



State-Tribal Collaboration Act July 31, 2013 Agency Report

New Mexico Department of Health Celebrating Health
in Partnership with the New Mexico Tribes

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SECTION I. EXECUTIVE SUMMARY

Health related programs and services touch the lives of New Mexicans at their most significant and vulnerable times (i.e. birth, illness and death, etc). In the spirit of this, the New Mexico Department of Health (DOH) has successfully partnered and collaborated with the state's Tribes, Nations and Pueblos and the Off Reservation groups. This partnership has led to the creation, cultivation and expansion of services and resources which have enhanced the quality of life for all American Indian people and the citizens of this great State!

The requirements set forth by Senate 196 (SB196), the State-Tribal Collaboration Act, serve as a guidepost for the Department's activities. This report highlights these efforts, including:

- Coordination of the State's response with tribal communities in the provision of vaccines for the prevention of influenza and pneumonia.
- Facilitation and partnership in a State and Tribal collaboration for Celebration of Tribal Health Week with six (6) Tribes, Nations and Pueblos and the New Mexico Department of Health (DOH). The Secretary of Health and staff from the myriad of (DOH) programs and public health offices statewide organized and traveled on-site to each of the Pueblos or Nations. Each pueblo or nation that hosted a Health Fair Day at their on-site location made this Tribal Health Week a successful event in October 2012. The October 2012 participants included: Pueblos of Cochiti, Taos, Zuni, San Ildefonso, Pojoaque and the Navajo Nation.
- Participation as an active member in the Bernalillo County Off-Reservation Native American Commission. A designated DOH representative from the Office of Health Equity within the Office of the Secretary is a designated member in attendance for these meetings.
- Work with the University of New Mexico Center for Native American Health and the Robert Wood Johnson Foundation Center for Health Policy at UNM to plan an engage the state's Tribes, Nations and Pueblos in the development of tribal community health profiles. The staff who completed this work for the community health profiles are from DOH Office of Community Health Partnerships.
- Participation in Health Fairs hosted by Pueblos of Taos, Isleta, Santo Domingo/KEWA, Laguna, San Felipe and Tesuque. Several public health programs participated in the dissemination of health information and education at these locally sponsored Health Fairs
- Participation in both the Santa Fe Indian School and Cochiti Health Career Day.
- Participation as a member of the Indian Affairs Tribal Infrastructure Board that distributes funding annually for planning and capacity building.
- Partnerships with other health care entities to determine the impact of National Health Care Reform on tribal communities.

- Published annual health data useful to tribes for planning activities.
- Partnered and provided technical support to Tribal Health boards in their 638 health clinic process.
- DOH continues to collaborate with the Tribes, Nations and Pueblos and the Off Reservation groups to articulate, create and develop health resources.
- Published a resources guide that catalogues existing DOH services being provided to the tribes, nations and pueblos and the off reservation Indian Health groups.
- Support for New Mexico's tribal epidemiology centers and programmatic epidemiology needs.
- Participation as a member of the DOH State Team in the Infant Mortality initiative.
- Participation in the 2013 Annual State-Tribal Health Summit held at Mescalero Apache Tribe's Inn of Mountain Gods Conference Center on June 20-21, 2013. Health Secretary Retta Ward presented power point slides on three (3) areas of program delivery achievements within Department of Health. These three achievements were: Healthy Kids, Healthy Tribal Communities by providing information and increasing awareness about healthy nutrition and exercise both in the school educational system and with the leaders and families in the participating tribal communities; increased numbers of Native American women receiving regular mammograms, PAP tests and Cervical Cancer Screenings from FY12 to FY13; and, increased number of Native American members receiving screenings and if needed, services for Developmental Disabilities, Medical Fragile and Intervention Services for Family Infant Toddler Programs.
- DOH continues to provide Navajo interpretation services for health professionals. This past FY 13, Navajo interpretation services were provided to community health professions. (15 spaces were available)

SECTION II. AGENCY OVERVIEW/BACKGROUND

A. Mission Statement

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

The Department strives to succeed in its mission by committing to and practicing the following values: Accountability: honesty, integrity, and honor commitments made; Communication: promote trust through mutual, honest, and open dialogue; Teamwork: share expertise and ideas through creative collaboration to work towards common goals; Respect: appreciation for the dignity, knowledge, and contributions of all persons; Leadership: promote growth and lead by example throughout the organization and in

communities; and, Customer Service: placing internal and external customers first, assure that their needs are met.

B. Agency Overview

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

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

The Department currently operates six facilities and a community-based program. The facilities provide disabled, elder care, veterans, behavioral health, and substance abuse treatment services. The Department also provides safety net services to eligible individuals with special needs. These services include 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 also plays a key regulatory role in the healthcare system. It promulgates regulations pursuant to its statutory authority and is an enforcement entity for health care providers statewide for compliance with state and federal health regulations, standards and law. Over 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 Department.

SECTION III. AGENCY EFFORTS TO IMPLEMENT POLICY

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

However, with the signing of SB196 in March 2009, a new commitment was established that required the State to work with 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 DOH, 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/Alaska Natives; and,
4. Establishes a method for notifying employees of the agency of the provisions of the STCA and the Policy that the agency adopts.

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

DOH will also continue to support other requirements in SB196, such as maintaining a designated Tribal Liaison to monitor and track Indian health concerns. Kathleen Lawicki, MA was selected to fill the position of DOH's Tribal Liaison in June 2013. Ms. Lawicki has met with the Secretary of Health to discuss and formulate action plans to address Indian health concerns within the State.

A. Policy Applied

DOH had its first formal consultation in February 2011. The Developmental Disabilities Waiver must be renewed with the Center for Medicare and Medicaid Services (CMS) every five years. New Mexico's current waiver was renewed effective July 2011. This waiver will be renewed again in 2016. Currently, approximately, 475 American Indian individuals are served by this waiver program. A CMS requirement for the waiver renewal was to engage tribal communities in a State-Tribal Consultation, so that their concerns could be addressed in the waiver renewal process.

A State/Tribal Team, consisting of appointed members from the New Mexico's tribal communities and appropriate state agency staff, met to review and develop recommendations on the DDW renewal application. After consensus was reached by the State/Tribal Team, the Secretary's of both Health and Human Services Departments called for an official Consultation with Tribal Leaders on February 22, 2011. This was a very successful partnership that was instrumental in developing culturally sensitive recommendations for American Indians receiving developmental disabilities services

Other successful examples illustrating invoking the STCA to improve services and service delivery include the following:

- The Public Health Division's Immunization Program works with the Tribes and the Indian Health Service on an on-going basis to strategize and discuss any vaccine issues/questions and potential collaborative efforts to improve immunization rates in tribal communities.
- Through the Native American Partnership, the Public Health Division's Diabetes Prevention and Control Program meets regularly with representatives from a variety of tribal diabetes programs to consult with them about what works best in their communities. Staff from Indian Health Service and CDC's Native Wellness Program has participated in these meetings. Funding has been allocated for future meetings and/or activities as determined by the work group.

