

State-Tribal Collaboration Act July 31, 2023 Agency Report

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

Patrick M. Allen - Cabinet Secretary

Table of Contents

Section I. Executive Summary..... 3

 Report Highlights.....4

Section II. Agency Overview/Background/Implementation..... 5

 A. Mission Statement 5

 B. Agency Overview.....6

 C. Policy Applied 6

Section III. Current Resources..... 8

Section IV. Key Names and Contact Information..... 57

Section V. Appendices..... 63

 A. Brief Description of Department’s Program Areas 63

 B. Agency Efforts to Implement Policy.....64

 C. Agency-specific and applicable/relevant state or federal statutes or mandates relating to providing services to AI/AN 65

 D. Agreements, MOUs/MOAs with tribes that are currently in effect 66

 E. NMDOH’s Tribal Collaboration and Communication Policy..... 69

 F. Attachment A Sample Procedures for State-Tribal Work Groups 77



SECTION I. EXECUTIVE SUMMARY

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

Based on the State-Tribal Collaboration Act, the 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.

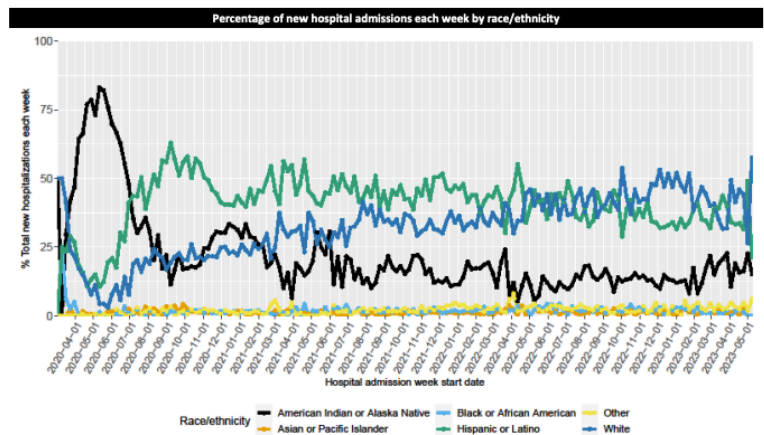
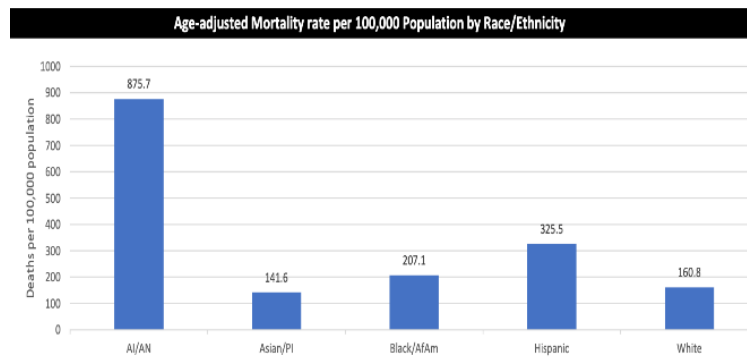
This year's executive summary reflects the agency's continued focus on transition from COVID-19 pandemic response into a recovery phase. Dr. Laura Parajon, MD, NMDOH Deputy Secretary and Acting State Epidemiologist offers these remarks:

COVID Response as an Example of Tribal Leadership and Effective Collaboration

COVID was an X-ray that sharply exposed existing health and racial inequities in New Mexico (NM). American Indian/Alaska Native (AI/AN) families suffered disproportionately with the highest rates of COVID mortality and morbidity of all racial/ethnic groups. In NM, indigenous people were 4 times more likely to be hospitalized and had the highest rates of death from COVID19.

However, despite the high initial COVID hospitalization rates, tribal leadership led the way in addressing spread and mitigation of the virus through implementation of sound prevention policies and advocated tirelessly in how to move together as sovereign nations on a government-to-government basis.

Responding to the requests of indigenous nations located throughout the state and urban Indian populations, state, federal, county, and non-profit partners and donors followed tribal leadership and supported tribes and pueblos through the provision of direct and immediate COVID testing, shelter for quarantine and isolation, vaccination services, as

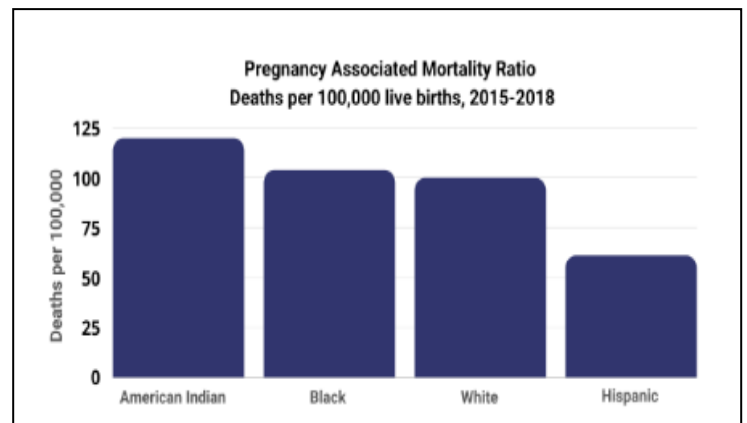


well as food, water, and supplies. As a result, rates of hospitalization and deaths decreased dramatically as shown in the graph above.

The experience of COVID demonstrates what we can do as a department of health when we can be responsive to tribes and pueblos and be accountable to STCA. We are fortunate to have Janet Johnson as our Tribal Liaison to facilitate and encourage agency staff to continuously engage tribal partners and leaders in the creation, cultivation, and expansion of services and resources that respect the tenets of sovereignty and self-determination held by indigenous nations in the state and recognize that we can continue to improve.

Challenges of Continued Health Disparities for AI/AN Populations

While COVID continues to be a threat to the well-being of the AI/AN population in NM, epidemiological data also demonstrates continued health disparities for AI/AN populations in other areas such as having the highest maternal mortality rates and the highest rates for diabetes.



Prior to European colonization, Indigenous civilizations flourished with organized societal systems and robust health practices; however, colonization disrupted these, with Indigenous people disenfranchised from their lands and enslaved, and Western culture imposed as superior. Post-American Revolution, U.S. policies further entrenched structural racism, exacerbating health inequities for AI/AN communities. Additionally, late 19th century forced relocation to reservations and coerced attendance of Indigenous children at boarding schools that aimed to erase their cultural identity have perpetuated generational trauma and cultural disenfranchisement, impacting contemporary health outcomes.

What Can We Do?

As part of the mission of equity at the NMDOH, we need to recognize that adverse health outcomes experience by AI/AN populations are historically rooted.

“We need to take a strengths-based approach to data collection and identify what the factors are that are promoting health, not just what are the factors leading to disparities.” Donald Warne, MD, MPH, Co-Director, Center for Indigenous Health, Johns Hopkins University.

Other Health Status Priorities: Highlights

While the COVID pandemic has been the dominant priority since the last STCA agency report, public health priorities in the areas of substance use, suicide prevention, chronic disease prevention continued. However, the pandemic compelled the agency to continue its work in a virtual world via on-line meetings.

Substance Use (Alcohol Prevention; Opioid Settlement Funds)

Data, demographics, and prevention materials were presented during the March 2023 Tribal Roundtable event. Participants were asked their perspectives on the issue of alcohol use and strategies for effective alcohol prevention. From the conversations, many people identified lack of resources addressing alcohol, substance use, and poly-substance use as a major concern. Continued engagement opportunities for this subject matter include: direct contact with tribes, Pueblo, and nations and inclusion on the agenda for the proposed Fall Roundtable event.

Opioid settlement revenue to expand housing services, telehealth, and substance use research and treatment, with a \$1 million tribal set-aside occurred during this report period. Outreach efforts include presentations at the Indian Affairs Department Tribal Leader briefing calls, emails, and the development of a tribal survey. Continued engagement opportunities include direct contact with tribes, Pueblo, and nations and inclusion on the agenda for the proposed Fall Roundtable event.

Mobile Homelessness Response

During the 2023 regular legislative session, as part of the Governor's comprehensive package of housing initiatives, an appropriation of \$4,000,000 was made to NMDOH for mobile homelessness response. This one-time funding is intended for high-impact demonstration projects that can improve access to housing, health and medical care, and social and supportive services, for persons experiencing homelessness across the state. Two tribal briefing calls were held in June 2023.

Comprehensive Cancer Program

This program provides 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 FY23, AAIHB, with funding from the Comprehensive Cancer Program, provided a two-day Colorectal Health Workshop for Community Health Representatives from 13 Tribes, Nations and Pueblos in New Mexico. AAIHB also conducted a focus group with Community Health Representatives to collect information about the needs of tribal communities as they relate to colorectal cancer screening and cancer risk reduction.

SECTION II. AGENCY OVERVIEW/BACKGROUND/IMPLEMENTATION

A. Mission Statement

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

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

1. **We expand equitable access** to services for all New Mexicans
2. **We ensure safety** in New Mexico healthcare environments
3. **We improve health status** for all New Mexicans

4. **We support each other** by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

B. Agency Overview

NMDOH is an executive agency of the State of New Mexico. NMDOH supports, promotes, provides, or funds a wide variety of initiatives and services designed to improve the health status of all New Mexicans. The agency is organized into the following program areas (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.

Throughout the pandemic, the tribal coordinator has continued her humanitarian efforts by collecting and distributing food, water, and diapers/sanitary products to affected families.

- 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 video-conferencing, 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 Northwest Region Health Promotion staff collaborated with community tribal health councils by providing technical support and assistance with community health improvement strategies at the local level. Assistance was provided to Acoma, To'hajiilee, Cochiti and Santo Domingo.

FY23 estimated expenditures: Personnel, administrative and transportation cost.

Northeast Region

(505)476-2658

Services:

The Northeast Region Health Promotion staff collaborated with community tribal health councils by providing technical support and assistance with community health improvement strategies at the local level. San Ildefonso, Tesuque, Nambe, Santa Clara, and Picuris pueblos received a combined total of \$64,760 in FY23 addressing hypertension, diabetes, mental/spiritual health, access to care, and COVID response. Cultural evidence-based practice was incorporated emphasizing the following prevention strategies: strengthening protective factors (social skills, strong family bonds, attachment to school, and active involvement in the community) and religious organizations (culture and tradition) while reducing risk factors that increase vulnerability to diabetes, obesity, substance abuse, and other unhealthy choices.

FY23 estimated expenditures: Personnel, administrative and transportation cost.

Southeast Region

(505) 347-2409

Services:

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) 528-5174

Services:

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

FY 23: No services provided

Office of Community Health Workers

(505) 827-0015

The Tribal Coordinator asked for and collected donations from the Santa Fe and surrounding areas of canned and dry food, fresh fruit & vegetables, bottled water, quilts, lap blankets, bedding linens, clothing, shoes, sundries, cooking pots and pans, cooking utensils, walkers, transport chairs, wheelchairs, gait belts, bedside commodes, canes, toilet risers, highchairs, baby swings, walkers, formula, bottles, blankets, over the counter meds, (OTC) drugs, puzzles and craft supplies. The Tribal Coordinator provided her own truck and fuel for the many trips to deliver supplies to the NM tribes, w/ no reimbursement or compensation from NMDOH. Distribution efforts:

- Four trips to Pueblo of Acoma to provide donated supplies and food-to aid 35-40 families, each trip. Community health workers certification technical support was offered to certify the emergency medical services staff, community health representative staff, and the behavioral health staff, for a total of 16 employees.
- Four Southern Colorado/NM Community Health Representative (CHR) meetings to present the NM community health worker (CHW) model, training opportunities, CHW certification pathways, CHW certification technical assistance. As many as 20 tribal communities were in attendance.
- Three trips to Taos Pueblo to deliver food and supplies, meet with the Health & Wellness director, CHR manager, public health nurse regarding CHW opportunities, etc. Deliveries supported 25-30 families each trip.
- Provided eighteen Christmas meals for the Navajo Crownpoint service unit for the CHR staff. Meals consisted of ham, fresh vegetables and fruit, bread, bottled water, bag of potatoes, etc. These meals fed roughly 70-80 people.
- Four trips to Crownpoint to deliver canned and dry food, fresh fruit & vegetables, bottled water, quilts, lap blankets, bedding linens, clothing, shoes, sundries, cooking pots and pans, cooking utensils, walkers, transport chairs, wheelchairs, gait belts, bedside commodes, canes, toilet risers, highchairs, baby swings, walkers, formula, bottles, blankets, over the counter meds, (OTC) drugs. Provided continuing education units (CEUs), support & CHW certification technical assistance. Crownpoint service unit services 18 communities. These deliveries supported roughly 150-200 families.
- Provided four tribal CHR collaborative meeting/training serving 16 different tribal communities.
- Coordinated a shadowing/learning experience for South Dakota's CHW program. They observed and learned from Santo /Kewa CHR program.
- Two trips to Santo Domingo to provide medical supplies and food, supporting 20-30 families.
- Two trips to Jemez Pueblo for CHW certification technical assistance (TA), CHW certification portal TA.
- One trip to Tesuque Pueblo to provide TA for UNM's community health initiative grant with the CHR program. One trip to deliver food and craft supplies for the elderly, supporting 28 families.
- Provided food & clothing to an off-reservation Picuris Pueblo & Navajo family, they received food boxes and clothing every other month, family of eight.
- One trip to Zia Pueblo for CHW certification TA for two CHRs
- One trip to Santa Clara Pueblo to assist four CHRs with CHW certification and training links for CEUs.
- One trip to Santa Ana Pueblo to assist in CHW certification for one CHR.

