the pandemic with the anticipation of continuing in-person assistance and events when allowed to host live events again. Although the need for birth certificates has decreased a little throughout the pandemic, the BVRHS has been working with funeral homes and various tribal affiliates to ensure timely death records are entered and certified death certificates are issued or easily accessible for individuals. Furthermore, as Pueblo leadership officials and tribal enrollment staff continue the transition and adjusting to the transition from paper to electronic registration procedures, BVRHS continue to assist with training, registration issues, and help-desk ticket issues to resolve problems efficiently and effectively.

Served FY21: All tribes in New Mexico.

FY21: Estimated Expenditures: Personnel and administrative costs.

Data and Epidemiology Services | Epidemiology and Response Division

Served: All tribes

The Epidemiology and Response Division (ERD), as well as other epidemiologists within DOH are committed to serving tribal communities. Bureaus within ERD conduct epidemiological surveillance within tribal communities and use these data to assess health related trends and disparities within the State of New Mexico. DOH's Tribal Epidemiologist works with other epidemiologists to monitor and track the health status of tribal communities in New Mexico. Tribes may access specific data

through the Tribal Epidemiologist. The DOH maintains close partnerships with New Mexico's two Federally funded tribal epidemiology centers: the Albuquerque Area Southwest Tribal Epidemiology Center and the Navajo Nation Epidemiology Center.

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

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

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

Since 2001, the NM YRRS has been administered in odd-numbered years. The YRRS is a part of the CDC's Youth Risk Behavior Surveillance System (YRBSS) and collects data on protective factors and health risk behaviors among public middle school and high school students. The YRRS also collects data on health conditions such as asthma, height, and weight, and produces population-based estimates of body mass index, overweight, and obesity. The YRRS has included an expanded sample of American Indian students since 2007. The survey epidemiologists worked closely with AASTEC, assisting with the design of community YRRS survey protocol and questionnaire that was implemented by AASTEC in several communities across New Mexico. While this is not specifically tribal data, the expanded data collection is centered in geographical areas that will maximize participation by American Indian students, including Cibola, McKinley, Rio Arriba, Sandoval, Santa Fe, Bernalillo, Lincoln, and Otero Counties.

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

The survey operations unit which collects NM BRFSS data occasionally administers other surveys. Most, recently the survey unit collected data for the Albuquerque Area Southwest Tribal Epidemiology Center with the target population being American Indians who live on tribal lands.

This survey was similar to the NM BRFSS and will provide data on health risk behaviors and health conditions.

Served FY21: All tribes in New Mexico.

FY21 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 FY21 All tribes in New Mexico.

FY21 Estimated Expenditures: In-kind services with Tribal Epidemiologist staff salary.

Tribal Epidemiologist

(505) 476-3654

Services: The job of the Tribal Epidemiologist at the NMDOH is to leverage DOH epidemiology resources to analyze and disseminate health data, provide training in epidemiology and public health assessment, improve disease and injury surveillance and reporting systems, and advocate for utilization of American Indian health data. The Tribal Epidemiologist works closely with Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) and the Navajo Nation Tribal Epidemiology Center (NEC). In addition to these organizations, the Tribal Epidemiologist provides data and technical assistance to all tribes, nations, reservations and pueblos within New Mexico. The Tribal Epidemiologist maintains NMDOH data sharing agreements with the Albuquerque Area Indian Health Service, the Navajo Area Indian Health Service, and the Navajo Nation Tribal Epidemiology Center in order to facilitate this sharing of data and resources.

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

Served FY21 All tribes in New Mexico.

FY21 Estimated Expenditures: In-kind services with Tribal Epidemiologist staff salary.

Health Systems Epidemiology Program

(505) 827-2642

Services: The Health Systems Epidemiology Program (HSEP) collects data from hospitals as well as other types of healthcare related data within New Mexico. The Hospital Inpatient Discharge Database, or (HIDD) collects tribal affiliation in the state of New Mexico. The HIDD integrates IHS hospitalizations (from Navajo Nation and Albuquerque Service Units) into the state-wide

dataset. The dataset is currently being formatted to be publicly available through NM-IBIS in aggregate form.

Served FY21: All tribes in New Mexico.