B. Input Methods Used with Tribes

On-going outreach and input opportunities are continually made available to the Tribes and Off-Reservation Groups. DOH's tribal liaison continues to facilitate these activities and opportunities, communicates tribal needs and priorities identified to the Secretary of Health, and works collaborative with DOH Divisions and tribal communities to implement appropriate responses. Examples of these activities include:

- The American Indian Health Advisory Committee (AIHAC) provided guidance to DOH with health disparities issues that impacted tribal communities. AIHAC, was facilitated by the Secretary of Health in past years. Currently this group has been restructured to work within the leadership of New Mexico's Tribes and Off-Reservation Groups in Bernalillo County. The process of the AIHAC group to reintegrate and work with the Secretary of Health, Retta Ward, through the DOH Tribal Liaison will resume in September 2013.
- The Tribal Partnership Initiative involves visits by the Tribal Liaison to identify health disparities specific to that community and develop, in concert with the Tribes, interventions that address those health disparities. The Office of Policy and Accountability published the American Indian Health Disparities in New Mexico from data contained in the 2012 Racial and Ethnic Health Disparities Report Card. From the data and information, obesity and diabetes continue to be listed as the most important issues to be addressed in American Indian populations.
- The Bernalillo County Off-Reservation Native American Health Commission is attached to the Bernalillo County Government and provides a voice for the off-reservation community (over 450 different Tribes), which have historically been over-looked by local and federal governments.
- The Commission was established by the enactment of HB 236 during the 2008 legislative session and has successfully completed their three year strategic plan, which is a comprehensive health care plan that examines existing resources to ensure they are used effectively, and identify and secure alternative resources to expand and strengthen the off-reservation health care delivery system. The Commission reports

their progress directly to the Secretary of Health and the Department's Tribal representative sits on their board as one of the nine Commissioners.

- This Commission met four (4) times within FY 2013. Several sentinel events have developed from these meetings. These were; Partnership with Futures for Children to pilot learning activities for youth at the Native American Community Academy and Santa Fe Indian School during February and March 2013 at which staff delivered four webinar modules; met with Commissioner Maggie Hart Stebbins in May 2013 to discuss partnership with Bernalillo County Commissioners about the UNM Hospital Lease Agreement Policy and the significant impact it has on Off-Reservation American Indians residing in Bernalillo County; and finally, submitted a written report of these activities to Indian Affairs Department and Legislative Health and Human Services Committee by June 2013.

C. Epidemiology Support

- DOH's Tribal Epidemiologist monitors and tracks health disparities trends, themes and patterns for the state in collaboration with the Tribes. Through this vehicle, DOH has worked to share and look at best practice interventions that will work to reduce health disparities in tribal communities. Through State epidemiology data, the 2012 American Indian Health Disparity Report was published and showed that American Indians have the worse rates with, obesity among adults and youth, youth suicide, death from adult diabetes, pneumonia influenza, motor vehicle and alcohol related incidents. This information serves to guide the work of the Department and is also beneficial to the State and Tribes in identifying new funding resources to develop and strengthen programs in reducing tribal health disparities. The Department of Health's Tribal Epidemiologist position was recently filled after having been vacant for several months.

D. Bureau of Health Emergency Management Support

Technical Assistance to Tribes on Emergency Planning in FY 13

- On May 10, 2013, the Bureau of Health and Emergency Management (BHEM) met with the Pueblo of Zia to provide technical assistance on conducting a tribal self-assessment of Emergency Preparedness activities related to a Public Health response. There had not been an Emergency Operations Plan in place at the Pueblo of Zia; therefore, the only option to planning for preparedness at Zia was to use suggested activities outlined in the CDC Public Health Preparedness Capabilities Planning Model.

In assessing the organizational roles and responsibilities at Pueblo of Zia, the Governor takes the lead role on every tribal activity. Zia has a Fire Department/EMS Department with one employee, the Director, who reports directly to the Governor. The jurisdiction has a small clinic managed by Indian Health Services (IHS) personnel. Under IHS, a small CHR Program exists that does not communicate with the Fire/EMS Department. Resource elements are few for Planning, Skills and Training, and Equipment and Technology at Zia.

Due to the absence of licensed personnel to operate their ambulance, Sandoval County was forced to decommission and remove it several years ago. The EMS/Fire radios do not communicate with their Law Enforcement at Bureau of Indian Affairs (BIA). The tribal community heavily depends upon Fire/EMS services and resources from neighboring Jemez Pueblo and Sandoval County.

- On May 30, 2013, the Bureau of Health and Emergency Management was invited back to Pueblo of Zia to provide further technical assistance on Emergency Preparedness planning related to a Public Health response.

Pueblo of Zia had made remarkable progress over the last couple of weeks. A meeting scheduled with the clinic director to go over assumed IHS issues, resulted in a better understanding and partnership. Identified functions and tasks from the Preparedness Capabilities workbook, assisted the planner who developed a series of questions to identify and discuss planning gaps in Community Preparedness. Other meetings scheduled with staff in the Community Health Program in efforts to produce more partnerships.

Governor Harold Reid briefly joined the meeting and asked for assistance to develop a written Emergency Operations Plan. No staff within the Governor's Office has the capacity or time for training to develop an EOP. So Governor Reid selected a volunteer from the pueblo (Zia), who is currently working with BHEM, as the individual responsible to write the plan. The discussion then switched topics to the planning and development stage of having a written Emergency Operations Plan. The next step will be to develop the Table of Contents. Further technical assistance was provided on capability planning by phone and emails until Zia completely finished and submitted the self-assessment to BHEM.

- FY13 has been a busy year, one that has focused on critical collaborations toward improving several of the identified priorities for tribal communities. These include: Planned and facilitated a Celebration of Tribal Health Week in October 2012 in collaboration with Department of Health program staff.
- Last year's visits with American Indian Tribal participant hosts included: Pueblos of Cochiti, Taos, Zuni, San Ildefonso, Pojoaque and the Navajo Nation. In FY 14, plans are already in the development stages with Department of Health Secretary Retta Ward in scheduling the week of October 28, 2013 as Celebration of Tribal Health Week. Pueblos of Picuris, Ohkay Owingeh, Acoma and the Jicarilla Apache Nation have recently accepted invitations to co-host and participate with Department of Health during this week. Secretary Ward has designated the week of October 28th for this event and plans to attend.
- Partnership with UNM's Rural and Primary Behavioral Health Service support to provide technical assistance for Senate Bill 416 that creates a Suicide Clearinghouse, which is an important resource to the Tribes, Nations and Pueblos. Currently, there is a toll free number 1-800-273- TALK that is a statewide Crisis Line and is available to access 24 hours a day 7 days a week

- The DOH Secretary serves as a member of the Tribal Infrastructure Fund (TIF) Board, which provides funding to Tribal Governments for health-related planning projects, as well as brick and mortar funding to build, expand or improve systems and facilities to improve the quality of life of American Indians in their respective communities in New Mexico.
- The Bureau of Health and Emergency Management (BHEM) met on February 4, 2013, with the Pueblos of Santo Domingo, San Felipe, and Cochiti to provide technical assistance on emergency preparedness activities related to Public Health response. The meeting began with a joint EOP review and discussion, using the *CDC's Public Health Preparedness Capabilities* as a guide since this is one of the best methods for assessing levels of preparedness for a jurisdiction is to look at its Emergency Operations Plan. (EOP)
- BHEM staff identified a common problem in smaller jurisdictions with roles and responsibilities, where one person has multiple roles and responsibilities. A discussion ensued concerning which tribal departments were responsible for each relevant capability and function, resulting in an acknowledgement, all around, of the overall lack of resources in all three Pueblos. The resources identified were; equipment, supplies, and personnel. Additionally, tribal members identified specific skills and abilities to perform special tasks as required during emergency incidents, and they identified a primary gap in planning and the absence of necessary training. It was noted all three jurisdictions are adjacent in Sandoval County, therefore a recommendation for a tribal regional approach was discussed to ensure access to resources when needed. This agreement of a shared approach had been successful for Emergency Medical Services in the area and could be applied to overcome tribal barriers or the absence of other identified critical resources needed.