- One trip to San Ildefonso Pueblo for CHW recertification TA.
- TA for Pojoaque Pueblo CHW recertification TA.
- Training/CEU TA for Jicarilla Apache Nation

FY23 Estimated Expenditures: Program fees go to support the administration of the certification process.

CHW/CHR Health Disparities Grant

(505) 469-7150

Services:

The goal of the program is to recruit, train, and provide funding for 80 Community Health Workers and Community Health Representatives (CHW/CHR) to scale up COVID-19 vaccine outreach and education in every region of New Mexico. Additionally, to provide training in system navigation to assist populations in accessing community resources. These CHWs/CHRs will be deployed in areas with high social vulnerability index scores (SVI) through door-to-door home visits and support of local community pods for vaccination and events, and to better coordinate and collaborate with Health Councils and the New Mexico Alliance of Health Councils. For FY23, the Office of Community Health Workers, in collaboration with the UNM-Community Health Workers Initiative, recruited and trained 6 CHRs.

Served FY23:

- Pueblo of Acoma
- Santo Domingo Pueblo
- Pueblo of Tesuque

FY23 Estimated Expenditures: Approximately \$360,000 for CHRs.

Office of Oral Health (OOH)

(505) 827-0837

Population and Community Health Bureau

Each year New Mexico Department of Health (NMDOH), OOH, 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 2023, children's oral health month, NMDOH, KOAT TV and the Native American Professional Parent Resources Inc. (NAPPR) produced an additional public service announcement.

During the month of February, OOH partnered with the NAPPR to conduct an oral health poster contest to promote the importance of oral health among tribal Head Start programs. Several Head Start staff and students' prepared posters and the top three received incentives for their efforts.

NAPPR and the OOH partnered and shared a display table on Saturday, July 23 2022, at the Pueblo of Isleta Head Start for a Child Find Health Fair, where OOH distributed oral health information, toothbrushes, toothpaste, flossers. There was an interactive booth where visitors had to guess how much sugar was in each of the beverages on the sugar board.

OOH also collaborated with NAPPR on their Diabetes Awareness Events (Fun Run/health fair, candy take back events), during November 2022, Diabetes Awareness Month. Several Webinar presentations were conducted promoting various health issues among tribal members throughout the state. OOH staff presented the connection between oral health and diabetes.

OOH staff serve on the Health Services Advisory Committee for Isleta Pueblo Head Start. Staff have also provided oral health presentations to members of the Pueblo.

OOH staff have also provided oral health education at the annual Mescalero Child find event, where 48 children were screened for dental caries, and OOH staff also provided oral health education to their parents.

Services: OOH conducts a mobile prevention program targeting pre-school and elementary school aged children statewide. During the FY23 school year American Indian students participated in the program throughout the state. After COVID-19 participation has minimally increased due to reinstatement of the programs at local schools. 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. A total of 149 Native American students participated in the program.

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.

[NM-IBIS - Health Indicator Report - Percentage Who Had a Dental Visit in the Past 12 Months by Year, Adults Aged 18+, New Mexico and U.S., 2012 to 2018](#)

[NM-IBIS - Health Indicator Report - Percent Who Have Not Lost Teeth Due to Decay or Gum Disease by Year, Adults Aged 18+, New Mexico and U.S., 2012 to 2018](#)

THE ORAL HEALTH OF AMERICAN INDIAN AND ALASKA NATIVE CHILDREN AGED 1-5 YEARS: RESULTS OF THE 2018-19 IHS ORAL HEALTH SURVEY

[The Oral Health of American Indian Alaska Native Children Aged 1-5 Years: Results of the 2018-19 IHS Oral Health Survey](#)

Oral Health Surveillance Plan 2011 – 2020 Revision #2: 2022-2030 March 8, 2021
[IHS Oral Health Surveillance Plan 2022-2030. Indian services OH surveillance plan](#)

Served FY23: 149 students enrolled in the prevention program.

FY23 Estimated Expenditure: An estimated \$20,000 General Fund expenditures for direct services and PSA.

FY23 In Kind Expenses: General Fund: dental clinical supplies, oral health education material, staff presentations, state vehicle and travel time to Native American events.

Cancer

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

Services: Provide free breast and cervical cancer screening and related diagnostic follow-up care for American Indian individuals residing in the state who meet program eligibility criteria. These services are available through Indian Health Service Albuquerque Area, 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 FY23 (YTD): 30 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 FY23, 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 FY23.

FY23 Estimated Expenditure: \$5,983 to date in federal grant and state funds.

Comprehensive Cancer Program (505) 269-5750

Services: The Comprehensive Cancer Program (CCP) provides 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 FY23, AAIHB, with funding from the Comprehensive Cancer Program, provided a two-day Colorectal Health Workshop for Community Health Representatives from 13 Tribes, Nations and Pueblos in New Mexico. AAIHB also conducted a focus group with Community Health Representatives to collect information about the needs of tribal communities as they relate to colorectal cancer screening and cancer risk reduction. In addition, AAIHB provided resources and materials to healthcare 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.

The Program also provided administrative and financial support to the **New Mexico Cancer Council's Native American Work Group (NAWG)**, which continued to support implementation of the New Mexico Cancer Plan in Native American communities. The Chair of the NAWG also presented an overview of the group's work to the New Mexico Department of Health Tribal Liaison. The NAWG continues to network and outreach to various Native American and Indigenous groups and organizations, and those who serve them, to increase its membership.

Served FY23: Approximately 110 healthcare providers and approximately 100 community members received information and/or education via programs supported by the Comprehensive

Cancer Program; no community members received direct services though the 2023 meetings of the New Mexico Cancer Council's Native American Workgroup.

FY23 Estimated Expenditure: \$34,500 to date in federal grant and state funds, as well as approximately \$500 in NMDOH staff salaries.

Diabetes & Chronic Disease Prevention and Management Initiatives

Public Health Division

Native American Partnership for Health & Wellness Promotion (505) 463-5300

Services: The Native American Partnership (NAP) for Health and Wellness Promotion is a collaboration between New Mexico's Tribes and Pueblos, and the New Mexico Department of Health's (DOH) Population and Community Health Bureau. Working together to promote health and wellness in ways that are meaningful to our Native communities, NAP and the DOH's Diabetes Prevention & Control Program and Heart and Stroke Program work to: identify and address diabetes and health-related common concerns and gaps; be an open forum for listening and sharing of ideas; acknowledge agency and sovereignty boundaries and processes and work to lessen the challenges these boundaries may present. NAP is led by our Core Committee, a group of volunteers who provide strategic direction and leadership for our organization's tribal community engagement, training opportunities, and Annual Conference.

Served FY23:

The Native American Partnership collaborated with a number of organizations to host the first in person conference post COVID. The conference was held at the SIPI Community College, utilizing the auditorium, classrooms and cafeteria. Audio visual services were also provided by the venue. Free health screenings were provided by Roadmap to Health at no cost. Presbyterian Community Health was also a huge contributor by providing speakers and also offered free influenza vaccines to attendees. There were a total of 147 participants representing 42 cities and tribal communities within New Mexico. Of the 147 participants, 88 were from tribal communities.

Estimated FY23 Expenditure: \$40,000 funds paid by DPCP General Funds

National Diabetes Prevention Program (505) 850-0176

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.

Served FY23: 38 participants received the evidence-based lifestyle intervention program; most were from the white/Caucasian and Hispanic Latino population. The county with the highest population of participants was Bernalillo which is home to the largest metropolitan city in New Mexico. Most classes are offered by two of our contracting agencies.

Estimated FY23 Expenditure: \$0 cost to State/General funds, program supported by federal funding.

Kitchen Creations Cooking Schools for People with Diabetes (575) 202-5065

Services: Provide 16 cooking schools in 16 or more counties 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 FY23: Classes are held virtually and in-person as COVID restrictions continue to be lifted. A total of 11 complete classes have been held to date with each class consisting of four sessions. Not only have classes been held within approximately 12 counties, classes are also being held in many tribal communities and also in the Spanish language. Some classes also concentrate on "soul food" with a target audience of African American participants. At the time of this report, 124 participants have attending cooking classes, of those 55% were Hispanic, 13% Native American and 3% were African American. Some of the barriers that the program faces are low enrollment numbers. Strategies are being established to contract community health workers to recruit more participants.

Estimated FY23 Expenditure: \$100,000 funds paid by DPCP Tobacco Settlement Funds

Chronic Disease Self-Management Education Programs (505) 850-0176

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 trained leaders, 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 FY23: Participation in scheduled classes is minimal, but highest in the diabetes self-management program. In addition, the chronic pain self-management program is another class that receives the most participation. During the months of October and November a diabetes self-management workshop was held in San Felipe Pueblo with 7 attendees, 5 of which completed the entire program series. Most classes have been held virtually with a few offered over the phone when participation is not more than 3 participants. Our partners at NMSU have held the most diabetes

self-management workshops in the Spanish language via Zoom. Lack of participation continues to be the biggest barrier faced. With three health educators DPCP intends to implement an outreach plan to assist coordinators with recruitment and retention.

FY23 Expenditure: \$240,000 funds paid by DPCP Tobacco Settlement Funds, which also includes funding for an entire umbrella of Self-Management of Chronic Disease programs amongst four organizations/independent contractors.

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

Services: The Heart Disease and Stroke Prevention (HDSP) program and its partners use a comprehensive, evidence-based approach to promote healthy lifestyles focused on preventing, identifying and controlling high blood pressure and high cholesterol levels among New Mexican adults. HDSP follows recommendations from the Centers for Disease Control and Prevention (CDC).

Served FY23: Through the establishment of a Population Health Collaborative (PHC), HDSPP has created a network where partners and stakeholders can share success and challenges about their work. During the month of November, the PHC held an online conference titled “Promoting the Adoption of Medication Therapy Management Between Pharmacists and Physicians to Reduce the Burden of Cardiovascular Disease. The conference was well attended by over 100 participants from organizations across New Mexico including community health workers from tribal communities. Continuing education credits were offered to pharmacists, pharmacy technicians, community health workers and community health education specialists. Self-measured blood pressure monitoring programs continue to be offered at various facilities within the state. The program is offered virtually, by phone or in person depending on the capacity of the facility and the access to technology for participants.

Estimated FY23 Expenditure: \$0 from HDSP for FY23

Obesity, Nutrition and Physical Activity Program Healthy Kids Healthy Communities Program (505) 903-3100

Services and Interventions:

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

HKHC coordinators in Zuni Pueblo conducted the following activities in FY23:

The HKHC Built Environment team implemented an 8-week Running Medicine program on Mondays and Wednesdays using the local trail network. Trails are maintained on a monthly

schedule and trail counters are being used to track community usage. Three additional benches have been installed along the trail network for resting and taking in the view and bear box trash cans designed by a local artist will be added. Two new trail loops were added in 2023. One was washed out by rain and is being reconstructed.

