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Health. Honor. Wisdom

State-Tribal Collaboration Act July 31, 2014 Agency Report

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

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SECTION I. EXECUTIVE SUMMARY

With this edition of the New Mexico Department of Health (DOH) State-Tribal Collaboration Act Agency Report, it is time to look back and look forward to review our understanding of key concepts and definitions that are the underpinnings of policy precedents that shape the nature of partnerships and collaboration between the DOH and New Mexico Tribes, Pueblos, and Nations. Are we clear about what we mean when we talk about “public health” services and are we clear about “consultation” and how we continue to operationalize consultation leading to more effective collaboration between public health systems and tribal health systems?

As we move forward to understand lessons learned because communication and cross-cultural understanding are always “works in progress,” how do we improve and build upon what is working well? How do we know if we are making a difference? What actions will we undertake to continue to sustain processes for wellness that connect our generations; for those who have gone before, who are with us now, and for our future generations? This is the journey of considerable time we undertake, not only across the lifespan but also across institutional memories, organizations, communities, and leadership that will continually change over the passage of years.

We work our way into an operational definition of “public health” because of the complexity of services that are designed to protect the health of large groups of people. Public health, sometimes referred to as “population health” or “community health” is often defined by what it is not. The public health realm is different from health care in that services are focused on preventing illnesses and diseases experienced among communities, states, and nations rather than individual health care delivered in a primary care setting.

As a field, public health planning and practice concentrates its resources on solutions “upstream” –before diseases emerge that are symptomatic of much deeper societal issues that shape quality of life and wellness. Public health reaches beyond medical care (defined as preventive, curative, and rehabilitative services delivered by medical care personnel) and individual behavior change. Public health assesses the linkages between social conditions and health centering on modifiable factors at the individual, household, and community level – features of homes, schools, workplaces and neighborhoods that could be shaped by policies. Many of these factors are at play, and over time, can result in physiologic changes that exacerbate chronic diseases (diseases such as heart attacks, strokes, cancer, and diabetes).

The World Health Organization (WHO) provides the foundation for global public health leadership and identifies those conditions or circumstances, which influence or impact the health of individuals and ultimately populations, as “social determinants of health.” Social determinants are defined as “conditions in which people are born, grow, live, work and age (2012, World Health Organization [WHO]).¹ According to the WHO (2012) “these circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social

¹ WHO (World Health Organization). (2012). *Social determinants*. Retrieved from http://www.who.int/social_determinants/en/

determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries” (2012, WHO).² Terms often used to describe circumstances that may limit an individual or population’s ability to have equal opportunities to make health choices are health “disparities” and health “inequities”.

It is well established that indigenous populations experience greatest health disparities and health inequities in light of the course of historical policy that set into motion environmental determinants that influence health outcomes for American Indian nations, tribes, and pueblos.

Based on the most recent American Indian Health Equity report (2013, Office of Policy and Accountability, Office of Health Equity), obesity and diabetes continue to be identified among the top health issues to be addressed collaboratively by DOH and American Indian populations in the state. In comparison with other populations in the state covered in the report, major health disparities include teen births, pneumonia and flu deaths, Chlamydia infections, HIV infections, motor vehicle deaths, homicide, and alcohol-related deaths. Moderate disparities are observed for late or no prenatal care and youth suicide. Low disparities or no disparities are observed for infant mortality, pertussis infections, and smoking among adults. The American Indian population serves as the reference group (with best rates in comparison to other populations) for having the lowest percent of adults in the state who did not receive all recommended diabetes prevention services. (This report is based on data from the Epidemiology and Response Division and Public Health Division.)