Currently, there was no available documentation to assess past performance for each applicable capability. An after Action Reports was suggested to be developed and reviewed for analysis after planned exercises or real incident activities. Previous review of data from a previous hazards and vulnerability analysis (conducted in 2008-9) combined with the real world flooding events over the last couple of years indicated the priority for each jurisdiction would be a community preparedness. Due to these stated barriers, mostly political, each planner selected the priorities based on their individual authority or ability to influence tribal members to engage in building preparedness capabilities. Each jurisdiction had similar short and long-term goals, some of which are developing a functional Emergency Operations Plan and Emergency Operations Center to coordinate incidents. Improving medical countermeasure distribution/dispensing and preparing their community for disasters.

- The Office of General Counsel had participated in numerous meetings and forums this year with the state tribal judicial consortium regarding the domestication of tribal court orders. As of this date, there is no resolution but Office of General Counsel continues to work and present DOH's perspective on domestication of civil commitment and guardianship orders and orders related to issues before the bureau of vital records and health statistics.

- The Bureau of Vital Records and Health Statistics has participated in outreach activities by making forms and processes more accessible and presenting on-site for the convenience of tribal members.

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

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

Work Groups and Collaboration Advisory Committees

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

Services: Provide guidance to the New Mexico Department of Health in order to address health issues impacting American Indian populations residing in New Mexico. **Served**

FY13: Staff changes occurred with the DOH Tribal Liaison position in FY 13, Due to this situation, the American Indian Health Advisory Committee is reorganizing and the new DOH Tribal Liaison representative has scheduled to initiate the start up meetings in September 2013 (FY14). **FY13 Estimated Expenditures:** DOH Tribal Liaison staff salary.

Office of Community Health Partnerships-Tribal Community Health Improvement Councils, (505) 827-0015

Services: Collaboration and partnership with community health improvement councils in five American Indian communities. In FY 13, these health councils mobilized and coordinated locally their efforts to identify, prioritize and address the health needs of the individuals and families in these communities. Following the councils' findings three (3) workshops were conducted on Community Health Assessments and content was related to completion of Community Health Improvement Plans and Health Profiles. **Served FY13:** Participants in these workshops included tribal representatives: Navajo Nation, Jicarilla Apache Nation, Pueblos of Acoma, Zuni, San Ildefonso, Laguna and representatives from Chinle, AZ and Ysleta Del Sur, TX. **FY13 Estimated Expenditures:** Unfunded- Salaries from Department of Health Staff in Office of Community Health Partnerships

Health Systems Bureau- (505)222-8671

Services: Last year the Public Health's Community Health staff worked with University of New Mexico Health Sciences Center for Native American Health (CNAH) and developed a community health assessment via workshops for tribal communities. The CNAH sponsored events and promoted community health planning in New Mexico's tribal communities. These workshops emphasized the implementation of community health assessments and completion of health profiles to develop a Community Health Improvement Plan(s). This initiative built tribal community capacity for identification of prioritization and need for specific health resources in each tribal community.

FY 13 Estimated Expenditures: Unfunded

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

Services: Provide financial support for the New Mexico Cancer Council's Native American Work Group, coordinated by the University of New Mexico's Cancer Center. **FY13 activities of the Work Group included:** Development of an educational module for the New Mexico Cancer Council based on the section to the New Mexico Cancer Plan 2012-2017, titled, *Considerations for Implementing the NM Cancer Plan in Native American Communities*. **Served FY13:** The majority of members within this workgroup are American Indian (approximately 15-19 people). **FY13 Estimated Expenditures:** \$8,000

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

Service: Consult regularly with Tribal Diabetes Programs. The goal of these consultation sessions is to determine the most effective ways to prevent and control diabetes in American Indian communities in New Mexico. This is a key strategy for achieving the Diabetes Prevention and Control Program's long-term goal of eliminating diabetes-related health disparities. **FY13 Estimated Expenditures:** DOH program staff salaries

Office of Community Health Workers (OCHW), (505) 827-0015

Services: In FY 13 a standardized, competency-based training program was developed with an associated voluntary certification process. The compilation of a CHW/CHR Registry is also planned. Once established, the training and certification processes will be available to Tribal Community Health Representatives and programs. **Served FY13:** The Office is still in developmental stage. **FY13 Estimated Expenditures:** The Office is currently unfunded.

Birth and Death Certificates

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

Services: New Mexico Vital Records and Health Statistics registers about 4,200 births and 1,300 deaths of American Indians each year. The bureau issues certified copies of birth and death certificates to American Indian families and executes amendments, affidavits of paternity and delayed registration of births to assist American Indians in collaboration with tribal registrars to address issues with record registrations for their administrative and legal needs. This year, the major enhancement was the getting the majority of tribes involved in the completion of electronic death registrations.

Served FY13: All tribes in New Mexico. **FY13 Estimated Expenditures:** DOH Public Health Division and Epidemiology and Response staff salaries.

Cancer

Breast and Cervical Cancer (BCC) Screening Program, (505) 841-5860

Services: Provide free breast and cervical cancer screening and related diagnostic follow-up care for American Indian/Alaska Native women residing in the state who meet program eligibility criteria. Medicaid Category 052 provides full Medicaid coverage (Salud-exempt)

for women diagnosed through the BCC Program with breast or cervical cancer or some precancerous cervical conditions. Also available are public awareness activities, education and technical assistance to tribes interested in increasing community capacity for breast and cervical cancer control.

Served FY13: Approximately 3,132 American Indian women 30 years of age or older, who live at or below 250% of the federal poverty threshold, and are uninsured/underinsured. These services are available through Indian Health Service clinics (Albuquerque Area Indian Health Service and the Navajo Area Indian Health Service) and hospitals, urban Indian clinics, and at more than 200 other federally qualified health centers and hospitals throughout the state. **FY13 Estimated Expenditure:** \$411,733 federal, state and grant funds. **FY 13 Estimated In Kind** \$ 225,652.

Colorectal Cancer Program, (505) 222-8601

Services: Provides free colorectal cancer screening and related diagnostic follow-up care for American Indian/Alaska Native men and women residing in the state who meet program eligibility criteria. These services are available through First Nations Community Health Services and at other federally qualified health centers and hospitals including the provision of new services at Indian Health Services, Santa Fe Indian Hospital and Acoma, Canoncito Laguna Hospitals.

Also available are strategies to promote colorectal cancer screening. The New Mexico Colorectal Cancer Program uses population based approaches based on recommendations from the "Guide to Community Prevention Services." Research tested practices used by the Program include:

- Public education on Colorectal Cancer (CRC);
- Culturally and linguistically appropriate patient education materials;
- Worksite colorectal cancer screening promotion;
- Training and support for patient navigation for community health centers; and
- Reduction of clinical structural barriers through systems and policy change, including the development of patient and provider reminder systems.

Served FY13: Two hundred forty eight (248) American Indians served by the CRC Program having received colorectal cancer screening and services; **FY13 Estimated Expenditure:** \$12,135

Comprehensive Cancer Program, (505) 841-5847

Services: Provide culturally tailored cancer prevention, risk reduction and screening education programs in partnership with several American Indian tribal communities and organizations including the American Indian community outreach program in the Office of Community Partnerships and Cancer Health Disparities at the University of New Mexico Cancer Center. Pueblos of Cochiti, Taos, Zuni, San Ildefonso Pojoaque and the Navajo Nation hosted an on-site Health Fair Day with participating DOH cancer program staff during the Celebration of Tribal Health Week for FY 13. The Comprehensive Cancer Program staff continues to respond to requests for presentations and technical assistance from American Indian communities interested in conducting cancer prevention and survivorship activities. **Served FY13:** Approximately 800 American Indian families received information and/or education in programs supported by the Comprehensive Cancer Program. **FY13 Estimated Expenditures:** \$1,000 and DOH staff salaries

Obesity, Nutrition and Physical Activity Program, (505) 827-2520

Services and Interventions: Partner with four (4) tribal communities; Pueblos of Santa Clara, San Ildefonso, Zuni and Mescalero Apache to expand opportunities for healthy eating and active living for children where they live, learn and play. Healthy eating and physical activity and two lifestyle behaviors that can prevent obesity.