The HKHC Food Sovereignty team held workshops on seed saving and provided new nutrition and physical activity education programming during the elementary after school program. Students receive fruit and vegetable snacks, one hour of physical activity, and participate in activities related to Zuni culture. Middle school students assist families who host religious events and build skills chopping wood, a major heat source in Zuni. The Food Sovereignty team also hosts family cook nights on healthy meal preparation. All ingredients are provided and tortilla presses are given to families who attend all cook night sessions.

Zuni HKHC coordinators supported sports leagues for Zuni youth including basketball, soccer, and flag football.

Food Sovereignty team continues to facilitate a comprehensive garden and rain harvest initiative to distribute rain barrels and home gardening kits Zuni families in addition to hosting regular family garden nights and community gardening workshops. In 2023,

The Shiwi Ts'ana Elementary aquaponics greenhouse is harvesting 250 heads of lettuce and other greens per week to serve in the school meals and summer lunch programs. Elementary students also participated in regular planting, watering, harvesting, and seed saving activities throughout the school year.

The HKHC coordinator in San Ildefonso Pueblo conducted the following activities in FY23:

The new HKHC San Ildefonso coordinator partnered with the San Ildefonso Day School to celebrate Walk and Roll to School Day and coordinated nutrition education and physical activity sessions during the first part of the 2023 school year. The coordinator led nutrition education and physical activity in the San Ildefonso Learning Center, including hikes along the trail system, active play, and culturally tailored food tastings. Unfortunately, the HKHC coordinator left the position for a Tewa language teacher position in the Nambe Pueblo at the end of December. San Ildefonso has not been able to fill the position.

In FY23, the ONAPA program conducted the following statewide efforts:

Partnered with the Aging and Long-Term Services Department and the Office of Indian Elder Affairs to plan professional development training for Tribal and senior center nutrition providers. ONAPA contracted with a Native American professional chef Lois Ellen Frank to provide professional development training on healthy meal preparation to Tribal senior center food service staff and nutrition education to Food Distribution Programs on Indian Reservations (FDPIR) and Women, Infants and Children (WIC) food program staff at Eight Northern Indian Pueblos Council (ENIPC) and Five Sandoval Indian Pueblos (FSIP).

ONAPA created and released 13 healthy meal preparation videos for Tribal and other food service staff in early childhood, school, and senior center programs: [Healthy Indigenous Recipes of New Mexico](#).

Continued implementation of Farm to Preschool in partnership with the Early Care and Education Department (ECECD). Farm to Preschool activities include purchasing New Mexico grown produce for meals and snacks, hands-on gardening activities, nutrition education, and family engagement. Two of the six remaining pilot programs serve predominantly Native American children and families in San Juan County and Ramah Navajo.

Surveillance: Each year since 2010, ONAPA has conducted the NM childhood obesity surveillance system except for the 2020 school year due to COVID. American Indian students continue to have the highest obesity prevalence compared to their Hispanic, White, Asian, and African American counterparts. In 2022, nearly 1 in 2 (46.8%) of American Indian third grade students had obesity. This can be attributed to elevated chronic disease risk factors and limited access to healthy, affordable food and places to be physically active.

Served FY23:

- HKHC in Tribal communities reach: 7,839 individuals
- Reach through Farm to Preschool: 432 individuals
- 14 Tribal communities received food program training

ONAPA and HKHC will have the following contracts in FY24 to support Tribal communities:

- Lois Ellen Frank
- San Ildefonso Pueblo
- Zuni Youth Enrichment Project

FY23 Expenditures:

- \$440,000 (50% state funds, 50% federal funds). San Ildefonso and Zuni Pueblos also leveraged additional funding and resources to support HKHC implementation efforts.

Immunizations --Public Health Division

Immunization Advocacy

(505) 827-2730

Services: Provided immunization educational resources and administered vaccines statewide during outreach events serving both pediatric and adult populations: school-based vaccine clinics, community-located COVID-19 vaccine clinics, and influenza vaccine clinics. Other advocacy activities include the annual “Got Shots?” back-to-school vaccine catch up events and collaborations with other agencies on identifying strategies to improve immunization rates.

Vaccination rates from the New Mexico Statewide Immunization Information System (NMSIIS) is provided from the program to the Indian Health Services in partnership of improving rates. Along with data efforts, a contract is in place under the Albuquerque Area Indian Health Board Inc to provide an organization and facilitation services for a tribal data and health summit, a few follow up

meetings are needed, and recommendations for future actions on data sharing between New Mexico tribes, Indian Health Services, Tribal Epidemiology Centers, and the state.

Under the Better Together NM initiative the program funded Community Organizations that engage relevant representatives and partners in the development and implementation of COVID-19 and routine vaccine equity training, designed to increase capacity to provide awareness, education, and accessibility of all vaccine. Tribal populations are included in the local community efforts under the funded program.

Tribal Tech LLC

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

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

As part of COVID-19 and routine vaccine equity efforts, contracts to KERES and COPE have continued to provide consulting services per Jicarilla Apache Nation, Mescalero Apache Nation, and Pueblo communities. Vaccine equity strategy-work is provided in tribal communities with the highest number of active Coronavirus Disease (COVID-19) cases, and tribal communities with lowest number of COVID-19 vaccine rates as directed and approved by tribal leadership under the data sharing agreement. Updated education and messaging efforts are being developed for all routine vaccine to include the pediatric and adult populations. The current focus of the marketing toolkits is on the elderly population.

Ongoing collaboration in the COVID-19, 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 and federal core funded activities are completed. Reminder-recall postcards are mailed monthly to increase flu and pneumococcal vaccinations. During the Spring season more outreach events were held than the previous years as the COVID-19 state, and federal mandates have been lifted.

Marketing Efforts-Real Time Solutions Contract and NMDOH Marketing Team

Vaccine marketing campaigns for Don't Wait Vaccinate are occurring statewide to include local radio, television, theaters, and more. The campaigns are focused on reaching all populations in the state, with a focus on rural area population. The campaign is also advertising the Got Shots Clinics that will be occurring statewide July 8th-August 30th to promote access of vaccine clinics for parents that may not have access directly in their area or may have struggled to get an appointment for vaccine catch up. Mobile clinics are the best way to go to the communities for those that may need to travel far for healthcare. Messaging is provided on multiple languages to ensure all populations in the state are receiving the latest information.

Served FY23: All American Indian children ages birth through 18 years in New Mexico; children and adults served at outreach sites.

FY23 Estimated Advocacy Federal Fund Expenditures: \$706,000.00

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 FY23: Due to COVID-19 this number is not available

FY23: Estimated Federal Fund Expenditures: Approximately \$3,300,000.00

Comprehensive Community-Based Health Planning Initiative (505) 827-2691

The program is aimed at increasing Health Councils and Tribal Health Councils' ability to respond to the COVID-19 pandemic, participate in promotion of COVID-19 vaccination and access to related resources, and increase the organizational capacity of Health Councils and Tribal Health Councils to conduct effective local health planning in order to improve health outcomes in general. For FY23, the Health Promotion team, in collaboration with the New Mexico Alliance of Health Councils, conducted trainings for Tribal Health Councils, provided technical assistance through one-on-one meetings, and supported the work of Tribal Health Councils.

Served FY23:

- Pueblo of Acoma
- Pueblo of Cochiti
- Pueblo of Nambe
- Pueblo of San Ildefonso
- Pueblo of Santa Clara
- Pueblo of Santo Domingo
- Pueblo of Tesuque
- Pueblo of Picuris
- Cañoncito Band of Navajos

FY23 Estimated Expenditures: CDC's OT21 Health Disparities grant funds directly provided \$450,000 to participating Tribal Health Councils. Funds from the State's General Funds to Tribal Health Councils are estimated at close to \$100,000. Approximately \$700,000 pays for NMDOH health promotion staff to support the work of all Health Councils. Estimated total: \$1,250,000.

Family Planning Services

Public Health Division

Family Planning Services

(505) 476-8882

This program provides comprehensive family planning services, including clinical reproductive health services, and community education and outreach activities. Technical assistance and funding are provided for the Teen Outreach Program (TOP) and the Teen Connection Project (TCP), positive youth development programs for preventing teen pregnancy and increasing school success, at Isleta Pueblo.

Served FY 23: Clinical services for 121 American Indian or Alaska Native individuals; and educational programming for teens which included 36 American Indian or Alaska Native youth who successfully completed programming.

FY 23 Expenditures: Personnel and administrative costs only, including \$150,450.00 for the education contracts. For FY23, all Family Planning Services are funded through Federal grants (69%), Medicaid revenue (17%), and State General Fund (14%).

Infectious Diseases

Public Health Division and Epidemiology and Response Division (ERD)

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

From March 2020, NMDOH IDEB established a group of epidemiologists/staff to assist with pandemic data sharing, testing, personal protective equipment and vaccination planning. NMDOH also assisted tribes with COVID-19 patient investigations and contact tracing until those functions became less relevant to pandemic control. NMDOH also worked with many of the American Indian populations to update 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 have been several American Indian hantavirus patients whose specimens were tested and handled at the NMDOH Scientific Laboratory Division. Our Zoonotic Disease staff assisted, when requested, with investigations. Most investigations were primarily handled by tribal investigators.

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

IDEB conducts surveillance among tribal members statewide for all reportable infectious diseases (per the New Mexico Administrative Code) to include active surveillance for pathogens included as part of EIP Active Bacterial Core surveillance (ABCs), FoodNet surveillance, 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 FY23: All tribes in New Mexico.

FY23 Estimated Expenditures: In-kind services - staff salaries from epidemiologists and other IDEB staff.

HIV Services Program

(505) 476-3624

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 FY23: Approximately 140 persons living with HIV were served by First Nations HSP.

FY23 estimated expenditures: Provider agreement with First Nations for HSP services increased from \$325,000 in SFY 2020 to \$425,000 in SFY 2023. 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 FY23: HIV testing numbers are starting to return to normal with roughly 7,500 targeted HIV tests for populations at greatest risk in calendar 2022, after significant decreases during the COVID-19 pandemic.

FY23 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 FY23: Unable to determine unduplicated count.

FY23 Estimated Expenditures: Approximately \$350,000 in personnel costs for the regional Disease Prevention Team. The Disease Prevention Team in this region was expanded to almost double the staffing during FY22 through a federal grant for Disease Intervention Specialist (DIS) Workforce Expansion. There are now a total of seven (7) staff, including a new Program Manager and two additional DIS, up from a previous staffing level of four (4) positions. This should allow for more timely and complete disease investigation, expansion of all testing services, increase in prevention education, and expanded collaboration with the Navajo Department of Health.

Tuberculosis Program (505) 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. Provide national reporting of all active tuberculosis cases to CDC partners. Provide a dedicated TB Nurse Consultant Liaison to assist with active disease, contact investigation consultation, TBI management and education.

Served FY23: Services available for all tribes within New Mexico.

FY23 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.

FY23 Services: Caseload Monthly average 35,012

FY 23 Estimated Expenditures:

- Federal Fund (Admin): \$19,250,550
- Federal Fund (food): \$20,778,314
- Total Federal Funds: \$40,028,864
- State General Fund: \$378,224

Farmers' Market Nutrition Program (FMNP)

(505) 469-0548

Services: Provides USDA funding in the form of a Mobile App or Shopper Card (\$30.00 maximum per active-eligible participant in a household) for income-eligible WIC participants to spend on fresh fruit, vegetables, and herbs at authorized Farmers' Markets, Farm/Roadside Stands throughout the state of New Mexico during the summer growing season.

FY23 served: 9,619 WIC clients and they spent \$89,325 throughout New Mexico.

Federal Funding - &89,325.00

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

(505) 469-0548

Services: Provides USDA and NM Department of Agriculture funding, in the form of a Mobile App or Shopper Card (up to \$50.00 per eligible senior/elder in a household) 55+ (Native American) and 60+ (non-Native American) to spend on fresh fruit, vegetables, herbs and Honey at authorized Farmers' Markets, Farm/Roadside Stands throughout the state of New Mexico, during the summer growing season.

FY23 served: 7,408 seniors spent \$232,263 throughout New Mexico.

Federal Funding- \$119,754.69

State Funding- \$125,464.67

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

San Felipe Pueblo, Jemez Pueblo, Santo Domingo Pueblo, Taos Pueblo, Pojoaque Pueblo & Five Sandoval Indian Pueblos. The Alamo and Shiprock Chapters of the Navajo Nation.