FY21 Expenditures: Personnel and administrative costs only.

Asthma Control Program (505) 841-5894

Services: Provided Asthma Specialty Track Training to Community Health Representatives and Community Health Workers, some of whom serve Tribal communities across New Mexico.

Training was offered virtually, from May 18, 2021, through June 9, 2021. Twenty-six (26) participants completed the training to gain specialized knowledge and skills in working with families affected by asthma. Participants received continuing education unit credits.

FY21 Estimated Expenditures: Personnel and administrative costs only.

Occupational Health: (505) 827-0006

Services: The Environmental Health Epidemiology Bureau (EHEB) Occupational Health Surveillance Program has been involved in collecting and cleaning data relating to the industry and occupation of COVID-19 cases in New Mexico, including tribal members. A new grant was submitted for fiscal year 2022 and includes a plan to work with the Office of the Tribal Liaison on a comprehensive outreach program to include tribal concerns in Occupational Health Surveillance Program in a way that is inclusive and culturally sensitive.

Served FY21: All tribal communities within New Mexico.

FY21 Estimated Expenditures: Personnel and administrative costs only.

NM Environmental Public Health Tracking Program: (505) 827-0006

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

Served FY21: All tribal communities within New Mexico.

FY21 Estimated Expenditures: Personnel and administrative costs only.

Tribal Cancer Concerns: (505) 827-0006

Services: Cancer Concerns Work Group (CCW), was formed as a cross-agency collaboration in partnership with the Epidemiology and response division and Public Health Division of NMDOH and the NM Tumor Registry. The CCW is comprised of experienced public health professionals with complementary expertise in the areas of epidemiology, environmental and occupational health, toxicology, and health promotion. The group created standardized protocols to govern investigations, communications, and report templates. Activities have been promoted via online and public meetings. When requested, the CCW has provided tribes, nations, and pueblos with reports about the incidence of cancer in their communities. Information about how to submit an inquiry to the CCW can be found at <https://nmtracking.org/health/cancer/CancerConcernsWorkgroup.html>

FY21 Estimated Expenditures: Personnel and administrative costs only.

Safe Water (formerly Private Wells) Program**(505) 841-5894**

Services: A free well water testing event, a partnership with NMED Ground Water Quality Bureau, was provided for people with private wells serving homes not connected to a public water utility in the greater Espanola and Santa Fe Areas. Almost 200 private-well water samples were analyzed. Participants included residents of Nambe, Ohkay Owingeh, and Tesuque Pueblos. The Safe Water Program has continued to support private well water quality data and health information provided on the NMEPHT portal available for all the residents of New Mexico.

Served FY21: All tribal communities within New Mexico.

FY2 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).

From March 2020 to July 2020, NMDOH IDEB established a group of epidemiologists/staff to assist with data sharing, testing, personal protective equipment and vaccination planning. NMDOH also established a COVID-19 case investigation and contact tracing unit to provide these functions or to work with the Indian Health Service and tribal authorities to assure case investigations and contact tracing was occurring throughout the state. NMDOH has also worked with many of the American Indian populations to assist in the development of their COVID-19 response plans including infection control policies, and isolation and quarantine efforts. NMDOH is thankful for our partnership with the American Indian populations and their sovereign governments during the pandemic.

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

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

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

Clinicians from the Indian Health Service and Tribal Health Centers participate in the weekly Infectious Disease Office Hours teleECHO clinic led by University of New Mexico Division Chief of Infectious Diseases and NMDOH Healthcare-associated Infections Program.

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

Served FY21: All tribes in New Mexico.

FY21 Estimated Expenditures: In-kind services with staff salaries from epidemiologists.

Emergency Preparedness | Epidemiology and Response Division

Served: All tribes

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

Albuquerque/Bernalillo-Sandoval Counties Metro Area

(505) 476-8292

Services: The Bureau of Health Emergency Management (BHEM) and Public Health Regions collaborate with the Tribal Partners within the Albuquerque Metropolitan Statistical Area (the Pueblos of Cochiti, San Felipe, Isleta, Jemez, Sandia, Santa Ana, Santa Domingo, and Zia) in the Centers for Disease Control and Prevention (CDC) Cities Readiness Initiative (CRI). This includes participation in emergency preparedness planning, training, drills, and exercises. Federal funding was provided to CRI Tribal Partners, through Intergovernmental Agreements, to support emergency preparedness and resiliency activities. Due to the focus on the COVID -19 pandemic, the CRI tribal partner FY 21 funding was combined with the FY21 funding, thereby increasing the total amount for each CRI Tribal Partner this year.