Education: Worked with Pueblos of San Ildefonso and Santa Clara in the implementation of Health *Honor* Wisdom curriculum in their BIE schools. Curriculum provides hands-on activities to empower children a holistic understanding of healthy eating and active living are interconnected for a healthy community and environment.

Web site listed: HealthyKidsNM.org.

Surveillance: Established the NM childhood obesity surveillance system in 2010. Released annual report that included state obesity prevalence rates for American Indian children in attendance at NM public schools.

Served FY 13: Community-wide FY 13 Expenditures: \$176,000.

Office of Oral Health, (505) 827-2837

Services: The Office of Oral Health (OOH) provides a dental sealant and fluoride varnish prevention program targeted at pre-school and elementary school aged children statewide. OOH staff has worked in conjunction with Office of Community Health Workers and Office of Community Health Partnership to promote oral health among the American Indian population. Additionally OOH staffs attend meetings statewide in the American Indian communities and distribute oral health education material, toothbrushes, and toothpaste to both adults and children. During the FY 13 school year, American Indian students have received our services while attending public school, non-pueblo Head Start and Tesuque Head Start programs.

Students receive oral health education, a dental assessment, application of a fluoride varnish or dental sealant and dental case management services. OOH staff has attended Health Fairs this past year, FY 13 and conducted dental clinics at: Pueblos of Santa Clara, Taos, Tesuque, Ohkay Owingeh and San Ildefonso. OOH staff conducted a dental clinic at the Indian Enrichment Program. The clinic presented oral health education, dental assessments, and application of dental sealants and dental case management services.

Served FY 13: Over 412 FY 2013 Estimated Expenditure: \$21,402; Estimated In Kind Expenses: DOH staff salaries

Data and Epidemiology Services

Adult Behavioral Risk Factor Surveillance System (BRFSS) Survey, (505) 476-3569

Services: BRFSS epidemiologist and YRRS epidemiologist sit on the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) Tribal BRFSS advisory committee. Technical assistance is provided to AASTEC on an as needed basis and mutual collaboration on recruiting schools to participate in the state-wide survey to increase the sample size of the American Indian student population. The BRFSS epidemiologist has collaborated with the diabetes epidemiologist on a Native American diabetes dataset for

questions asked to adults on the state-wide telephone survey. **Served FY13:** All tribes in New Mexico. **FY13 Estimated Expenditures:** DOH staff salaries.

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

Services: Assist pilot hospitals with data analysis to demonstrate that their grant activities (formal training and educational resources) have improved the quality of race, ethnicity and tribal identifier hospitalization data. This initiative will result in better data for comparative effectiveness research on improving health care outcomes. **Served FY13:** All tribes in New Mexico. **FY13 Estimated Expenditures:** To be determined.

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

Services: Published a special edition of the Racial and Ethnic Health Disparities Report Card that focused on American Indian Health and highlighted information on eight indicators that American Indians consistently evidenced the highest (worst) health disparities and on two indicators for which American Indians have the lowest health (best) rates in New Mexico. **Served FY13:** All tribal communities. **FY13 Estimated Expenditures:** Staff salaries in Office of Policy and Accountability and Office of Health Equity. Staff salaries and federal grant funds.

Community Health Assessment Program, (505) 827-5274

Services: All 22 tribal governments and the Eastern Band of Navajo had the option to obtain birth data and death data as far back as from 1992; these data are tribe-specific and formatted by their specifications in order to apply for more grant opportunities. **Served FY13:** All tribes in New Mexico. **FY13 Estimated Expenditures:** 1 FTE Tribal Epidemiologist.

Data Sharing Agreements, (505) 476-1788

Services: DOH Cabinet Secretary signed the first ever data sharing agreement with the Albuquerque Area Indian Health Service to share in-patient hospitalization data which will be combined with the private hospitalization database to provide a more accurate picture of serious morbidity for Native Americans in New Mexico. Currently, this data sharing agreement continues under the current Health Cabinet Secretary, Retta Ward. **Served FY13:** All tribes in New Mexico. **FY13 Estimated Expenditures:** No dedicated funding.

National Tribal Epidemiology Activities, (505) 476-3575

Services: Lead the Council of State and Territorial Epidemiologists (CSTE) Tribal Epidemiology workgroup, which has completed national surveys of public health surveillance activities in Indian Country. **Served FY13:** All federally recognized U.S. tribes. **FY13 Estimated In Kind Expenditures:** Staff salaries from epidemiologists

Diabetes

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

Service: Provide a four-session series of cooking schools for people with diabetes and their families or care givers. The instructors teach appropriate meal planning and address

food selection, portion control, techniques of food preparation and new products available to improve the diet of people with diabetes. Recipes are appropriate for New Mexico's populations and cultures. **Served FY13:** DPCP sponsored 6 Kitchen Creations schools that reached 58 American Indian participants in the following areas: Fort Wingate, Abq IHS, Chichiltah, Santa Ana Pueblo, Ramah Navajo, and Shiprock. **FY13 Expenditures:** \$27,840

National Diabetes Prevention Program

(505) 476-7615 or 1-888-523-2966

Service: Bring evidence-based lifestyle interventions for preventing type 2 diabetes to communities. The intervention is based on the National Institutes of Health-led Diabetes Prevention Program research study and subsequent translation (real-world) studies. The intervention in these studies focus on improving dietary choices and coping skills, increasing physical activity, and providing group support to help participants lose 5% to 7% of their body weight and get at least 150 minutes per week of moderate physical activity. Participants work with a trained lifestyle coach in a group setting to receive a year long lifestyle change program that includes 16 core sessions (usually 1 per week) and 6 post-core sessions (1 per month). **Served FY13:** DPCP directly supported two IHS intervention sites in Gallup and Shiprock and also served Native Americans in two additional sites: Farmington and Roswell, reaching a total of 42 American Indian participants. Five American Indian lifestyle coaches have been trained to offer this intervention. **FY13 Expenditures:** \$15,792

Native American Partnership for Diabetes Prevention and Control

(505) 476-7615 or 1-888-523-2966

Service: Consult regularly with Tribal Diabetes Programs. The goal of these consultation sessions is to determine the most effective ways to prevent and control diabetes in American Indian communities in New Mexico. This is a key strategy for achieving the Diabetes Prevention and Control Program's long-term goal of eliminating diabetes-related health disparities. **Served FY13:** DPCP organized eight work group conference calls and seven partner meetings this year. Two face-to-face work sessions were held with representation from 33 programs. Three trainings were offered: *Getting to Outcomes* had 39 attendees; *Data Basics & Before Analysis* had 21 attendees; and the *Program Evaluation* training will be offered in late June. **FY13 Estimated Expenditures:** \$5,000

Education and Community Mobilization Around Diabetes and Commercial Tobacco

(505) 476-7615 or 1-888-523-2966

Service: Support education about commercial tobacco use and its impact on diabetes in tribal communities. The "Have a Heart" campaign was developed by the New Mexico Department of Health Tobacco Use Prevention and Control (TUPAC) and Diabetes Prevention and Control Programs as a bureau integration project to maximize resources and raise awareness about the link between commercial tobacco use, second hand smoke, and an increased risk for diabetes complications from exposure. The "Have A Heart" cards are designed by local Native artists and distributed as part of an educational awareness campaign. **Served FY13:** Two tribes, Laguna and San Ildefonso Pueblo, were selected to implement the "Have a Heart" campaign this fiscal year. A total of 3,500 cards will be printed and distributed to members of these communities. **FY 12 Estimated Expenditures:** DOH program staff salaries

Health Facility Licensing

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

Services: Conduct surveys for facilities that receive Medicare or Medicaid funding that evaluate the quality of the services provided. **Served FY13:** Laguna Nursing Center and Mescalero Care Center. **FY13 Estimated Expenditures:** \$23,308.