Senior Farmers' Market Nutrition Program participating senior centers:

Ohkay Owingeh, San Ildefonso Pueblos, San Felipe, Pojoaque, Santa Clara

Pregnancy Support

Public Health Division

Families First is now in ECECD.

School-Based Health Centers

Public Health Division

School-Based Health Center

(505) 487-0822

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 FY23: 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.

FY23 Estimated Expenditure: \$1,275,000 (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.

Suicide Prevention

Public Health Division

Suicide Prevention

(505) 487-0822

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 2022-2023 school year:

1. Kirtland
2. Jemez Mountain
3. Espanola
4. Pojoaque
5. Farmington
6. Ruidoso
7. 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 FY23: Over 30 communities annually.

FY23 Estimated Expenditure: \$475,000

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

Served FY23: All newborns are screened for genetic conditions prior to discharge from the hospital. This includes 3,200 American Indian children born in IHS Hospitals and those born in private or public hospitals.

FY23: Estimated Expenditures: \$350,000 revenues generated by the program

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 FY23: Approximately 160 American Indian children required follow-up services.

FY23: Estimated Expenditures: \$50,000 federal funds

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 FY23: 400 American Indian youth and children with special health care needs statewide.

FY23 Estimated Expenditures: \$100,000. Estimated In Kind Contributions related to NMCMS care coordination for these three (3) programs listed above would be \$500,000. This is a split between federal, state and revenues generated by the program.

Maternal and Child Health

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 MCH 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 MCH/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

MCH/PRAMS 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/MCH/PRAMS 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

MCH/PRAMS 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 legislative session, MCH/PRAMS 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 rulemaking and policies will include input from Indigenous Women Rising, Tewa Women United, Changing Woman Initiative and tribal consultants from the NM Doula Association.

Following the passage of SB 96, the maternal mortality review committee brought on ten new members, including several Indigenous members, two of whom were directly appointed by the Secretary of the NM Indian Affairs Department. The Maternal Health Program contracted with

Black Health New Mexico to provide health equity, anti-bias and trauma training to the full committee.

Although only five 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 compared to Hispanic and non-Hispanic white women, 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.

The Alliance for Innovation on Maternal Health (AIM) team in New Mexico received supplemental funding in FY22 to expand data capacity and increase Indian Health Services participation in the safety bundles. The Title V and Maternal Health staff participate in the identification and prioritization of safety bundles for New Mexico, and they contract with the New Mexico Perinatal Collaborative to manage implementation of new safety bundles, focusing efforts on a comprehensive substance use disorder bundle- Care for pregnant and postpartum people with substance use disorder.

MCH Epidemiology staff received 2018-2020 IHS hospitalization data in May 2022, and the analysis team is working with the Navajo and Albuquerque Area birthing facilities on a data cleaning and validation process. Although IHS data cannot be presented on the AIM portal, our team is working on a data dashboard development project to provide a data feedback process for outcome improvement.

COVID-19 and Pregnancy Case Tracking

MCHEP analysts developed pregnancy monitoring and follow up protocols to standardize data collection for COVID-19 cases where the case was pregnant or postpartum. The TEC and 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. Over 1700 families have been supported by referrals and connections to services, when requested. A presentation of provisional data was shared for the New Mexico Perinatal ECHO session in March 2022. An abstract was accepted with the Council of State and Territorial Epidemiologists to present in June 2022, but contract delays and IRB approval processes meant the results could not be shared until FY23. 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

A Title V Maternal Child Health website features data and results from NM and Tribal PRAMS and national datasets pertaining to the NM birth and early childhood populations. The website has been 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 highlight data to action with direct service impact.

Policy and data applications from MCH Epidemiology include raising awareness about workplace accommodations for pregnancy and lactating people, access to contraception and Medicaid expansion.

Workforce Development

Staff at the University of New Mexico College of Population Health, MCH Epidemiology and the TECs launched an inaugural competitive MCH Epidemiology Traineeship in February 2020. The first cohort of five minority students were placed in internship positions with NMDOH and the TECs or partnering tribal organizations. Three students were Native American and 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. Two of these interns were brought on as MCH Epidemiology staff in FY22, supporting long-term job development.

Served FY23: All federally recognized U.S. tribes for NM residents.

FY23 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.

Maternal Health Program

(505) 476-8866

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

Title V Block Grant

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

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

FY24 Title V objectives include continued refinement of the current portfolio of High-Risk Fund

contracts with the goal of assuring that a diverse and accessible array of providers is under contract to provide perinatal services. We will also evaluate the geographic reach and numbers of individuals served. Expanding opportunities to provide culturally congruent and respectful care to Indigenous families remains a high priority.

Maternal Mortality Review Committee

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

During fiscal year 2023, MHP coordinated the drafting of updated NM Administrative Code to accompany the 2021 statute that diversified and expanded the MMRC's membership. The updated rules incorporated significant community input led by the NM Black and Indigenous Maternal Health Policy Coalition, and they outline processes to identify and assure representation and leadership from communities most impacted by maternal mortality. Currently, the elected leaders of the MMRC all identify as Black and Indigenous, confirming alignment with the intent of the law and putting New Mexico on the forefront of leadership transformation nationwide.

FY24 MMRC objectives include ongoing work to diversify MMRC operational staff to reflect the population of the state and community-based expertise. We are also moving forward in collaboration with MCHEP on the specific goal to increase partnerships with tribal public health authorities through AASTEC to assure that they have access to MMRC data and analysis that is relevant to tribal communities.

Perinatal Quality Improvement

MHP has continued to fund and support the NM Perinatal Collaborative on the implementation of a maternal safety bundle focused on perinatal substance use disorder that includes respectful care core domain. Specific objectives also include increasing engagement of community midwives and birthing centers in perinatal quality improvement, and deepening support for rural providers and hospitals, including Indian Health Service (IHS) facilities, through the NM Perinatal Collaborative outreach team to perform emergency drills and simulations in low volume care settings.

FY24 Perinatal Quality Improvement objectives include sponsorship of regional trainings for perinatal care providers to offer Medication for Opioid Use Disorder. Trainings are slated to begin in Gallup in September 2023 in collaboration with Gallup Indian Medical Center and community partners who will focus on culturally appropriate care and wrap around services for Indigenous clients.

Midwifery Licensure

The Maternal Health Program is responsible for licensing, regulating and supporting the practice of Certified Nurse Midwives (CNM) and Licensed Midwives (LM). Integration of midwives across systems of care is associated with improved outcomes on multiple indicators of maternal and infant

health and wellbeing. CNMs provide a significant amount of the reproductive health and perinatal care at IHS facilities, including those located within New Mexico. LMs and some CNMs provide care in home and birth center settings that may improve access to care for individuals who live in rural communities and create more opportunities for family participation and culturally significant birthing practices to be observed. Indigenous midwives may be able to provide culturally congruent care that is also associated with improved outcomes.

During the current fiscal year, the MHP acquired two hearing screening machines for use by community midwives in home settings. Changing Woman Initiative (CWI) will have access to one of the machines to promote increased access to newborn screening for Indigenous families.

FY24 Midwifery Licensure objectives include updates to guidelines consistent with developments in the field and incorporating input from midwives and community members, including Indigenous midwives, birthing families and organizations. We also plan to track the impact of the hearing screening pilot and its effectiveness in increasing access to this service for rural Indigenous families.

Served FY23: Three IHS facilities participated in perinatal quality improvement programming: Gallup Indian Medical Center, Northern Navajo Medical Center, and Zuni Comprehensive Health Center. Indigenous birthing families that delivered at 22 additional enrolled NM birthing hospitals may have benefitted from direct engagement with quality improvement programming. Families served by Indigenous midwives have had access to culturally congruent care in hospital and home settings.

FY23 Estimated Expenditures: Contract with First Nations Community Healthsource for Title V Provider Agreement to provide risk-appropriate perinatal services: \$40,000. Contract with NM Perinatal Collaborative for quality improvement programming that reaches perinatal care providers and hospitals serving Indigenous birthing families (percentage based on population): \$40,000. Hearing screening machine purchased for use by CWI with Indigenous families: \$9000.

Commercial Tobacco

Public Health Division

Nicotine Use Prevention and Control Program

(505) 415-2203

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

Surveillance: The NM Behavioral Risk Factor Surveillance System (BRFSS) continues to collect data on 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 2021. NUPAC is working closely with the Epidemiology and Response Division to fund for questions added to the

surveys. Utilization, satisfaction, and quit rates of QUIT NOW enrollees are also collected by NUPAC 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.

NUPAC Anti-Oppression Framework

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

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

In FY23, NUPAC funded the annual anti-oppression training and examined how other mitigating racial equity allow for one to recognize health disparities and mental and behavioral health in communities that typically go unnoticed. A toolkit was developed as a resource for attendees on racial equity.

FY23 Services

FY23 services to American Indian populations in New Mexico are provided through contracts and partnerships between NUPAC and Keres Consulting, Inc., Rescue Agency, Consumer Wellness Solutions, Inc/RVO Health, 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. NUPAC also contracts with Rescue Social Change Group to engage youth in community awareness and policy development.

Keres Consulting, Inc.

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

In FY23, Secondhand Protections in Native American Communities provided information on secondhand smoke awareness, dangers of nicotine products and e-cigarettes at seven (7) American Indian events in New Mexico:

- College Fair at Acoma Pueblo
- Poeh Market in Pojoaque Pueblo
- Running Medicine event at UNM
- The 1st Annual Pathways to Success: Empowering Native American Students for College and Career at Buffalo Thunder in Pojoaque Pueblo.
- The Santa Fe Indian School Convocation – Planting the Future: Brave Careers to Sustain Our Communities
- The Tesuque Child Abuse Prevention Kids Stampede.
- University of New Mexico Pow Wow hosted by the Kiva Club

In FY23, Keres Consulting Secondhand Smoke Protection in Native American Communities contract published a biweekly New Letter called “Smoke Free Signals”. The newsletter is distributed to 383 recipients. This is a free notification service that provides the latest commercial and traditional tobacco news, events, topics, and successes. The mission and core values include providing commercial tobacco secondhand smoke awareness and resources to New Mexico Tribal communities and improving health outcomes.

Black Hills Center for American Indian Health

The New Mexico Department of Health’s Nicotine Use Prevention and Control (NUPAC) Program partnered with Black Hills for American Indian Health, a subcontractor, to create videos for the Navajo Nation Youth providing education on tobacco prevention and support to each other as they begin the process of reclaiming their sacred tobacco. The videos will include Navajo Elders who will talk about this subject to the Navajo Youth in their own language and with English subtitles. The purpose of this project is to prevent Navajo youth on the Navajo Nation to not to smoke commercial tobacco.

Rescue Agency

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

- Grants High School
- Navajo Preparatory School
- Newcomb High School

Youth from these schools make up 15% of all Evolvement members and 8% of Evolvement’s Leadership team in FY23.

Evolverment 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:

- Crownpoint Elementary Assembly
- Grants-Cibola School Board Meeting
- Navajo Prep Principal Meeting
- Jemez Valley School Board Meeting
- Newcomb HS Valentines Day Basketball Table
- Newcomb HS Principal Meeting
- Taos School Board Meeting

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

- Grants City Council Meeting
- Grants High School Basketball Game Event
- International District Healthy Communities Coalition Partner Presentation
- NAPPR (Native American Professional Parent Resources, Inc.)
- Navajo Prep Boys and Girls Basketball Game Event
- Navajo Prep Football Game Event
- Newcomb High School Basketball Game Event
- Optum/RVO Health (Live Vape Free) (presentation conducted by Native American student)

Consumer Wellness Solutions, Inc. (“RVO Health”)

The New Mexico Department of Health’s Nicotine Use Prevention and Control (NUPAC) Program contracts with RVO Health to provide a variety of nicotine addiction treatment services, including individual nicotine addiction treatment provided through telephonic and online QUIT NOW Cessation Services, online training for health professionals, and the Health Systems Change Training and Outreach Program.

To date in FY23, QUIT NOW Cessation Services has provided individual services to 72 Native Americans in New Mexico. The Health Systems Change Training and Outreach Program offers free consultation, technical assistance, and training for nicotine treatment health systems change. The program provides training and outreach curriculum, including Brief Tobacco Intervention and Cessation Services and Referral training for staff and providers. In FY23, fourteen (14) organizations that specifically serve Native Americans participated in the Health Systems Change Training and Outreach Program including:

1. Native American Training Institute
2. Nizhoni Counseling
3. Wingate High School
4. Zuni Public Schools
5. Zuni Recovery Center

The Health Systems Change Specialist is certified as a Native American Tobacco Treatment Specialist to train Native American communities on the treatment of nicotine dependence. She also had provided national training with Native American behavioral health providers. Both the Health Systems Change Program Manager and Health Systems Change Specialist attended the National Tribal Tobacco Conference in Minnesota.