For this report, there is exciting news to share in terms of outcomes related to childhood obesity. The Healthy Kids Initiative through DOH Public Health Division indicates that from 2010-2013, American Indian third graders have seen a large decrease in obesity rates. Over 4 years, rates have dropped from 36.6% to 29.5%, corresponding to a 19.4% change. Even American Indian kindergarten students have seen a 15.3% decrease in obesity prevalence, going from 25.5% to 21.5% over 4 years. The Healthy Kids Initiative is in place at three pueblos (Santa Clara, San Ildefonso, Zuni) and Mescalero Apache Tribe. Healthy Kids encourages tribally-specific healthy eating and physical activity choices.

In turning the curve for better health outcomes, legislation signed by both Presidents Clinton and Obama, as well as New Mexico Governors Martinez and Richardson are instrumental in assuring sustainable collaboration and partnerships between DOH and our New Mexico tribes, pueblos, and nations. Language provides us with a centering foundation where we may find one another at a great crossroads and trades routes for public health and tribal health which supports dialog and relationships, as well as innovative ideas that we take back in the four directions to our communities and nations.

The requirements set forth by Senate Bill 196 (SB196), the State-Tribal Collaboration Act, signed into law in 2009, serve as an operational definition of what “consultation” is and serves as a guidepost for the Department’s activities. Content of the act is described more fully on Page 9, Section III. Primarily, consultation focuses on promotion of more effective communication that engages tribes, pueblos, and nations in planning, implementation, and

² Ibid

evaluation of public health initiatives that impact tribal communities.

A key strategy that informs public health staff in carrying out the State-Tribal Collaboration Act is to ask tribal leadership for guidance in creation, cultivation, and expansion of services and resources which respect the tenets of sovereignty and self-determination held by indigenous nations in the state.

Contact information per Bureau, Division, or Program are provided throughout the report in order to learn more about collaborative initiatives. Highlights of outstanding initiatives that provide a snapshot of the range of DOH and Tribal collaborative activities and resources shared in this last year include:

- Continued expansion of opportunities for healthy eating and physical activities at Pueblos of Santa Clara, San Ildefonso, Zuni and Mescalero Apache through the Healthy Kids Initiative, focused on healthy eating, active lifestyles.
- Implementation of House Bill 200 passed in 2013, *Tribal Youth Diabetes Prevention*. Three tribes funded to implement youth diabetes prevention protocols: Santa Ana and Jemez Pueblos; Ramah Navajo School Board
- Provision of one of the newest databases that collects tribal affiliation in the state of New Mexico--Hospital Inpatient Discharge Database, or (HIDD).
- Provision of an American Indian Health Equity Report that describes the state of American Indian Health in New Mexico, published by the DOH Office of Policy and Accountability and the Office of Health Equity.
- Provision of annual health data useful to tribes for planning activities.
- Support for New Mexico's Navajo Nation's Tribal Epidemiology Center and programmatic epidemiology needs.
- Creation and implementation of the "Have a Heart" education campaign about commercial tobacco use and its impact on diabetes in tribal communities Collaboration with tribes, pueblos, nations and the Off Reservation groups to articulate, create and develop health resources.
- Inclusion of CHR feedback to assure cultural competency in the state Community Health Representative/Worker (CHR/W) curriculum
- Participation in Navajo Nation Tribal Health Assessment in readiness for tribal health system accreditation by Office of Policy and Accountability staff.
- Continued expansion of membership to include Tribal representation in the four New Mexico DOH, Bureau of Health Emergency Management (BHEM), Healthcare Preparedness Program (HPP) Regional Healthcare Coalitions (RHC).
- Creation of two, 3 day Native-specific facilitator workshops with Healthy Native

Communities Partnership (HNCP) through Office of Policy and Accountability funding.