Immunizations

Immunization Advocacy, (505) 827-2898

Services: Collaborate and meet with the Indian Health Services several times a year to discuss vaccine issues, questions and/or develop collaborative efforts to improve immunization rates in tribal communities. One example of this collaboration occurred during the H1N1 2009/10 pandemic, the Immunization Program worked directly with New Mexico's tribes, pueblos and nations to arrange for receipt of H1N1 vaccine for mass immunizations statewide. **Served FY13:** All American Indian children ages birth through 18 years in New Mexico. **FY13 Estimated Expenditures:** Staff time.

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

Services: Provide free childhood vaccinations to all American Indian children wherever they choose to receive health services including all Indian Health Services clinics, First Nations, public health clinics and private providers. **Served FY13:** Approximately 40,000 American Indian children ages birth through 18 years. **FY13 Estimated Expenditures:** \$3,500,000.

Emergency Preparedness

New Mexico HIDD and Race/Ethnicity Data Project, (505) 476-3639

Services: Six (6) focus groups representative of both urban and reservation American Indians centered on determination of how tribes would like to disclose/ questioned their tribal affiliation in the hospital in-patient setting. **Served FY13:** All tribes in New Mexico. **FY13 Estimated Expenditures:** \$ 25,000.

Cities Readiness Initiative for Medical Countermeasures Dispensing and Public Health Preparedness, for Albuquerque, Bernalillo County Metro Area (505) 476-8292

Services: Engagement of tribes in Albuquerque Metro Bernalillo County Area for Emergency Preparedness Intergovernmental Agreements with tribes and the Navajo Nation for Provided pueblos within the Albuquerque Metropolitan Statistical Area funding to support the development of medical countermeasure plans as part of the Centers for Disease Control and Prevention's Cities Readiness Initiative program.

Served FY13: Pueblos of Cochiti, Isleta, Jemez, San Felipe, Sandia, Santa Ana, Santo Domingo and Zia **FY13 Estimated Expenditures:** CRI \$30,000 Federal and \$ 201,000 Federal (portion of Federal Grant until September 2013 only).

Emergency Public Health Preparedness Team, (505) 476-8200

Services: Collaborated with the University of Arizona's Mountain West Preparedness and Emergency Response Learning Center (MWPERLC) on a pilot program to increase community resiliency through capacity building for the Santa Clara Pueblo in New Mexico. This project will greatly assist the Santa Clara Pueblo in developing a comprehensive catalogue of public health preparedness resources (i.e. human, equipment, and facilities) that would be used in the event of a disaster. The MWPERLC will also be providing technical assistance in the completion of an evacuation plan.

Served FY13: Pueblo of Santa Clara members. **FY13: Estimated Expenditures:** \$30,000.

Family Planning Services

Family Planning, (505) 476-8882

Services: Provision of comprehensive family planning services including clinical reproductive health services, community education and outreach. Provision of technical assistance and funding for the Teen Outreach Program, a service learning program for prevention of teen pregnancy and increasing school success at Laguna Middle School and Laguna-Acoma Junior/Senior High School. **Served FY 13:** Clinical services for 569 female and 116 male American Indians and educational services for 75 teens.

FY 13 Estimated Expenditures: \$ 238, 146. **FY 13 in kind:** DOH staff salaries

Infectious Diseases

Infectious Disease Epidemiology Bureau, NM Emerging Infections Program, (505) 827-0006

Services: Two public health evaluations received IRB determinations from the Southwest IRB and the Navajo Nation Human Research Review Board to include Native American participants in the following surveillance projects: 1) Evaluating the Effectiveness of a 13-Valent Pneumococcal Conjugate Vaccine among Children; 2) Risk for Death from Influenza A (pH1N1) among American Indians and Alaska Natives (AI/AN). Midterm reports have been submitted to the three Health and two Navajo Agency Boards and questions and concerns have been followed up by the Principal Investigators on an ongoing basis for the duration of the projects. **Served FY13:** All tribes in New Mexico. **FY13 Estimated Expenditures:** To be determined.

AIDS/ARC Waiver, (505) 476-3618

Services: Serve individuals who have been diagnosed as having acquired immunodeficiency syndrome or AIDS-related conditions. The program provides case management, private duty nursing and home health aides. **Served FY13:** 12 American Indian **FY13 Estimated Expenditures:** \$0.

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

Services: Provide HIV prevention interventions, HIV testing, case management and support of services for persons living with HIV. **Served FY13:** 39 American Indian clients with HIV. **FY13 Estimated Expenditures:** \$43,800 for HIV prevention and testing and \$210,000 for HIV/AIDS case management and support services.

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

Services: Continued collaboration with Crownpoint, Gallup Indian Medical Center, Mescalero, Northern Navajo Medical Center/Shiprock Service Unit, and Taos/Picuris hospitals to report healthcare personnel influenza vaccination rates, adult and pediatric Intensive Care Unit (ICU) central line-associated bloodstream infections (CLABSIs), non-ICU CLABSIs and/or *Clostridium difficile* infections on a voluntary basis through state supported electronic mechanisms. **Served FY13:** Mescalero Apache Nation, Navajo Nation, Taos and Picuris Pueblos. **FY13 Estimated Expenditures:** To be determined.

HIV Prevention Program, (505) 476-3624

Services: Contracts with three agencies to deliver culturally specific and tailored HIV prevention interventions to American Indians at risk including persons living with HIV/AIDS, transgender persons and gay/bisexual men: First Nations Community Healthsource, Navajo AIDS Network (NAN) and Santa Fe Mountain Center (SFMC). Referrals and information about all statewide services for HIV, STD, Hepatitis and Harm Reduction can be found on a new searchable website: www.nmhivguide.org<<http://hivguide.org>>

Served FY13: Unable to determine. **FY13 Estimated Expenditures:** \$131,000.

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

Services: Provide sexually transmitted disease (STD), HIV, adult viral hepatitis and harm reduction services to at-risk persons in Northeast 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 and referrals; syringe exchange and overdose prevention services; and other disease investigation and follow-up services. **Served FY13:** Unable to determine.

Tuberculosis Program, (505) 827-2106

Services: Provide technical support and guidance in the provision of care for American Indians with active tuberculosis disease or latent tuberculosis infection (LTBI), contact investigations, professional training to service providers. **Served FY13:** 12 American Indians with active TB. **FY13 Estimated Expenditures:** In-kind services Department of Health staff salaries

Nutrition Services

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

Services: Provide nutritious foods to supplement diets, nutrition information for healthy eating and referrals to healthcare providers and social services to eligible pregnant women, postpartum women, breastfeeding women, infants and children to age 5. In New Mexico, WIC Programs are available through Indian Tribal Organizations. NMDOH WIC serves any eligible Native American families who choose to come to a DOH WIC Clinic for convenience. **FY 13 In-kind services:** Department of Health Public Health Office WIC staff salaries

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

Services: Provide U.S. Department of Agriculture (USDA) commodity foods to supplement the diets of lower income infants, children up to age 6; pregnant, postpartum and breastfeeding women; and persons 60 years of age or over. CSFP provides program participants with nutrition education and referrals to appropriate health and social service agencies. There are four CSFP food warehouses serving 55 tailgating sites around New Mexico. The CSFP food package includes cereal, cheese, dried beans, canned meat, fruit and vegetables and pasta, rice or potatoes. Some 90% of the participants in CSFP are elderly. CSFP is federally funded. **FY13 Served:** 1817 American Indian individuals. **FY13 Estimated Expenditures:** \$1,176,809.