Served FY21: Cochiti, Jemez, Santa Ana, Santo Domingo, and Sandia Pueblos

BHEM 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 staff collaborate 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 FY21: All New Mexico Pueblos, Tribes, and Nations

Emergency Operations Center Representative (EOCR)

(505) 231-5506

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

Served FY21: All New Mexico Pueblos, Tribes, and Nations

The Department Operations Center (DOC)

The DOC has been activated since March 9, 2021 in response to the COVID-19 pandemic, in support of the State Emergency Operations Center (SEOC). This includes the allocation, delivery, and management of COVID-19 testing kits and other medical related missions. The DOC Tribal Liaison also provides updates and participates in the COVID-19 Tribal Leaders/IAD, IHS/Clinical Partners, and the Albuquerque Area IHS COVAX conference calls.

Served FY21: All New Mexico Pueblos, Tribes, and Nations

Tribal Public Health Emergency Preparedness Conference

Services: Unfortunately, due to the COVID-19 pandemic, this year's conference was cancelled. We are hopeful the conference will be held this upcoming year and the 23 New Mexico Pueblos, Tribes, and Nations will be invited as attendees.

Injury Prevention

Epidemiology and
Response Division

Served Several Tribes and Pueblos

Substance Use Epidemiology Section

(505) 476-1726

Services: The Substance Abuse Epidemiology Section collects and analyzes data on substance use in New Mexico and shares the results with community groups, policy makers, and other stakeholders. The Section assesses negative health consequences of the use of alcohol, prescription drugs, and illicit substances, and promotes the use of effective interventions to address public health issues resulting from substance misuse. American Indians bear a disproportionate burden of alcohol-related harm in New Mexico. The Alcohol Epidemiologist in the SAES collaborates with the Tribal epidemiologists, the Office of Tribal Liaison, and sovereign partners to assure that reporting on analyses involving American Indians is done in a culturally sensitive manner.

Served FY 21: 23 tribes, pueblos, and nations.

FY 21 Estimated Expenditures: personnel and administrative costs.

Drug Overdose Prevention Program

(505) 827- 6870

Services: The goals of the program are to decrease the number and rate of drug overdose deaths occurring in New Mexico, in part by conducting outreach to Tribes, Pueblos, and Nations. The Program has a Tribal Overdose Prevention Coordinator, who supports tribal-based initiatives to

change prescriber and patient behaviors, as well as increase access to naloxone and Medication-Assisted Treatment in collaboration with the public health Regional offices, Indian Health Service, clinical facilities, and pharmacies in Tribes and Pueblos throughout the state. The Program is also contracting with the Native American Training Institute, Inc. to coordinate the work of a community multidisciplinary task force to expand Naloxone availability, promote safe prescribing, increase access to Medication Assisted Treatment (MAT) through Primary Care Physicians (PCP), and promote other Substance Use Disorder (SUD) treatment to reduce overdose death rates in the 23 New Mexico Federally recognized Tribes, Pueblos and Nations. Contract deliverables include facilitating community multidisciplinary work group meetings, conducting workgroup and community group presentations and discussions on state and county overdose death rates and related data and prevention, referring providers to academic detailing, and conducting overdose prevention training.

Served FY21: 23 tribes, pueblos, and nations

FY21 Estimated Expenditures: Personnel and administrative costs and a \$50,000 contract with the Native American Training Institute, Inc.

Childhood Injury Prevention

(505) 827- 6816

Services: This position has been vacant for 16 and no services have been provided to tribal communities as a result.

Served FY21: no tribal communities.