Estimated Expenditures: \$912,000 – 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

Contact: Michael Padilla

(505) 827-0167

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, acknowledgments of paternity, and delayed registration of births to assist American Indians in collaboration with tribal registrars to address issues with record registrations for their administrative and legal needs. Our major initiatives continue to focus on conducting registration and issuance assistance to tribal members, especially in obtaining a Real ID driver's license. Throughout the COVID-19 pandemic, in-person outreach events and trainings to tribal members were suspended, but BVRHS continued to provide support and assistance virtually. Now that restrictions have been lifted from the pandemic, BVRHS is working to reestablish in-person assistance and events to include outreach for birth and delayed birth records as well as training to tribal affiliates. Although the need for birth certificates had decreased a little throughout the pandemic and remain lower than pre-pandemic, BVRHS continues working with funeral homes, tribal affiliates, and various partners to ensure timely birth and death records are registered and certified certificates are issued timely or easily accessible for individuals. Furthermore, as Pueblo leadership officials and tribal enrollment staff continue, the transition and adjustment from paper to electronic registration procedures, the BVRHS continue to assist with training, registration issues, and help-desk ticket issues to resolve problems related to electronic certification efficiently and effectively.

Served FY23: All tribes in New Mexico.

FY23 Estimated Expenditures: Personnel and administrative costs were approximately \$173,983. Personnel costs were approximately \$170,687, which included fringe benefits, and cost of safety paper used for birth and death certificates for were approximately \$3,296.

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 a current data sharing with Navajo Area Indian Health Service. In the past there have been data sharing agreements with the Albuquerque Area Indian Health Service and the Navajo Nation Epidemiology Center. 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

Contacts: Stephanie Lashway (BRFSS) (505) 476-3595; Dan Green (YRRS) - (505)476-1779

Services: The NMDOH Survey Section, Epidemiology and Response Division, administers two major population-based surveys that produce significant data about the American Indian population: the 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 planning group for the 2023 BRFSS includes representatives from AASTEC and the Navajo Epidemiology Center.

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

Served FY23: All tribes in New Mexico.

FY23 Estimated Expenditures: Personnel and administrative costs only.

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

Tribal Epidemiologist: Vacant

(505) 476-3654

Services: The job of the Tribal Epidemiologist at the NM DOH is to leverage DOH epidemiology resources to analyze and disseminate health data, provide training in epidemiology and public health assessment, improve disease and injury surveillance and reporting systems, and advocate for utilization of American Indian health data. The Tribal Epidemiologist works closely with Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) and the Navajo Nation Tribal Epidemiology Center (NEC). In addition to these organizations, the Tribal Epidemiologist provides data and technical assistance to all tribes, nations, reservations and pueblos within New Mexico. The Tribal Epidemiologist maintains NMDOH data sharing agreements with the Albuquerque Area Indian Health Service, the Navajo Area Indian Health Service, and the Navajo Nation Tribal Epidemiology Center in order to facilitate this sharing of data and resources. The Tribal Epidemiologist position has been vacant since September 2, 2021. Efforts to recruit and hire an advanced epidemiologist have been unsuccessful to date. The AIAN COVID Epidemiology Team continued working with tribes to provide technical and epidemiological support and keep them up to date with cases occurring in their communities.

Served FY23: All tribes in New Mexico.

FY23 Estimated Expenditures: In-kind services with Tribal Epidemiologist staff salary.

AIAN COVID Epidemiology Team

(505) 660-8486

During FY23, the AIAN COVID Epidemiology Team collaborated with IDEB case investigation and contract tracing staff, tribes, and tribal entities throughout the state to assure that all American Indian COVID cases and contacts were investigated and provided with isolation and quarantine guidance according to the appropriate Tribal Public Health Authority. NMDOH provided case, hospitalization, and death data to tribes on a daily basis, assisted tribes with outbreak response efforts, and reported vaccine breakthrough and variant of concern cases to Tribal Jurisdictions to

inform their community public health responses. NMDOH is thankful for our partnership with American Indian populations and their sovereign governments during the pandemic.

Served FY23: All tribes in New Mexico.

FY23 Expenditures: Personnel and administrative costs only. Personnel costs: WF Epidemiologist \$78,000; Data Analyst \$70,000; and additional costs for a Case Investigator Position.

Health Systems Epidemiology Program

(520)-404-9444

Services: The Health Systems Epidemiology Program (HSEP) collects data from hospitals as well as other types of healthcare related data within New Mexico. The HSEP program collects and maintains data related to Emergency Department (ED) visits data as well as the Hospital Inpatient Discharge Database (HIDD). Both databases collect tribal affiliation in the state of New Mexico. Where and when applicable, HIDD and ED also integrates Indian Health Service data (from Navajo Nation and Albuquerque Service Units) into the state-wide dataset.

Served FY23: All tribes in New Mexico.

FY23 Expenditures: Personnel and administrative costs only.

Asthma Control Program

(505) 827-0006

Services: Contracted with the American Lung Association to provide the Enhancing Care for Children with Asthma Program (ECCAP) and technical training to Mescalero Indian Health Services during fiscal year 2023. Unfortunately, the Mescalero facility was unable to complete the 12-month program due to staff shortages, however we hope to re-engage them in future cohorts.

FY23 Estimated Expenditures: Personnel and administrative costs only.

Occupational Health:

(505) 827-0006

Services: The Environmental Health Epidemiology Bureau (EHEB) received a new grant beginning in fiscal year 2022 which included a plan to work with the Office of the Tribal Liaison on a comprehensive outreach program to include tribal concerns in Occupational Health Surveillance Program in a way that is inclusive and culturally sensitive. Unfortunately, due to staffing issues, work was limited to updating annual reports.

Served FY23: All tribal communities within New Mexico.

FY23 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. NMEPHT sponsored a UNM Project ECHO Climate and Health telehealth series titled [Climate Change in Indigenous Communities](#). In addition, the NMEPHT has added race/ethnicity data elements to its health datasets to better understand health inequities in our state. We also added a health equity page on our data portal that displays a map of superfund sites and the CDC Social Vulnerability Index which can be found here [NMTracking Environmental Health Equity](#).

Served FY23: All tribal communities within New Mexico.

FY23 Estimated Expenditures: Personnel and administrative costs; \$50,000 ECHO speaker sponsorship.

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 provided tribes, nations, and pueblos with reports about the incidence of cancer in their communities. An inquiry received from Santa Ana pueblo, was being worked on by the CCW. The Indian Health Service provided access to the needed data to address their request. The CCW plans to provide a report to the pueblo this year. Information about how to submit an inquiry to the CCW can be found at

<https://nmtracking.doh.nm.gov/health/cancer/CancerConcernsWorkgroup.html>

FY23 Estimated Expenditures: Personnel and administrative costs only.

Safe Water (formerly Private Wells) Program

(505) 827-0006

Services: Free well water testing events, a partnership with NMED Ground Water Quality Bureau, were provided for people with private wells serving homes not connected to a public water utility in 4 communities throughout the state. These events served at least 200 NM residents. Participants included residents of Jemez Pueblo some of whom were affected by wildfires in 2022. 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 FY23: All tribal communities within New Mexico.

FY23 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 continue to use NMEDSS and GIMC staff have been conducting investigations of all cases of notifiable conditions that reside in their jurisdiction and sending that information back to IDEB for final notification to the Centers for Disease Control and Prevention (CDC).

From March 2020, NMDOH IDEB established a group of epidemiologists/staff to assist with pandemic data sharing, testing, personal protective equipment and vaccination planning. NMDOH also assisted tribes with COVID-19 patient investigations and contact tracing until those functions became less relevant to pandemic control. NMDOH also worked with many of the American Indian populations to update 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 have been several American Indian hantavirus patients whose specimens were tested and handled at the NMDOH Scientific Laboratory Division. Our Zoonotic Disease staff assisted, when requested, with investigations. Most investigations were primarily handled by tribal investigators.

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

IDEB conducts surveillance among tribal members statewide for all reportable infectious diseases (per the New Mexico Administrative Code) to include active surveillance for pathogens included as part of EIP Active Bacterial Core surveillance (ABCs), FoodNet surveillance, 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 FY23: All tribes in New Mexico.

FY23 Estimated Expenditures: In-kind services - staff salaries from epidemiologists and other IDEB staff.

Emergency Medical Systems Bureau

(505) 476-8204

EMS / 476 – 8220 [Trauma/Stroke/Heart Attack]

Services: This bureau administers the Emergency Medical Services (EMS), Trauma, and Stroke/STEMI (Heart Attack) programs. The EMS Program assures licensure for approximately 7,000 Emergency Medical Technicians (EMTs) at five different levels (dispatcher, first responder, basic, intermediate and paramedic), which includes EMS caregivers working at tribal locations.

The EMS Bureau regulates non-PRC certified EMS agencies, air ambulance agencies, and also provides technical assistance to the NM Public Regulation Commission (PRC) in their oversight of business operations for certified ambulance transport agencies. There are 26 tribal based non-PRC and PRC certified EMS agencies, and the EMS Bureau stands ready to assist these agencies in any way we can. 20 of these agencies applied for and received EMS Fund monies this year, which can

be used by New Mexico EMS agencies to help with operational costs. The Trauma, Stroke, and Heart Attack Programs designate trauma, stroke, and heart attack centers, and have worked with Gallup Indian Medical Center and Northern Navajo Medical Center in designation for and treatment of these conditions.

Emergency Preparedness | Epidemiology and Response
Division
Served: All tribes

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

Contact: Kimberly Brown (505) 699-0244

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

Served FY23: MOAs sent out to Pueblo of Cochiti, Pueblo of Isleta, Zia Pueblo, Santo Domingo, Pueblo of San Felipe, Pueblo of Santa Ana, and Pueblo of Jemez.

Emergency Operations Center Representative (EOCR)

Contact: EOCR On Call Phone (505) 231-5506

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

Served FY23: All New Mexico Pueblos, Tribes, and Nations.

The Department Operations Center (DOC)

Contact: Tyson Whittaker (505) 476-8261

The DOC supports the State Emergency Operations Center (SEOC). This includes the allocation, delivery, and management of COVID-19 testing kits, sheltering and other medical related missions. The DOC Tribal Liaison also provided updates and participated in the COVID-19 Tribal Leaders/IAD, IHS/Clinical Partners, and the Albuquerque Area Indian Health Service (HIS) COVID-19, MPOX, FLU and Wildfire conference calls.

Served FY23: All New Mexico Pueblos, Tribes, and Nations.

Tribal Public Health Emergency Preparedness Conference

Contact: Tyson Whittaker (505) 231-4349

Services: Unfortunately, due to the COVID-19 pandemic, wildfires, flooding, MPOX, and Flu outbreaks, the conference did not take place this year. Planning has started for the 2024 conference. This will serve all 23 New Mexico Pueblos, Tribes, and Nations.

Medical Reserve Corp Tribal Medical Care and Training

Contact: Bobbie Mackenzie (505) 690-5794

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

Served FY23: Sandia Pueblo. Support is available to all New Mexico Pueblos, Tribes, and Nations.

Medical Reserve Corp Dental Screening Events

Contact: Bobbie Mackenzie (505) 690-5794

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

Served FY23: All New Mexico Pueblos, Tribes, and Nations.

Santa Fe Indian School Initiative

Contact: Tyson Whittaker (505) 231-4349

Services: BHEM's collaboration with Santa Fe Indian School to implement activities associated with emergency preparedness and response planning.

Served FY23: SFIS serves 500 students K thru 12th grade.

Partners In Preparedness Conference-Tribal Funding

Contact: Clinton Kiltz (505) 709-5888

Services: BHEM provided tribal individuals with hotel rooms for the 2023 PIP Conference. This conference is designed to be a collaborative, educational event. 2023 PIP had several topics of mutual concern for tribal members and emergency management professionals.

Served FY23: All New Mexico Pueblos, Tribes and Nations were invited.