Obesity Prevention:

Nutrition and Physical Activity Program (505) 827-2520

Intervention: Partner with 3 tribal communities (Santa Clara, San Ildefonso and Zuni) to expand opportunities for healthy eating and active living for children where they live, learn and play. Healthy eating and physical activity and the two lifestyle behaviors that can prevent obesity. **Served FY 13:** Community wide **FY 13 Expenditures:** 176,000.

Education: Developed the Health * Honor * Wisdom curriculum which provides hands-on activities to empower children with a holistic understanding that healthy eating and active living are interconnected with a healthy community and environment. It can be found on the HealthyKidsNM.org website.

Pregnancy Support

Families FIRST, 1-877-842-4152

Services: Provides case management services to Medicaid eligible pregnant women and children 0-3 years. Among the services provided is assistance with the application process for Medicaid eligibility, screening for possible lead exposure, providing developmental screening, and providing education and educational materials related to pregnancy, and child development and safety. **Served FY132:** Services provided to approximately 91 American Indian families statewide. **FY12: Estimated Expenditures:** \$25,025, Medicaid reimbursed.

School Based Health Centers

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

Services: Provide integrated primary and behavior health care to school-aged children. All SBHCs serving American Indian youth are encouraged to address important cultural and traditional beliefs in their services. **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.**

Each School Based Health Center (SBHC) has a minimum of eight (8) hours of primary care, eight (8) hours of behavioral health care each week during the school year. Some site have been able to add additional hours through other funding sources or through insurance reimbursement, All SBHC serve students regardless of their ability to pay costs.

Served FY13: Twenty-three (22) sites that have a high number (some 100%) of American

Indian youth: Ruidoso High School, Bernalillo High School, Highland High School, Wilson Middle School, Van Buren Middle School, Acoma Laguna Teen Center, Tohajille School, , Taos High School, Taos Middle School, Mescalero Apache School, , Española High School, Carlos Vigil Middle School, Quemado School District, Cobre Schools, , Jemez Valley School, Cuba Middle School, Laguna Middle School, Pojoaque High School, Gallup High School **FY13 Estimated Expenditure:** \$1,650,000.

Screening Programs

Newborn Genetic Screening Program, (505) 476-8868

Services: Require that all babies born in New Mexico receive screening for certain genetic, metabolic, hemoglobin and endocrine disorders. The New Mexico Newborn Screening Program offers screening for 27 disorders. **Served FY13:** All newborns are screened for genetic conditions prior to discharge from the hospital. This includes 3,057 American Indian children born in Indian Health Service Hospitals and those born in private or public hospitals. **FY13 Estimated Expenditures:** \$272,113.

Newborn Hearing Screening Program, (505) 476-8868

Services: Assist families in accessing needed services when their infants require follow-up on their newborn's hearing screening. **Served FY13:** Approximately 214 American Indian children required follow-up services. **FY13 Estimated Expenditures:** \$48,730.

Services for Persons at Risk for/or with Existing Disabilities

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

Services: Provide medical coverage and care coordination to American Indian children with special health care needs that meet program eligibility requirements. Also provides the following multidisciplinary pediatric specialty clinics serving the Native American population in Northwest, Central and North Central areas of New Mexico. Clinics include: Cleft Lip and Palate, Genetic, Dysmorphology, Endocrine, Neurology and Pulmonary. **Served FY13:** 220 American Indian youth and children with special health care needs statewide. **FY13 Estimated Expenditures:** \$25,000.

NOTE: FY13 Estimated In Kind: in Kind Contributions related to CMS care coordination for these three (3) programs listed above would be \$1,054,000.

Developmental Disabilities Waiver, (505) 476-8973

Services: Serve individuals with intellectual disabilities or a related condition and a developmental disability occurring before the individual reaches the age of 22. The program provides an array of residential, habilitation, employment, therapeutic, respite and family support services. **Served FY13:** 475 American Indian clients. **FY13 Estimated Expenditures:** \$36,004,123 (all clients).

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

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

community settings. **Served FY13:** 1,466 American Indian children. **FY13 Estimated Expenditures:** \$2,993,200 state and federal funds.

Medically Fragile Waiver, 1-877-696-1472

Services: Serve individuals, diagnosed before age 22, with a medically fragile condition and who are at risk for, or are diagnosed with, a developmental delay. This program provides nursing case management which coordinates private duty nursing, home health aides, physical, speech, and occupational therapy, psychosocial and nutritional counseling and respite care. **Served FY13:** 14 American Indian clients. **FY13 Estimated Expenditures:** \$176,345.

Mi Via Waiver, 505-841-5511

Services: Serve individuals qualified for the traditional Developmental Disability, Medically Fragile and AIDS/ARC Waivers who select Mi Via as an option to traditional waivers. Participants on the Mi Via Waiver are allowed more choice, control, flexibility and freedom in planning, budgeting and managing their own services/supports. **Served FY13:** Mi Via ICFMR clients 42 American Indian; Mi Via NF (AIDS/BI/DE) 87 American Indian; Mi Via Combined 129 American Indian Clients. **F13 Estimated Expenditures:** \$713,020.

Department of Health Staff Working with Tribes

Department of Health Tribal Liaison, (505) 827-2627

Services: Facilitate effective communication and relationships between the Department and tribes in order to develop policies and programs that improve the health of American Indian communities. **Served FY13:** All tribes in New Mexico. **FY13 Estimated Expenditures:** Tribal Liaison staff salary and program support.

Tribal Epidemiologist, (505) 476-1788

Services: Leverage DOH epidemiology resources to analyze and disseminate health data, provide training in epidemiology and public health assessment, improve disease and injury surveillance and reporting systems, and advocate for utilization of American Indian health data and systems that can optimize the health of all American Indians in New Mexico. Four Quarterly Tribal Population Estimates meetings were held throughout the state for tribal health workers, planners, and tribal members to create their own tribal land GIS shape files to display their 2010 U.S. Census population data and housing units at the block level. Documented and responded to all 230 Native American health and social data requests. Currently, Department of Health is in the selection process for filling the Tribal Epidemiologist position. **Served FY13** All tribes in New Mexico. **FY13 Estimated Expenditures:** Tribal Epidemiologist staff salary

Injury Prevention

Injury and Behavioral Epidemiology Bureau, (505) 827-6816

Services: In collaboration with the Albuquerque Area Indian Health Service Office of Injury Prevention and Tribal Law Enforcement officers, two injury prevention Mini-Grant training workshops were provided to tribal injury prevention specialists at the Southwest Indian Polytechnic Institute in Albuquerque and at the Ohkay Owingeh Hotel and Casino. Quarterly Injury Prevention Advisory meetings are held regionally with several Native

American Committee Members. Numerous trainings from the Child Safety health educator, Elder Falls health educator, and Domestic Violence health educator are provided to tribal communities throughout the state. **Served FY13:** All tribes in New Mexico. **FY13 Estimated Expenditure:** No dedicated funding.

Suicide

New Mexico Crisis Line, Office (505) 222-8683

Services: Provide statewide toll-free crisis line services for all New Mexico youth.