- Continued provision of integrated primary and behavior health care to school-aged children through school-based health centers (SBHC)
- Continued provision of suicide prevention resources.
- Participation as an agency in the annual IAD Tribal-State Leaders Summit June 20-21, 2013 at the Inn of the Mountain Gods, hosted by the Mescalero Apache Tribe
- Demonstrated collaboration in providing health screenings and education resources in a health fair setting through Celebration of Tribal Health Week (October 28 – November 5, 2013).
- Participation of DOH as a member of the Indian Affairs Department Tribal Infrastructure Board (TIF) that distributes funding annually 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.
- Provision of a variety of injury prevention trainings and health promotion activities through Safe Kids.
- Provision of 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.
- Provision of screenings for breast and cervical cancer; continuation of Comprehensive Cancer Program working in partnership with several American Indian tribal communities and organizations to address cancer prevention and survivorship.
- Participation in partnerships with other health care entities to determine the impact of National Health Care Reform on tribal communities.
- Continued work with the University of New Mexico (UNM) Center for Native American Health and the UNM Robert Wood Johnson Foundation Center for Health Policy to engage the state's Tribes, Nations and Pueblos in the development of tribal community health profiles.

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 an executive agency 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, public health preparedness and vital records and health statistics.

The Department currently operates six facilities and a community-based program. The facilities provide care for people with disabilities, long-term care, veterans, behavioral health, and substance abuse treatment services. The Department also provides safety net services to eligible individuals with special needs. These services 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 plays a key regulatory role in the healthcare system. DOH promulgates regulations pursuant to its statutory authority and is an enforcement entity for health care facilities and providers statewide for compliance with state and federal health regulations, standards and law. Over 2,000 public and private sector inpatient and outpatient providers are licensed by the Department and those providers who participate in Medicare or Medicaid are certified, inspected and monitored by the Department.

SECTION III. AGENCY EFFORTS TO IMPLEMENT POLICY

DOH has a long history of working and collaborating with American Indian nations, pueblos, tribes in New Mexico, as well as 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 both

Departments with critical definitions and a communication policy, procedures and processes that have guided agency activities over 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 STCP on December 17, 2009. The STCP 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. Aiko Allen, MS, was hired in April 2014 as the DOH Tribal Liaison. She has met with the Secretary of Health to discuss and formulate action plans to address American Indian health concerns within the State.

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, 288 American Indian individuals are served by this waiver program (based on projection of claims through May 12, 2014). 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 IHS on an on-going basis to strategize and discuss vaccine issues/questions and potential collaborative efforts to improve immunization rates in tribal communities.
- Through the Native American Partnership for Diabetes Prevention and Control, the Public Health Division conducts consultation sessions 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 (IHS) 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.
- Through the DOH Office of the Tribal Liaison, Training Director, staff working directly with American Indian communities, Milton Bluehouse, Indian Affairs Department consultant, and the Director of the State Personnel Office, a DOH-specific cultural competency training focused on tribal relationships and collaboration is being developed. The training is based on the existing cultural competency and State-Tribal Collaboration Act workshop.
- Through the Children's Medical Services (CMS), three programs were provided to 220 American Indian youth and children with special health care needs: medical coverage and care coordination and multi-disciplinary specialty clinics for cleft lip and palate; genetic; dysmorphology; endocrine; neurology and pulmonary issues in Northwest, Central and North Central areas of New Mexico. In-kind contributions related to CMS care coordination for the three programs listed above would be \$1,054,000.00.
- DOH provides tribes, pueblos, and nations with record level Vital Records data. These data were made available to tribes for the first time ever in FY 2014 through a new process. The new data dissemination process at DOH uses geospatial analysis to share geographically identified data with sovereign nations.

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 collaboratively with DOH Divisions and tribal communities to implement appropriate responses. All initiatives included in this report demonstrate a variety of methods through which tribes, pueblos, and nations provide guidance in planning, implementing, and evaluating projects undertaken to reduce identified health disparities. Face-to-face

meetings, conference calls, emails, written documents in a variety of formats, interactive television, and webinars are vehicles through which communication occurs. DOH staff must take the state cultural competency training on the State Tribal Consultation Act where they also receive information to increase awareness and practice of culturally appropriate communication techniques among tribes, pueblos, and nations.