Injury Prevention

**Epidemiology and
Response Division**

Served Several Tribes and Pueblos

Substance Use Epidemiology Section

Contact: Luigi Garcia-Saavedra (505) 231-9774

Services: The Substance Use Epidemiology Section collects and analyzes data on substance use in New Mexico and shares the results with other DOH programs, community groups, policy makers, and other stakeholders. The Section assesses negative health consequences of the use of alcohol, prescription drugs, and illicit substances, and promotes the use of effective interventions to address

public health issues resulting from substance misuse. American Indians bear a disproportionate burden of alcohol-related harm in New Mexico. The Alcohol Epidemiologist in the Substance Use Epidemiology Section collaborates with the Tribal Epidemiologist, the Office of Tribal Liaison, and sovereign partners to assure that reporting on analyses involving American Indians is done in a culturally sensitive manner. The Alcohol Epidemiologist upon request can link tribes with technical resources, experts, and offer advice on ways to reduce excessive alcohol use. During FY 23, the alcohol program presented and collected feedback from the spring Tribal roundtable as well as participated in community/county alcohol prevention/policy meetings in Gallup and Albuquerque where tribal and IHS members were active participants.

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

FY 23 Estimated Expenditures: personnel and administrative costs.

Overdose Prevention Section

Contact: Kathryn Lowerre

(505) 476-3798

Services: Overdose Prevention Section goals are to decrease the number of drug overdoses and overdose deaths occurring in New Mexico, in part by conducting outreach to Tribes, Pueblos, and Nations. The section has a Tribal Overdose Prevention Coordinator position, which supports tribal-based initiatives to increase awareness for access to naloxone, Medication-Assisted Treatment (also known as Medication for Opioid Use Disorder), and harm reduction services throughout the state, and works with the Office of Tribal Liaison. Currently, funding and resources around overdose prevention have been provided to the Eight Northern Indian Pueblos Council, a tribal organization serving tribal nations, pueblos, and communities. In addition, the Tribal Overdose Prevention Coordinator and overdose prevention team members, including one of the section's epidemiologist-evaluators, have provided overdose-related support and naloxone education and training to various other tribal organizations. Collaborations are ongoing and will be continued to provide resource support and technical assistance.

Served FY23: Pueblos of Zia, Isleta, Santa Ana, Laguna, Taos, Santa Clara, Ohkay Owingeh, San Ildefonso, Nambé, Picuris, Pojoaque, and Santo Domingo

FY23 Estimated Expenditures: Personnel and administrative costs, funded under the CDC's Overdose Data to Action grant.

Childhood Injury Prevention

Contact: Sam Medeiros

(505) 795-3582

Services: The childhood injury prevention program reduces rates of intentional and unintentional childhood injuries and deaths in New Mexico through partner collaboration, implementation of evidence based/informed prevention programs and policy initiatives. In addition, the program contributes to prevention efforts of adverse childhood experiences (ACEs) and reducing immediate and long-term harms of ACEs. Leveraging data and resources through collaboration with community partners, state agencies, and tribal partners to address social, environmental, and economic conditions that affect health equity and health outcomes continues to be a primary focus for the childhood injury prevention program.

Served FY23: The program coordinator engaged in active tribal partner participation of monthly child fatality review panels and monthly meetings for the New Mexico injury prevention coalition steering committee. Indian Health Service hosted an in-person injury prevention level 1 course in Albuquerque, NM, December 6-8, 2022, which the program coordinator participated in.

FY23 Estimated Expenditures: Personnel and administrative costs

Suicide Prevention Program

Contact: Naja Druva

(505) 827-2582

Services:

Suicide Prevention Program staff continue their efforts to reduce the rate of suicide in New Mexico. The New Mexico Suicide Prevention Coalition, which includes several Native American individuals, met four times in FY 23 to network, share information and resources, and to hear suicide-related data and resource presentations. Approximately twelve members of the statewide coalition represent New Mexico's tribal groups and three sovereign nations as well as Native American service agencies involved in suicide prevention initiatives. These individuals established a Native American population-focused workgroup in 2021 which continues as a standing workgroup of the Coalition. The Native American workgroup members continue to refine their workgroup structure and are in the process of finalizing their mission and goal statements. Members also continue to work on a cohesive strategic plan to address suicide in native communities across the state, including plans to host a statewide Native American Suicide Prevention Conference in a future year. In addition, Native American workgroup members who are trainers for the Question, Persuade, Refer, suicide gatekeeper training program are involved in exploring options for refining content in this widely used program to adapt the training to make it more culturally appropriate to New Mexico's Native American experience. Toward this end, trainers are working with the program's developers. The Native American work group also developed the American Indian Suicide Prevention Resource guide. <https://www.nmhealth.org/publication/view/general/7105/>

NMDOH contractors partnered with American Indian / Alaska Native Mental Health Technology Transfer Center (AI/AN MHTTC) funded by the Substance Abuse and Mental Health Administration (SAMHSA) to convene a Suicide Prevention Summit on May 16, 2023

Served in FY 23: Coalition members and workgroup representatives include individuals from the Albuquerque Area Indian Health Service, the University of New Mexico's (UNM) *Honoring Native Life Program*, UNM Department of Psychiatry, the Albuquerque Area Southwest Tribal Epidemiology Center, Zuni Youth Enrichment Program, Thoreau Community Center, Mescalero Apache Nation / Prevention Program, Institute of American Indian Arts, Tribal Tech LLC, Cañoncito Band of Navajo Health Care, Navajo Nation, NM Office of Substance Abuse Prevention, Sandoval Regional Medical Center, Eight Northern Indian Pueblos Council, and individual members from Acoma, Kewa, Ohkay Owingeh, Picuris, and Santa Clara Pueblos as well as tribal liaisons and representatives from various New Mexico state agencies and departments such as the Department of Veteran Services, the Indian Affairs Department, and the Department of Health.

FY 23 Estimated Expenditures: \$22,700, State General Funds and Personnel and Administrative costs

Adult Falls Prevention

Contact: Sam Medeiros

(505) 795-3582

Services:

The Adult Falls Prevention Program staff use the public health approach to address the issue of older adult falls in New Mexico. The problem has been defined by the high rate of fall related injury, hospitalization, and death of residents over the age of 64. Two programs have been popular with New Mexican elders; they are A Matter of Balance (MOB) and Tai Chi for Arthritis and Falls Prevention (TCFAFP). This past year a new program, Bingocize®, was introduced specifically to be implemented in tribal communities. The epidemic severely impacted seniors and tribal elders, including increased isolation, restrictions of in-person gatherings, and an increase in use of technology for healthcare access prior to providing infrastructure for technology access.

Bingocize® was selected because the course can be delivered remotely, in-person and hybrid with a live class attended remotely by some participants concurrently. Bingocize instructors, are working with the Taos Pueblo Diabetes Program and the Picuris Pueblo Senior Center.

Served FY23: Trainers who provided training statewide for all racial-ethnic groups, including American Indians. Statewide and national partners who work with American Indian older adults regarding effective engagement and encouraged implementation of evidence-based programming within communities and existing structures. Provided educational information to American Indian older adults and senior center staff working directly with this population regarding falls risk and preventative steps.

FY23 Estimated Expenditures: Personnel and administrative costs only that consist of 50% State and 50% Federal funds.

Sexual Violence Prevention

Contact: Kathleen Maese

(505) 827-2724

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, youth tribal councils, parents, and community members. Community level prevention such as policy and procedure reviews and recommendations are provided to agencies, organizations, and groups through contracts with La Pinon Sexual Assault Recovery Services (Las Cruces), Sexual Assault Services of Northwest New Mexico (FARMINGTON), and Tewa Women United (Espanola). Community training and education are provided through the Indian Health Centers in Shiprock, Crownpoint, Dulce and Dziłth-Na-O-Dith-Hle. Prevention programming is provided in schools and communities through the Can I Kiss you? and Safe Dates curricula in the Central Consolidated School District (CCCSD) (San Juan County/Navajo) and McKinley County School District. The CCCSD education will be offered at 4 high schools and 3 middle schools and 4 high schools in McKinley County. The Care for Kids Curriculum will be coordinated and implemented at BIA schools in Navajo Nation/San Juan and McKinley Counties. Youth led community mobilization prevention strategies are delivered to Tribal communities in Espanola, through educating and training to decrease general tolerance of sexual violence within the community.

Served FY23: Tribal members within the service areas of the above listed agencies.

FY 23 Estimated Expenditures: \$187,000
34% federal funds, 66% state funds expended

Violence Prevention

Contact: Kathleen Maese

(505) 827-2724

Services:

The NMDOH violence prevention program was funded for the first time at the start of FY23. During FY23, NMDOH provided the following: Southwest Butterflies Retreat for Indigenous LGBTQ2S Youth focused on Intimate Partner Violence, Connection, and Joy; Annual Tribal Leaders Summit with Wellness Grounding Room and Capacity Building for tribally based service providers responding to intimate partner violence, and a series of Healthy Masculinities Workshops for Male Identified People.

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

Served FY23: Tribal members within the service areas of the above listed agencies.

1. Southwest Butterflies Retreat (June 14-15, 2023) –
 - a. Navajo Nation
 - b. Santa Clara/Santo Domingo Pueblo
 - c. Santa Clara Pueblo
 - d. Santo Domingo Pueblo/Navajo Nation
 - e. Tesuque Pueblo
2. Tribal Leaders Summit grounding room and space served 115 participants from varying tribal nations (23 tribal nations in NM)
3. Healthy Masculinities Focus Groups and Workshops
 - a. : Diné, Jemez Pueblo, Laguna Pueblo, Santo Domingo Pueblo, Jemez Pueblo, Laguna Pueblo, and Santa Ana Pueblo

FY 23 Estimated Expenditures: \$117,000.00 state general funds

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 several HCBW community providers including but not limited to, Coyote Canyon Rehabilitation Center, Tohatchi Area of Opportunity and Services, Zuni Entrepreneurial Enterprises/Empowerment Inc, The Tugland Corporation, Animas Valley Caring Hands, LLC. Ramah Care Services, Presbyterian Medical Services dba Project Shield, Better Together Home and Community Services, Dungarvin, La Vida, and Su Vida. In addition the following case management agencies provide services, Excel Case Mgt, Rio Puerco Case Mgt, Peak Case Mgt, Professional Case Coordination, and Vision Case Mgt.

Currently there is an estimated 375 Native Americans receiving services in various HCBW community programs throughout the state, as well as an undetermined number of Native America's 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.

FY 23 Estimated Expenditures: Personnel and administrative costs

The regulatory and oversight services conducted by DHI are funded by a combination of state and federal funds. The operational budget for DHI is \$18,410,000 and supports 175 full time equivalent positions. The DHI budget expenditures are not allocated by population and are provided as "in-kind" services for Native America's. DHI has many variables that can impact the expenses of licensing and surveying a health facility or monitoring a HCBW community program or conducting an investigation of abuse, making it difficult to provide a specific cost for these in-kind services.

Developmental Disabilities Supports Division

Developmental Disabilities Waiver

1-800-445-6242

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

FY23 Estimated Served: 428 American Indian clients served (Based on Omnicaid data, the Medicaid claims system, as of May 8, 2023– New Mexico Department of Health, Developmental Disabilities Supports Division).

FY23 Estimated Expenditures: \$41,084,667.53 (Based on Omnicaid Claims data as of May 8, 2023– New Mexico Department of Health, Developmental Disabilities Supports Division).

Medically Fragile Waiver Services

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.

FY23 Estimated Served: 20 American Indian clients received services under the Medically Fragile Waiver. (Based on Medicaid Claims data as of May 8, 2023– New Mexico Department of Health, Developmental Disabilities Supports Division).

FY23 Estimated Expenditures: \$497,853.22 (Based on Omnicaid Claims data as of May 8, 2023– New Mexico Department of Health, Developmental Disabilities Supports Division).

Mi Via Waiver

Services: Provides home and community-based services to individuals qualified for the traditional Developmental Disability and Medically Fragile waivers who select the self-direction model of care. Participants on the Mi Via Waiver manage their own services and supports.

FY23 Estimated Served: 309 American Indian clients served. (Based on Omnicaid Claims data as of May 8, 2023–New Mexico Department of Health, Developmental Disabilities Supports Division).

FY23 Estimated Expenditures: \$8,608,557.28 (Based on Omnicaid Claims paid through data as of May 8, 2023– New Mexico Department of Health, Developmental Disabilities Supports Division).