FY21 Estimated Expenditures:

Suicide Prevention Program

(505) 827-2488

Services: Suicide Prevention Program staff direct their efforts toward reducing the rate of suicide in New Mexico. The New Mexico Suicide Prevention Coalition met four times in FY 21. Twelve members of the coalition represent tribal groups and Native American service agencies involved in suicide prevention across the state. These representatives established a Native American population-focused workgroup as a standing workgroup of the Coalition. Members meet regularly and have elected a leader who shares information about the Workgroup's activities back to the larger Coalition at quarterly meetings. The Native American workgroup members have established their workgroup structure, are in process of writing their mission and goal statement and are developing a cohesive strategic plan to address suicide in native communities across the state. This workgroup also applied for and received funds from the DOH Office of Injury Prevention to create a Suicide Prevention Resource Guide for Native Americans in New Mexico. The workgroup is beginning to develop plans for an annual Native American Suicide Prevention conference in 2022. Members of the Workgroup have also approached the developers of one of the widely used national suicide gatekeeper training programs about working with them directly to adapt the training to be more culturally appropriate to New Mexico's Native American experience.

Served in FY 21: Representatives included individuals from the Albuquerque Area Indian Health Service (AAIHS), the University of New Mexico's *Honoring Native Life Program*, the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC), the Institute of American Indian Arts, Santa Fe Indian School, and individual members from Kewa, Ohkay Owingeh, Acoma, and Santa Clara Pueblos.

FY 21 Estimated Expenditures: \$20,000

Adult Falls Prevention

(505) 476-3042

Services: The program trained medical providers, community health workers, and other medical workers to use the STEADI (Stopping Elderly Accidents, Deaths, and Injuries) programs. These events were conducted via Zoom, and some of these trainees will serve American Indians. The STEADI training that was held on January 26, 2021, was in partnership with the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) and aimed at training health professionals who work with American Indian populations. The program participated in the Tribal Injury Prevention Coalition and New Mexico Injury Prevention Coalition meetings hosted by AASTEC and the New Mexico Department of Health (NMDOH) Office of Injury Prevention (OIP) to address equity and supporting racial justice, which encompasses American Indian communities. The program attended the National Council on Aging joint call with tribal organizations to discuss services and implementation of falls prevention for American Indian populations. The program participated in an interview with a national radio show, Native America Calling, to discuss the importance of older adult falls prevention, evidence-based falls prevention interventions, and home safety tips. Other interviewees were AASTEC and the National Senior Games. The program offered recertification for Tai Chi for Arthritis for Falls Prevention instructors and update trainings for A Matter of Balance (MOB) coaches, some of which are American Indian or work directly within American Indian communities. The program partnered with the Inter-Tribal Council of Arizona and AASTEC to make MOB, evidence-based falls prevention intervention, more culturally appropriate for American Indians/Alaskan Natives. Recommendations were made regarding the MOB handbook and educational materials, and the goal is to submit to Maine Health, program creator, for approval.

Served FY21: Trainers who provided training statewide for all racial-ethnic groups, including American Indians.

FY 21 Estimated Expenditures: Personnel and administrative costs only.

Sexual Violence Prevention

(505) 827-2725

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

Served FY21: Tribal members within the service areas of the above listed agencies.

FY 21 Estimated Expenditures: \$132,000.00

Division of Health Improvement

Division of Health Improvement

(505) 476-9093

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. Due to COVID-19, this training was not provided this year.

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.

FY 21 Estimated Expenditures: Personnel and administrative costs

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.

Estimated Served FY21: 328 American Indian clients served (Based on Omnicaid Claims paid through June 15, 2021– New Mexico Department of Health, Developmental Disabilities Supports Division).

FY21 Estimated Expenditures: \$27,326,176 (Based on Omnicaid Claims paid through June 15, 2021– 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.

Estimated Served FY21: 18 American Indian clients received services under the Medically Fragile Waiver. (Based on Omnicaid Claims paid through June 15, 2021– New Mexico Department of Health, Developmental Disabilities Supports Division).

FY21 Estimated Expenditures: \$348,168 (Based on Omnicaid Claims paid through June 15, 2021– 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.

Estimated Served FY21: 123 American Indian clients served. (Based on Omnicaid Claims paid through June 15, 2021– New Mexico Department of Health, Developmental Disabilities Supports Division).

FY21 Estimated Expenditures: \$7,024,019 (Based on Omnicaid Claims paid through June 15, 2021– New Mexico Department of Health, Developmental Disabilities Supports Division).