National Suicide Lifeline Toll Free Phone # 1-800-273-8255 (TALK)

NationalSuicideCHAT Line: suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx

See demo video at <http://kognito.com/products/highschool/>

DOH, Office of School and Adolescent Health (OSAH) partially funds three (3) crisis lines throughout the state, which are advertised and marketed to all schools and school based health centers. Sites include Agora, located at University of New Mexico (UNM) campus in Albuquerque; The CALL, (Crisis Assistance Listening Line) located in Las Cruces on New Mexico State University (NMSU) campus; and Santa Fe Crisis Response operated by Presbyterian Medical Services (PMS) in Santa Fe. All crisis lines in New Mexico are provided back-up service by 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 very popular communication venue for teens.

Calls at the Agora (UNM) and at the CALL (NMSU) are answered by trained volunteers with supervision and backup by a licensed behavioral health provider. Calls at the Santa Fe Crisis Response (PMS) are answered by a Master's level social worker.

OSAH staff participated in planned meetings and provided resources with technical assistance for the development of the website, *Honoring Native Life*, (www.honoringnativelife.org) which served as a clearinghouse for tools and other resources for American Indian communities in New Mexico who are working to decrease the risk of suicide. **Served FY13:** American Indian youth can and do access. **FY13 Estimated Expenditures:** \$110,000.

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

Services: Provide gatekeeper training on the signs of suicide for northern NM communities, schools and organizations, as well as support to schools and communities that have experienced a recent suicide.

NM Suicide Intervention Project (NMSIP) provides Question, Persuade and Refer (QPR) Training to a variety of community groups as well as Natural Helper Training to both high school and middle school youth at several sites in and around Santa Fe including Santa Fe Indian School. NMSIP accepts referrals from surrounding area schools for same day assessments for youth who have been identified as at-risk of suicide and also provides counseling and therapy when needed.

NMSIP is a first responder organization for northern NM communities that has had

experience with youth suicides, offering a professional post-vention care and services. NMSIP also organizes community professionals who participate in the NM Post-Ventio Response Team. This team consists of representatives from law enforcement, fire department, faith-based organizations and local mental/behavioral health licensed providers.

NMSIP also provides supervision and training to ten (10) graduate level social work interns from NM Highlands University in Las Vegas, NM . The provision of this supervision ensures a future workforce that is trained and competent in the identification and treatment of adolescents who are diagnosed with depression, anxiety, suicidal ideation and suicide attempts.

Served FY13: Over 1,000 individuals FY13 Estimated Expenditures: \$70,000.

Suicide Prevention, (505) 222-8683

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

- Jemez Valley School District Natural Helpers Program serving nine (9) communities, including Seven Springs, La Cueva, Sierra Los Pinos, Jemez Springs, Ponderosa, Cañon, Jemez Pueblo, San Ysidro and Zia Pueblo.
- New Mexico Suicide Intervention Project Natural Helpers Program implemented at the Santa Fe Indian School.
- Pojoaque Valley School District Natural Helpers Program at Pojoaque Middle and High Schools.
- Gallup Coalition for Healthy and Resilient Youth, a program to increase culturally relevant knowledge of signs of suicide, risk and protective factors and identification of resources among youth through implementing REZ Hope youth development curriculum at Gallup High School and Miyamura High School and Natural Helpers programs at three (3) middle schools.
- New Mexico Suicide Prevention Coalition, which provides Question, Persuade, Refer and Gatekeeper trainings to tribal communities statewide. The Coalition has provided QPR train-the –trainer instruction to several American Indian community members to provide presentations within their communities.
- Early identification, referral and follow-up system that include screening every student at Navajo Preparatory School (NPS) and referrals to students identified as at-risk of suicide to behavioral health provider. NPS also implemented the Natural Helpers program through the after-school dorm activities. NPS teachers staff and administrators have received intensive training on the ‘prepare’ curriculum for crisis intervention and response.
- Kognito’s At Risk one hour on-line suicide prevention training has been offered free to all NM teachers, staff and administrators statewide.

Served FY13: Over 30 communities annually. **FY13 Estimated Expenditure:** \$160,000.

Tobacco

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

Services: Provide activities and services to communities, schools and organizations to promote healthy, tobacco-free lifestyles among all New Mexicans. Does not include tobacco uses during religious or ceremonial events. **Served FY13:** Educational materials and presentations at the following locations in New Mexico Santa Clara, Tesuque, Santo Domingo, Eight Northern Pueblo Council, Navajo Tobacco Education Prevention Project, Cochiti, Taos, Zuni, San Ildefonso, Jicarilla Apache Women's Conference, Pojoaque, Ohkay Owingeh, Laguna, Dine Hataalii Partnership, Five Sandoval Indian Pueblos, Oso Vista Ranch Project, Old Laguna. **FY13 Estimated Expenditures:** \$162,000.

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

Services: Provide medical terminology training to Navajo speakers. The training includes a review of the Navajo clan system, regional Navajo language idioms, Cultural and Linguistically Appropriate Service standards, anatomy, verbal descriptions of pain, common illnesses and diseases, role playing and death and dying for Navajos. **Served FY13:** trained 10 individuals in Navajo Interpretation. **FY13 Expenditures:** \$3,200.

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

Services: Provide free on-line trainings with continuing education units (CEUs), for diabetes educators and other providers, on the following topics:

1) Prediabetes

Served FY13: 52 American Indian health professionals.

2) Diabetes and Depression

Served FY13: 6 American Indian health professionals.

3) Diabetes and Smoking

Served FY13: 1 American Indian health professional

FY13 Estimated Expenditures: To be determined.

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

Services: Provide classes to certify 320 tribal law enforcement personnel as "operators" and "key operators" under the State Implied Consent Act. Also, provide certification for breath alcohol test devices used by tribal law enforcement of DWI/DUID programs. **Served FY13:** Navajo and Ramah Navajo, Pueblos of Isleta, Jemez, Laguna, Nambe, Picuris, San Ildefonso, Sandia, Santa Ana, Santa Clara, Taos, Tesuque, Zia and Zuni, Jicarilla Apache Nation, Mescalero Apache Tribe and Santa Fe Indian School. **FY13 Estimated Expenditures:** Approximately \$150,000.

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

Services: Website provides access to public health datasets and information on New Mexico's priority health issues. Data is presented by county, New Mexico is separated into small areas hence race/ethnicity. Indicator reports provide online numeric data for a health indicator as well as the public health context (such as why it is important and what is being done to improve it). Data that identifies a specific tribe is not publicly available, but this information is available to tribes through the Tribal Epidemiologist.. Annual Data Users Conference in Albuquerque and for all Regional County meetings and one Tribal Quarterly Epidemiology meeting. **Served FY13:** All tribes in New Mexico. **FY13 Estimated In Kind Expenses:** \$30,000.

Water Testing

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

Services: Test drinking water for chemicals and bacteria under Federal Safe Drinking Water Act. **Served FY13:** Pueblos of Jemez and Laguna; Tohajiilee . **FY13 Estimated Expenditures:** \$25,000

Planned programs and services for American Indians/Alaska Natives:

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

One area of promise is resources availability to tribes and tribal organization as a result of the Affordable Health Care Act (AHCA). The Department is monitoring and tracking all health related funding and grants opportunities. DOH will be sharing AHCA grant announcements with the Indian Affairs Department, Indian Health Services, qualifying tribes, tribal organizations and off-reservation organizations as information becomes available. The Department will also be available to provide technical assistance, within resource constraints, as requested to support tribal grant applications and activities.

DOH is seeking Public Health Accreditation, a new voluntary status determined by the Public Health Accreditation Board, an independent accreditation body. Accreditation is awarded based on the department's ability to demonstrate through documentation compliance with 28 standard aligned with the 10 essential public health services provided by programs throughout the department. Although all essential services are relevant to Tribal partners, one stands out: "Engage with the community to identify and address health problems." This requirement is relevant to DOH's health improvement efforts in collaboration with its American Indian partners.