Scientific Laboratories Division

Environmental Analysis

(505)383-9023

Analyze drinking water for chemicals, biological, and radiological testing under Federal Safe Drinking Water Act. Total number of samples was 54 for Total Coliform MMO-MUG and 33 samples for chemical analyses

Served FY 23: ABO Ruins Salinas Pueblo Mission, Fire Rock Casino – Navajo Nation Gaming Enterprises, Flowing Water Casino, Gran Quivira – Salinas Pueblo Missions, Quarai – Salinas Pueblo Missions Jemez Pueblo Dept of Resource Protection, Manuelito Navajo Children’s Home, Manuelito Rest Area, Northern Edge Casino and Canoncito-Tohajiilee.

FY 23 Estimated Expenditures: \$4,869

Implied Consent Training and Support

(505)383-9094

Services: Provided classes to certify 133 tribal law enforcement personnel in-person/online 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, provided certification for breath alcohol test devices (Intoxilyzer 8000) used by tribal law enforcement of DWI/DUID programs. Certification of breath alcohol test devices is one year.

Agencies Served FY 23: Acoma Police Dept., Aztec Police Dept., BIA Southern Pueblos, Crown point Department of Public Safety, Isleta Tribal Police Dept., Jemez Pueblo, Jicarilla Apache Police Dept., Jicarilla Apache Department of Corrections, Laguna Pueblo Tribal Police Dept., Mescalero BIA, Na’Nizhoozi Center (NCI), Ohkay Owingeh, Pojoaque Tribal Police Dept., Ramah Navajo Department of Public Safety, Sandia Pueblo Tribal Police Dept., Santa Ana Tribal Police Dept., Santa Clara Tribal Police Dept., Shiprock Police Department – Navajo Nation, Taos Pueblo Police Dept., Tesuque Tribal Police Dept., Zia Pueblo Tribal Police Dept., and Zuni Police Dept

FY 23 Estimated Expenditures: Training, instrument certifications and repairs totaled: \$13,213.99.

Implied Consent Sample Analysis

(505) 383-9086

Services: Analyze blood samples for alcohol and drugs of abuse for impairment testing. Total number of 24 cases.

Served FY 23: BIA Mescalero, Isleta Tribal PD, Jicarilla Apache Tribal Police, Laguna Pueblo Tribal Police, Ohkay Owingeh PD, Sandia Pueblo Tribal Police, and Acoma PD.

Facilities Management

Fort Bayard Medical Center (FBMC)

(575) 537-3302

Todd Winder, Administrator

Services:

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

FY23: No tribal members served.

New Mexico Behavioral Health Institute (NMBHI)

(505) 454-2100

Tim Shields, Administrator

Services:

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

Adult Psychiatric Division is an acute inpatient hospital accredited by The Joint Commission and provides voluntary, involuntary, and court-ordered behavioral health treatment to individuals, ages 18 and older, suffering from a major mental illness that severely impairs their functioning, their ability to be maintained in the community, and who present as an imminent danger to self and/or others. The governing body of the New Mexico Behavioral Health Institute assumes overall responsibility for the Adult Psychiatric Division's operation. **(21 Tribal Members Served)**

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

positive and motivational, therapeutic setting. CARE is a secure locked facility. **(2 tribal members served)**

Community-based Services (CBS): Offers adult outpatient psychiatric treatment, Psychosocial Rehabilitation Services, Comprehensive Community Support Services and rehabilitation services. **(20 Tribal Members Served)**

Forensic Division of NMBHI is a 116-licensed bed facility that is fully accredited by the Joint Commission. The primary mission of the Forensic Division is to provide competency restoration services to individuals referred by District Courts across the state. Additional services include providing risk assessments to referring District Courts all pursuant to statutory mandates. The Forensic Division is made up of four, inpatient psychiatric care units that are staffed 24 hours per day. The residential units are the Acute Care Unit, the Continuing Care Unit, and the Women's Unit. There is also a Maximum-Security Unit. **(25 Tribal Members Served)**

The Meadows is a 162-bed long-term care community located on the campus of the New Mexico Behavioral Health Institute. Clinical services offered include short-term rehabilitation, 36-bed secure memory unit, palliative, and long-term care. **(5 Tribal Members Served)**

Served FY23: Through FY23, 73 tribal members from several tribal communities.

Turquoise Lodge Hospital (TLH)

(505) 841-8978

Jeff LaMure, Administrator

Services:

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

hospital and behavioral health accreditation standards. The TLH social rehabilitation program is also certified thru HSD as an Adult Accredited Residential Treatment Service (AARTS) thru HSD.

Served FY 23: Through 4/3/23, 36 tribal members, representing 12 New Mexico tribal communities.

New Mexico Rehabilitation Center (NMRC)

(575) 347-3400

Matthew Rael, Hospital Administrator

Services:

NMRC is a Joint Commission accredited specialty hospital with CMS deemed status certifications offering a wide range of rehabilitation services, including physical and occupational therapy, speech and language pathology, social services, psychological services, and a chemical dependency program.

Inpatient Medical Rehabilitation: NMRC offers the most intensive level of 1:1 inpatient rehabilitation therapy available in the region for patients who have had strokes, traumatic brain/head injuries, spinal cord injuries, MVA/Motorcycle accidents, Hip and knee replacements, and other ortho impairments that affect mobility and daily functional status. Therapy is provided three (3) hours a day five 5 days a week. This includes physical therapy (PT), occupational therapy (OT) and speech therapy. Length of stay ranges from 2-4 weeks.

Inpatient Medical Detoxification: NMRC has a dedicated eight (8) bed inpatient unit that provides complete withdrawal management care for adults with drug and alcohol related health problems. This program incorporates ASAM 3.7WM. Average length of stay in detox unit is typically 3-7 days. Licensed counselors available for your treatment sobriety programming along with 24/7 nursing care, provider on staff and on-call 24/7 to meet your needs.

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

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

Served FY 23: Through FY 23, 11 tribal members from several tribal communities.

Sequoyah Adolescent Treatment Center (SATC)

(505) 222-0355

Carmela Sandoval, Administrator

Services:

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

Served FY 23: Through FY 23, 5 tribal members were served from two New Mexico tribal communities.

Los Lunas Community Program (LLCP)

(505) 506-7614

Michael Gemme, Administrator

Services:

- **Supported Living (Residential Services):** LLCP assists persons with intellectual and developmental disabilities (IDD) to live as independently as possible by providing supports designed to assist, encourage, and empower them to grow and develop, gain autonomy, become self-governing, and pursue personal interests and goals.
- **Customized Community Supports (delivered in both individual and group settings):** Based on the preferences and choices of individuals served, LLCP assists adults with IDD to increase their independence, strengthen the ability to decrease needed paid supports, establish or strengthen interpersonal relationships, join social networks, and participate in community life.
- **Community Integrated Employment:** Based on the preferences and choices of individuals served, LLCP assists adults with IDD to become employed in the community in competitive jobs that increase their economic independence, self-reliance, social connections, and career development.
- **Adult Nursing:** LLCP nurses provide health care services, coordination, monitoring, training, and medication management to adults with IDD participating in any of our programs/services.
- **Intensive Medical Living Supports:** Through its nurses and other trained direct care staff, LLCP provides individualized and specialized medical supports to our residents with IDD who have high-acuity medical issues and needs.
- **Crisis 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 FY23: Through FY 23: five (5) tribal members were served from three (3) New Mexico tribal communities.

New Mexico State Veteran Home (NMVH)

(575) 894-4200

Kenneth Shull, Administrator

Services:

NMVH licensed and certified, 135-bed, long-term intermediate and skilled care facility serving our honored Veterans, their spouses, and Gold Star Families. Clinical services offered include short-term rehabilitation, secure memory unit, palliative, and long-term care to honorably discharged veterans with 90 days or more of service.

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

Served FY23: Through 6/10/23, 0 tribal members were in our care.

Medical Cannabis Program

MEDICAL CANNABIS

Phone: 505-827-2321

The Medical Cannabis Program (MCP) was created in 2007 under the Lynn and Erin Compassionate Use Act (the Act). The purpose of this Act is to allow the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions. The Program enables the provision of compassionate care for people that have certain illnesses who prefer to use cannabis to alleviate symptoms related to their diagnosis. The Program serves New Mexicans with qualifying medical conditions diagnosed by a health care provider. There are currently 30 qualifying medical conditions. The Medical Cannabis Program currently operates the

Medical Cannabis Patient Registry. In addition, the MCP helps to administratively facilitate the Public Health and Safety Advisory Committee as it relates to cannabis use.

In April of 2023, the Medical Cannabis Program served approximately 101,000 New Mexican residents. Due to a multi-year enrollment process and recent changes in data collection, most notably, the program transitioning from a set of optional demographic collection questions to a required set of demographic questions, the program is working toward identifying and understanding the diversity of the patient population. As of April 2023, just under 50,000 patients had responded to the demographic questions and 2,385 of these individuals identified as American Indian or Alaskan Native. The program hopes with the implementation of the required demographic questions to obtain more accurate patient demographics in order to better tailor programs to help those who need it. The Medical Cannabis Program publishes monthly reports which include the demographic information on the program website: <https://www.nmhealth.org/about/mcp/svcs/> on the Educational Materials page.

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

The Medical Cannabis Program operates out of budget allocation from the Cannabis Regulation Fund administered through the Regulation and Licensing Department. There are no federal funds currently available to the program.

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	Patrick M. Allen Cabinet Secretary	Patrick.Allen@doh.nm.gov	(505) 827-2613
Office of the Secretary	Laura Parajon, MD Deputy Secretary	Laura.Parajon@doh.nm.gov	(505) 827-2613
Office of the Secretary	Vacant Deputy Secretary		(505) 827-2613
Office of the Secretary Office of General Counsel	Billy Jimenez Deputy Secretary General Counsel	Billy.Jimenez@doh.nm.gov	(505) 827-2913
Office of Tribal Liaison	Janet R. Johnson Tribal Liaison	Janet.Johnson@doh.nm.gov	(505) 827-0636
Office of Policy and Accountability	Aryan Showers, Director Martin Brown, Deputy Director	Aryan.Showers@doh.nm.gov Martin.Brown@doh.nm.gov	(505) 827-2270 (505)476-3656
Office of Health Equity	Vacant Director		(505)946-7313
Epidemiology and Response Division	Laura Parajon, M.D. Acting Director Acting State Epidemiologist	Laura.Parajon@doh.nm.gov	(505) 827-2613
Epidemiology and Response Division	Vacant Tribal Epidemiologist		(505)476-3654
Epidemiology and Response Division, Infectious Disease Epidemiology Division	Chad Smelser, Bureau Chief	Chad.Smelser@doh.nm.gov	(505) 476-3019

Division	Name/Title	Email	Phone
Epidemiology and Response Division, Environment Health Epidemiology	Srikanth Paladugu	Srikanth.Paladugu@doh.nm.gov	(505) 476-3549
Epidemiology and Response Division, Bureau of Health Emergency Management	Christopher Emory, Bureau Chief	Christopher.Emory@doh.nm.gov	(505) 476-8333
Epidemiology and Response Division, Bureau of Vital Records and Health Statistics	Michael Padilla, Bureau Chief	MichealA.Padilla@doh.nm.gov	(505)827-0167
Division of Health Improvement	Christopher Burmeister, Director	Christopher.Burmeister@doh.nm.gov	(505)476-9093
Division of Health Improvement Policy, Planning, Performance	Danny Maxwell, Deputy Director	Danny.Maxwell@doh.nm.gov	505) 205-6506
Division of Health Improvement Community Programs	Shadee Brown, Deputy Director	Shadee.Brown@doh.nm.gov	(505) 699-0714
Developmental Disabilities Supports Division	Scott Doan Deputy Director	Scott.Doan@doh.nm.gov	(575) 528-5187
Developmental Disabilities Supports Division	Jennifer Rodriguez, Deputy Director	Jennifer.Rodriguez@doh.nm.gov	(505) 670-2407
Developmental Disabilities Supports Division	Joseph Tighe, Deputy Director	Joseph.Tighe@doh.nm.gov	(505) 470-4584
Scientific Laboratory Division	Michael Edwards, Director	Michael.Edwards@doh.nm.gov	(505)383-9001
Scientific Laboratory Division	Erica Pierce, Deputy Director	Erica.Pierce2@doh.nm.gov	(505)383-9003
Scientific Laboratory Division	Vacant,		(505)383-9023