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 FY 21: Jemez Pueblo and Navajo Nation, including Alamo Navajo.

FY 21 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 FY 21: 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 21 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 FY 21: 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 21 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 FY 21: Through FY 21 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 7 YTD)
- **Community-based Services (CBS):** Offers adult outpatient psychiatric treatment, Psychosocial Rehabilitation Services, Comprehensive Community Support Services and rehabilitation services. (Served 15 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 34 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 28 YTD)

Served FY21: Through FY21 Quarter 4, 85 tribal members from several tribal communities.

Turquoise Lodge Hospital (TLH)

(505) 841-8978

Services: Turquoise Lodge Hospital (TLH) is a Joint Commission accredited facility who provides substance abuse treatment services to adult New Mexico residents 18 years and older. TLH provides best practice recovery services in a tobacco free environment. TLH provides medical detoxification, social rehabilitation, Intensive Outpatient services, both day and evening tracks and, outpatient Addiction Medicine Services.

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

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

Served FY 21: Through 6/30/21, 39 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 FY 21: Through FY 21, 19 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 FY 21: Through 5/16/18, 2 tribal members from unknown tribal communities have been served.

Los Lunas Community Program (LLCP)

(505) 506-7614

Services:

- **Supported Living (Residential Services):** LLCP assists persons with intellectual and developmental disabilities (IDD) to live as independently as possible by providing supports designed to assist, encourage, and empower them to grow and develop, gain autonomy, become self-governing, and pursue personal interests and goals.
- **Customized Community Supports (delivered in both individual and group settings):** Based on the preferences and choices of individuals served, LLCP assists adults with IDD to increase their independence, strengthen the ability to decrease needed paid supports, establish or strengthen interpersonal relationships, join social networks and participate in community life.

- **Community Integrated Employment:** Based on the preferences and choices of individuals served, LLCP assists adults with IDD to become employed in the community in competitive jobs that increase their economic independence, self-reliance, social connections, and career development.
- **Adult Nursing:** LLCP nurses provide health care services, coordination, monitoring, training, and medication management to adults with IDD participating in any of our programs/services.
- **Intensive Medical Living Supports:** Through its nurses and other trained direct care staff, LLCP provides individualized and specialized medical supports to our residents with IDD who have high-acuity medical issues and needs.
- **Crisis Support:** LLCP serves as the statewide crisis support provider for adults with IDD. Crisis supports provide temporary residential and other services for adults with IDD who are in crisis.
- **State General Funds (Non-DD Waiver):** LLCP also serves individuals with IDD that are funded by State General Funds. LLCP works on money management skills, meal preparation, routine household chores, individual health maintenance, assistance with ADL's, and community integration with individuals. LLCP also continues to follow the allocation processes to get a SGF individual on the DD Waiver.
- **Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IDD):** ICF/IDD is an intermediate care facility that provides food, shelter, health and rehabilitative active treatment for individuals with IDD or persons with related conditions whose mental or physical condition require services on a regular basis that are above the level of a residential or room and board setting and can only be provided in a facility which is equipped and staffed to provide the appropriate services. The individuals residing in the LLCP ICF/IDD facility are court ordered there for rehabilitation

Served FY21: Through FY 21: Six individuals residing at Los Lunas Community Program representing three New Mexico tribal communities.

New Mexico State Veteran Home (NMSVH)

(575) (575) 894-4200

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

Served FY21: Through FY21 Quarter 3, 0 tribal members were in our care.

Section IV. Key Names and Contact Information

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

Division	Name/Title	Email	Phone
Office of the Secretary	Tracie Collins, MD, MPH, MHCDS Cabinet Secretary	Tracie.Collins@state.nm.us	
Office of the Secretary	Laura Parajon, MD, MPH Deputy Secretary	Laura.Parajon@state.nm.us	
Office of Tribal Liaison	Aiko Allen Tribal Liaison	Aiko.Allen@state.nm.us	(505) 470-8537
Office of Policy and Accountability	Aryan Showers, Policy Director Shaza Stevenson, Deputy Director	Aryan.Showers@state.nm.us Shaza.Stevenson@state.nm.us	(505) 827-2270 (505) 476-3656
Office of Health Equity	Vacant Director		(505) 946-7313
Public Health Division	Jeff Lara Interim Division Director	Jeffrey.Lara1@state.nm.us	(505) 827-2691
Public Health Division	Britt Levine Deputy Director, Programs	Britt.Levine@state.nm.us	
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