In addition, many of the programs listed above will continue in the next fiscal year. Some additional activities that are planned include:

SECTION V. TRAINING AND EMPLOYEE NOTIFICATION STCA Training Certification

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

The Department sent 91 staff to the SPO training in FY13.

VI. KEY NAMES AND CONTACT INFORMATION:

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

Division	Name/Title	Email	Phone
Office of the Secretary	Retta Ward, MPH	Retta.Ward@state.nm.us	(505) 827-2613
Office of the Secretary	Brad McGrath, Chief Deputy Secretary	Brad.McGrath@state.nm.us	(505) 827-2613
Office of Health Equity	Carlotta Garcia, Ph.D, Director	Carlotta.Garica@state.nm.us	(505) 827-2572
American Indian Health Affairs	Kathleen Lawicki, MA, Tribal Liaison	kathleen.lawicki@state.nm.us	(505) 827-2627
Office of Policy and Accountability	Tres Hunter Schnell, MSW Director	Tres.schnell@state.nm.us	(505) 827-0562
Public Health Division	Jane Peacock, MA Director	jane.peacock@state.nm.us	(505) 827-2389
Public Health Division	Maggi Gallaher, MD, MPH Chief Medical Officer	Maggi.gallaher@state.nm.us	(505) 827-2389
Public Health Division	Christina Carrillo y Padilla, Bureau Chief, Health Systems Bureau	CarrilloyPadilla@state.nm.us	(505) 222-8671
Public Health Division	Judith Gabriele, Diabetes Program Manager	Judith.Gabriele@state.nm.us	(505) 476-7613
Public Health Division	Yolanda Cordova, Director, Office of School & Adolescent Health	Yolanda.Cordova@state.nm.us	(505) 841-5889
Public Health Division	Beth Pinkerton, Comprehensive Cancer Program Manager	beth.pinkerton@state.nm.us	505-841-5847
Public Health Division	Deborah Reynolds, Hepatitis Program Manager	Deborah.reynolds@state.nm.us	(505) 827-2507

Division	Name/Title	Email	Phone
Public Health Division	Jane Cotner, Infectious Disease Bureau Chief	jane.cotner@state.nm.us	(505)827-2463
Public Health Division	Gena Love, Head, Cancer Prevention and Control Section	Gena.love@state.nm.us	505-841-5859
Epidemiology and Response Division	Michael Landen, MD, MPH State Epidemiologist and Director	Michael.landen@state.nm.us	(505) 476-3575
Developmental Disabilities Supports Division	Cathy Stevenson, Director	Cathy.stevenson@state.nm.us	(505) 827-2574
Developmental Disabilities Supports Division	Andy Gomm, FIT Program Manager	Andy.Gomm@state.nm.us	(505) 476-8975
Scientific Laboratory Division	David Mills, Ph.D., Director	David.Mills@state.nm.us	(505)383.9001
Scientific Laboratory Division – Environmental Testing	Dr. Phillip Adams, Chemistry Bureau Chief	Phillip.Adams@state.nm.us	(505) 383-9086
Scientific Laboratory Division – DWI	Dr. Rong Jen Hwang, Toxicology Bureau Chief	Rong.Hwang@state.nm.us	(505) 383-9086

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

SECTION VII. APPENDICES

A. Brief Description of the Department's Program Areas

PROGRAM AREA 1: ADMINISTRATION

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

The Administration Program is responsible for all financial functions of the Department, including management of a \$550 million annual budget and 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 Personnel Act and State Personnel Board rules, training, key internal audits; information systems management for the Department, and legal advice and representation to assure compliance with state and federal laws. Administration also includes the Office of the Secretary, the Information Technology Services Division, the Office of General Counsel, the Office of Policy and Accountability, and the Office of Health Equity.

PROGRAM AREA 2: PUBLIC HEALTH

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

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

PROGRAM AREA 3: EPIDEMIOLOGY AND RESPONSE

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

PROGRAM AREA 4: LABORATORY SERVICES

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

PROGRAM AREA 6: FACILITIES MANAGEMENT

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

PROGRAM AREA 7: DEVELOPMENTAL DISABILITIES 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 8: HEALTH CERTIFICATION, LICENSING AND OVERSIGHT

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

PROGRAM AREA 787: MEDICAL CANNABIS

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

B. Any agency-specific and applicable/relevant state or federal statutes or mandates related to providing services to American Indians/Alaska Natives (AI/AN)

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

C. List of DOH Agreements, MOUs/MOAs with tribes that are currently in effect.

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

Tribe	Agency	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
		Program				
Mescalero Apache	DOH	Family Infant Toddler Program	Provider Agreement	In effect	Andy Gomm	(505) 476-8975
Navajo Nation	DOH	Family Infant Toddler Program	MOA	In Effect	Andy Gomm	(505) 476-8975
Navajo Nation	DOH	STD Investigation and control	Operational partnership	In Effect	Antoine Thompson	(505) 722-4391 ext 117
Mescalero Apache Schools	DOH	Primary & behavioral health care in school-based health center	MOA	In effect	Jim Farmer	(505) 222-8682
Navajo Preparatory School	DOH	Primary & behavioral health care in school-based health center	MOA	In effect	Jim Farmer	(505) 222-8682
Pueblo of San Felipe	DOH	Primary & behavioral health care in school-based health center	MOA	In effect	Jim Farmer	(505) 222-8682
Pueblo of Laguna Dept. Education	DOH	Teen Pregnancy Education	MOA	In Effect	Valerie Fisher Shannon Barnes	Unknown
Pueblo Isleta	DOH	WIC services	MOU	In Effect		Unknown
Mescalero Apache Tribe	DOH	WIC services	MOA	In effect	Barbara Garza	(575) 528-5135
Pueblo of Laguna	DOH	Cancer prevention and survivorship	MOA	In effect	Beth Pinkerton	(505) 841-5847

Tribe	Agency	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
Navajo Area Indian Health Service	DOH	Receipt, Storage and Staging site for the Strategic National Stockpile program	MOA	In Effect	Eric Category	(505) 476-8217
IHS ABQ Area	DOH	Breast and Cervical Cancer Screening and DX	PA	In Effect	Gena Love	505-841-5859
IHS Navajo Area	DOH	Breast and Cervical Cancer Screening and DX	PA	In Effect	Gena Love	505-841-5859
Alamo Navajo School Board	DOH	Breast and Cervical Cancer Screening and DX	PA	In Effect	Gena Love	505-841-5859
Jemez Pueblo	DOH	Breast and Cervical Cancer Screening and DX	PA	In Effect	Gena Love	505-841-5859
Pueblo of Sandia Health Center	DOH	Breast and Cervical Cancer Screening and DX	PA	In Effect	Gena Love	505-841-5859
Ramah Navajo School Board	DOH	Breast and Cervical Cancer Screening and DX	PA	In Effect	Gena Love	505-841-5859
Mescalero Apache Indian Health Services	DOH	Influenza Surveillance	PA	In Effect	Katie Avery	(505) 827-0083

Tribe	Agency	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
Dulce Jicarilla Indian Health Services	DOH	Influenza Surveillance	PA	In Effect	Katie Avery	(505) 827-0083
Taos-Picuris Indian Health Services	DOH	Influenza Surveillance	PA	In Effect	Katie Avery	(505) 827-0083
Acoma-Canoncito-Laguna Indian Health Services	DOH	Influenza Surveillance	PA	In Effect	Katie Avery	(505) 827-0083

D. DOH's Tribal Collaboration and Communication Policy

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

Section I. Background

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

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

Retta Ward, MPH
Cabinet Secretary
Department of Health
Date of Signature: 07/31/2013

ATTACHMENT A

Sample Procedures for State-Tribal Work Groups

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

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

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