Division	Name/Title	Email	Phone
Environmental Testing	Chemistry Bureau Chief		
Scientific Laboratory Division – DWI	Dr. Samuel Kleinman, Toxicology Bureau Chief	Samuel.Kleinman@doh.nm.gov	(505)383-9086
Scientific Laboratory Division Infectious Disease Testing	Adam Aragon, Biology Bureau Chief	Adam.Aragon@doh.nm.gov	(505) 383-9122
Fort Bayard Medical Center	Todd Winder, Administrator	Todd.Winder@doh.nm.gov	(505)537-8600
New Mexico Behavioral Health Institute	Timothy Shields, Administrator	Timothy.Shields@doh.nm.gov	(505)454-2100
New Mexico State Veterans Home	Kenneth Shull, Administrator	Kenneth.Shull@doh.nm.gov	(575)894-4205
New Mexico Rehabilitation Center	Matthew Rael, Administrator	Matthew.Rael@doh.nm.gov	(575)347-3400
Sequoia Adolescent Treatment Center	Carmela Sandoval, Administrator	Carmela.Sandoval@doh.nm.gov	(505)222-0355
Turquoise Lodge Hospital	Jeff LaMure, Administrator	Jeff.LaMure@doh.nm.gov	(505)383-1122
Los Lunas Community Program	Michael Gemme, Administrator	Michael.Gemme@doh.nm.gov	(505)252-1053
Medical Cannabis Program	Dominick Zurlo, PHD Division Director	Dominick.Zurlo@DOH.NM.GOV	(505) 827-2321
	Elizabeth Bisio, MPH, CHES Health Educator	Elizabeth.Bisio@DOH.NM.GOV	(505)-827-2321
Public Health Division	Jeff Lara, Division Director (Interim)	jeffrey.lara@doh.nm.gov	(505) 827-2691
Public Health Division	Britt Levine,	britt.levine@doh.nm.gov	(505) 841-5869

Division	Name/Title	Email	Phone
	Deputy Director, Programs		
Public Health Division	Chris Novak, MD, MPH Medical Director	christopher.novak@doh.nm.gov	(505) 827-0975
Public Health Division	Heather Black, RN, BSN, BSW Chief Nurse	heather.black@doh.nm.gov	(505) 827-2308 (505) 470-0462
Public Health Division, NW Region	Jody Wagner, Acting Region Director	jody.wagner@doh.nm.gov	(505) 841-4125
Public Health Division, NE Region	Nick Boukas, Region Director	nick.boukas@doh.nm.gov	(505) 476-2658
Public Health Division, SW Region	Dawn Sanchez, Region Director	dawn.sanchez@doh.nm.gov	(575) 528-5174
Public Health Division, SE Region	Jimmy Masters, Region Director	james.masters@doh.nm.gov	(505) 222-4633
Public Health Division, Population and Community Health Bureau	Tim Lopez, Bureau Chief	timothy.lopez1@doh.nm.gov	(505) 412-2643
Public Health Division, Family Health Bureau	Sarah Flores-Sievers MPH, WIC Director	sarah.flores-siever@doh.nm.gov	(505) 819-7352
Public Health Division, Infectious Disease Bureau	Andrew Gans, Acting Bureau Chief	andrew.gans@doh.nm.gov	(505) 479-1187
Public Health Division, Office of Oral Health	Amy Sandoval, Program Manager	amy.sandoval@doh.nm.gov	(505) 827-0837
Public Health Division, Obesity, Nutrition, and Physical Activity	Rita Condon, Program Manager	rita.codon@doh.nm.gov	(505) 903-3100
Public Health Division, Diabetes	Edwina Valdo,	edwina.valdo@doh.nm.gov	(505) 263-9080

Division	Name/Title	Email	Phone
Prevention and Control Program	Director, Heart Health and Diabetes		
Public Health Division, Heart Disease and Stroke Prevention Program	Lindsey Goodhue, Program Manager	lindsey.goodhue@doh.nm.gov	(505) 403-7820
Public Health Division, Nicotine Use Prevention and Control Program	LeAnn Allison, Director, Nicotine Use Prevention and Control Program	leann.allison@doh.nm.gov	(505) 841-4192
Public Health Division, Nicotine Use Prevention and Control Program	Monica Patten, N.E. Health Educator	monica.patten@doh.nm.gov	(505) 841-5844
Public Health Division, Office of Community Health Workers	Devona Duran Quam, Director, Office of Community Health Workers	devona.duran1@doh.nm.gov	(505) 469-7150
Public Health Division, WIC Program	Sarah Flores-Sievers, Director	sarah.flores-siever@doh.nm.gov	(505) 819-7352
Public Health Division, Farmer's Market Nutrition Programs	Veronica Griego, Program Manager	veronica.griego3@doh.nm.gov	(505) 460-0548
Public Health Division, Children's Medical Services	Susan Chacon, Program Manager	susan.chacon@doh.nm.gov	(505) 476-8860
Public Health Division, Newborn Genetic and Hearing Screening Programs	Carla Ortiz Program Manager	carlaa.ortiz@doh.nm.gov	(505) 476-8858 (505) 699-0406
Public Health Division, Family Planning Program	Kate Daniel, M.S. Title X Director	kate.daniel@doh.nm.gov	(505) 231-3927
Public Health Division, Office of School and Adolescent Health	Jim Farmer, Director	james.farmer@doh.nm.gov	(505) 487-0822

Division	Name/Title	Email	Phone
Public Health Division, Cancer Prevention and Control Program	Beth Pinkerton, Director	beth.pinkerton@doh.nm.gov	(505) 250-3491
Public Health Division, Comprehensive Cancer Program	Cary Virtue, Comprehensive Cancer Program Manager	cary.virtue@doh.nm.gov	(505) 296-5750
Public Health Division, Breast and Cervical Cancer Early Detection Program	Kristin Hansen, Education and Outreach Manager	kristin.hansen@doh.nm.gov	(505) 231-4422
Public Health Division, Hepatitis Program	Joshua Swatek, Hepatitis & Harm Reduction Program Manager	joshua.swatek@doh.nm.gov	(505) 629-9142
Public Health Division, HIV, STD and Hepatitis Section	Andrew Gans, MPH HIV, STD and Hepatitis Section Manager	andrew.gans@doh.nm.gov	(505) 479-1187
Public Health Division, Maternal Child Health Epidemiology	Eirian Coronado, Maternal Health Epidemiologist	eirian.coronado@doh.nm.gov	(505) 476-8895
Public Health Division, Maternal Health Program	Abigail Reese, PhD, CNM Maternal Health Program Manager	abigail.reese@doh.nm.gov	(505) 476-8866
Public Health Division, Tuberculosis Program	Brenda Montoya Denison, MPH, BSN, RN TB Program Manager	brenda.montovadenison@doh.nm.gov	(505) 827-2474 (505) 231-8573
Public Health Division, Immunization Program	Andrea Romero, Immunization Program Manager	andrea.romero@doh.nm.gov	(505) 827-2465

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

SECTION V. APPENDICES

A. Brief Description of the Department's Program Areas

PROGRAM AREA: 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 (MCP) was created in 2007 under the Lynn and Erin Compassionate Use Act (the Act). The purpose of this Act is to allow the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions. The Program enables the provision of compassionate care for people that have certain illnesses who prefer to use cannabis to alleviate symptoms related to their diagnosis. The Program serves New Mexicans with qualifying medical conditions diagnosed by a health care provider. There are currently 30 qualifying medical conditions. The Medical Cannabis Program currently operates the Medical Cannabis Patient Registry. In addition, the MCP helps to administratively facilitate the Public Health and Safety Advisory Committee as it relates to cannabis use.

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	(918) 453-5291
Pueblo of Isleta	MOSAIC (EBT/MIS) WIC Support/Services	NMDOH – POI MOA	In effect	Mary Dominguez	(505) 924-3180
Pueblo of Isleta	Youth Development Inc. (Isleta Pueblo) Teen Pregnancy Prevention Program (TPP)	Professional Service Contract	In effect	Julie Maes	(505) 231-4502
Mescalero Apache Tribe	WIC services	MOA	In effect	Barbara Garza	(575) 528-5135
Navajo Nation	STD Investigation and control	Operational partnership	In effect	Stella Martin, Disease Prevention Program Manager Janine Waters, STD Program Manager	(505) 521-8329 (505) 476-1778
Mescalero Apache Schools	Primary & behavioral health care in school-based health center	MOA	In effect	Jim Farmer	(505) 487-0822
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	505-250-3491
IHS Navajo Area	Breast and Cervical Cancer Screening and DX	PAPA	NOT In Effect for FY23	Beth Pinkerton	505-250-3491
Alamo Navajo School Board	Breast and Cervical Cancer Screening and DX	PA	NOT In Effect for FY23	Beth Pinkerton	505-250-3491
Jemez Pueblo	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-250-3491

Tribe	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
Ramah Navajo School Board/Pine Hill Health Center	Breast and Cervical Cancer Screening and DX	PA	NOT In Effect for FY23	Beth Pinkerton	505-250-3491
First Nations Community HealthSource	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-250-3491
	WIC Services	PA		LaRue Lujan	505-248-2966
Albuquerque Area Indian Health Board (AAIHB)	Public and professional education on breast, cervical and colorectal cancer screening.	PSC	In Effect	Cary Virtue	505-269-5750
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
Janet Quintana-Cook	Chair Cancer Council Native American Workgroup	PSC	In Effect	Cary Virtue	(505)-269-5750
Albuquerque Area Indian Health Board (AAIHB)	2023 Tribal Health and Data Sharing Summit	PA	In Effect	Andrea Romero	(505) 827-2465
KERES – Jicarilla Apache Nation, Mescalero	Vaccine Equity Strategy	PSC	In Effect	Andrea Romero	(505) 827-2465

Tribe	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
Apache Nation and Pueblo communities.					
Community Outreach and Patient Empowerment – Navajo Nation	Vaccine Equity Strategy	PSC	In Effect	Andrea Romero	(505) 827-2465

E. NMDOH's Tribal Collaboration and Communication Policy

New Mexico Department of Health

State-Tribal Consultation, Collaboration and Communication Policy

Section I. Background

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

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

Section II. Purpose

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

Section III. Principles

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

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

Section IV. Definitions

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

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

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

Section V. General Provisions

A. Collaboration and Communication

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

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

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

B. Consultation

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

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

communication and cooperation is a first step in government-to-government consultation, and is in accordance with the STCA.

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

Section VI. Dissemination of Policy

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

Section VII. Amendments and Review of Policy

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

Section VIII. Effective Date

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

Section IX. Sovereign Immunity

The Policy shall not be construed to waive the sovereign immunity of the State of New Mexico or any Tribe, or to create a right of action by or against the State of New Mexico or a Tribe, or any State or Tribal official, for failing to comply with this Policy. The Agency shall have the authority and discretion to designate internal operations and processes that are excluded from the Policy, and recognizes that Tribes are afforded the same right.

Section X. Closing Statement/ Signatures

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



Patrick M. Allen, Cabinet Secretary
New Mexico Department of Health
7/17/2023

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

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

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

c) If the Agency and participating Tribes accept the policy as is, the Work Group can accomplish the final processing of the policy.

F. Implementation – Once the collaboration or consultation process is complete and the Agency and Tribes have participated in, or have been provided the opportunity to participate in, the review of the Work Group’s draft recommendations, the Work Group may finalize its recommendations. The Work Group co-chairs should distribute the Work Group’s final recommendations to the Agency, through its delegated representatives, and to participating Tribal Officials. The Work Group should record with its final recommendation any contrary comments, disagreements and/or dissention, and whether its final recommendation be to facilitate implementation or pursue additional consultation.

G. Evaluation – At the conclusion of the Work Group collaboration or consultation process, Work Group participants should evaluate the work group collaboration or consultation process. This evaluation should be intended to demonstrate and assess cultural competence of the Agency, the Work Group, and/or the process itself. The evaluation should aid in measuring outcomes and making recommendations for improving future work group collaboration or consultation processes. The results should be shared with the Agency, through its delegated representatives, and participating Tribal Officials.

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Thanks for the tremendous effort of all programs and divisions to provide the annual updates.

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Janet R. Johnson
Tribal Liaison
NM Department of Health



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