Division	Name/Title	Email	Phone
Public Health Division, NW Region	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 Levine Deputy Director	Britt.Levine@state.nm.us	
Public Health Division, Family Health Bureau	Vacant Bureau Chief		
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	Vacant		
Public Health Division, Diabetes	Vacant		

Division	Name/Title	Email	Phone
Prevention and Control Program	Tribal Outreach Coordinator, Diabetes Program		(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
Public Health Division, Family Planning Program	Susan Lovett Title X Director	Susan.Lovett@state.nm.us	(505) 476-8879
Public Health Division, Office of	Jim Farmer, Director	Jim.Farmer@state.nm.us	(505) 222-8682

Division	Name/Title	Email	Phone
School and Adolescent Health			
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			
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	Lorraine Ortiz Manager	Lorraine.Ortiz@state.nm.us	(505)470-1451
Epidemiology and Response Division	Christine Ross, State Epidemiologist and Director	Christine.Ross@state.nm.us	(505) 476-3575
Epidemiology and Response Division	Vacant, Tribal Epidemiologist		(505) 476-3654
Epidemiology and Response Division, Infectious Disease Epidemiology Division	Chad Smelser, Bureau Chief	Chad.Smelser@state.nm.us	(505) 476-3019

Division	Name/Title	Email	Phone
Epidemiology and Response Division, Environment Health Epidemiology	Heidi Kraphl, Bureau Chief	Heidi.Kraphl@state.nm.us	(505) 476-3577
Epidemiology and Response Division, Bureau of Health Emergency Management	Christopher Emory, Bureau Chief	Christopher.Emory@state.nm.us	(505) 476-8333
Epidemiology and Response Division, Bureau of Vital Records and Health Statistics	Michael Padilla, Bureau Chief	MichealA.Padilla@state.nm.us	(505) 827-0167
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@state.nm.us	505) 841-5829
Division of Health Improvement Community Programs	Shadee Brown, Deputy Director	Shadee.Brown@state.nm.us	(505) 699-0714
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
Scientific Laboratory Division	Michael Edwards, Director	Michael.Edwards@state.nm.us	(505) 383-9003
Scientific Laboratory Division	Erica Pierce, Deputy Director	Erica.Pierce2@state.nm.us	(505) 383-9003
Scientific Laboratory	Dr. Phillip Adams, Chemistry Bureau Chief	Phillip.Adams@state.nm.us	(505) 383-9023

Division	Name/Title	Email	Phone
Division, Environmental Testing			
Scientific Laboratory Division -- DWI	Dr. Samuel Kleinman, Toxicology Bureau Chief	Samuel.Kleinman@state.nm.us	(505) 383-9086
Scientific Laboratory Division – Infectious Disease Testing	Adam Aragon, Biology Bureau Chief	Adam.Aragon@state.nm.us	(505) 383-9122
Fort Bayard Medical Center	Todd Winder, Administrator	Todd.Winder@state.nm.us	(505) 537-8600
New Mexico Behavioral Health Institute	Timothy Shields, Administrator	Timothy.Shields@state.nm.us	(505) 454-2100
New Mexico State Veterans Home	Derek Wheeler, Interim Administrator/Facilities Operations Manager	Derek.Wheeler@state.nm.us	(505) 670-3204
New Mexico Rehabilitation Center	Jose Gurrola, Hospital Administrator	JoseL.Gurrola@state.nm.us	(575) 347-3410
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	Michael Gemme, Administrator	Michael.Gemme@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 TPP Programs consists of Teen Outreach Program	Master Services Agreement	In effect	Julie Maes	505-476-8881
Navajo Area Indian Health Service	Receipt, Storage and Staging site for the Strategic National Stockpile program	MOA	In Effect	John Miller	(505) 476-8258

IHS ABQ Area	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847	
IHS Navajo Area	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847	41
Alamo Navajo School Board	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847	
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.

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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