A strong example of a DOH input process is the work being done by the Tribal Epidemiologist. The Tribal Epidemiologist at the NMDOH is available to conduct trainings for community groups and other agencies. These trainings consist of: accessing data through publicly available data sources, basic epidemiological research and concepts, and provision of an overview of tribal data within the state of New Mexico as requested by tribes, pueblos, and nations.

Other examples of gathering input from tribes, pueblos, and nations are illustrated by the ongoing advisory committees and councils that address chronic disease risk reduction and prevention in the Diabetes and Cancer programs. The Native American Partnership for Diabetes Prevention and Control meets regularly to conduct consultation sessions with representatives from a number of tribal diabetes programs to receive guidance about what will work best for their communities. The DOH Comprehensive Cancer Program similarly works in partnership with a number of tribal communities to provide technical assistance as requested in conducting cancer prevention and survivorship activities.

C. Epidemiology Support

- The Epidemiology and Response Division (ERD), as well as other epidemiologists within DOH are committed to serving tribal communities. Bureaus within ERD conduct epidemiological surveillance within tribal communities and use these data to assess health related trends and disparities within the State of New Mexico. DOH's Tribal Epidemiologist works with other epidemiologists to monitor and track the health status of tribal communities in New Mexico. Tribes may access tribe specific data through the Tribal Epidemiologist. The DOH maintains close partnerships with New Mexico's two Federally funded tribal epidemiology centers: the Albuquerque Area Southwest Tribal Epidemiology Center and the Navajo Nation Epidemiology Center.

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

- The DOH Survey Section, Epidemiology and Response Division, administers two major population-based surveys that produce significant data about the American Indian population.

1. NM has participated in the Behavioral Risk Factor Surveillance System (BRFSS) since 1986. The BRFSS collects data on a wide range of health conditions and behaviors related to health, as well as access to health care. Since 2001, the NM component of the BRFSS has over-sampled American Indian adults. Over-sampling provides a greater number of completed interviews, which improves estimates of this important population.
2. Since 2001, the NM Youth Risk and Resiliency Survey (YRRS) has been administered in odd-numbered years. The YRRS is a part of the CDC's Youth Risk Behavior Surveillance System (YRBSS) and collects data on protective factors and health risk behaviors among public middle school and high school students. The YRRS has included an expanded sample of American Indian students since 2007.

The BRFSS collects data on height and weight on an annual basis, providing population-based estimates of body mass index, overweight, and obesity for the adult population. The YRRS collects the same information for high school students. Estimates are available via annual reports and NM-IBIS.

D. Bureau of Health Emergency Management Support (Technical Assistance to Tribes)

- The New Mexico Department of Health (NMDOH), Bureau of Health Emergency Management (BHEM), Cities Readiness Initiative (CRI), Tribal partners (Pueblos of Cochiti, Isleta, Jemez, San Felipe, Sandia, Santa Ana, Santa Domingo, and Zia) are integral to the CRI planning. Throughout Fiscal Year (FY) 14, the Northwest/Metro Public Health Regional Emergency Preparedness Specialist (NW/Metro REPS) met with CRI tribal government officials to discuss and provide technical assistance for Medical Counter measure (MCM) planning. The CRI Tribal Partners participated in a two-day CRI training seminar in December 2013 that provided training and technical assistance in the following areas: MCM requesting procedures, tactical communications, public information and communication (PIC), security operations, inventory management, staging areas and distribution operations, hospital and alternate care facilities coordination, access and functional needs, and volunteer management. The Tribal Partners also participated with the in CRI call down drills, site activation, site set up, and an enhanced tabletop exercise February 5, 2014.
- On March 25, 2014, the DOH Bureau of Health Emergency Management (BHEM) engaged local, state, and federal agencies, including the New Mexico Cities Readiness Initiative (CRI) Tribal Partners, in the annual Public Health Emergency Preparedness and Response Stakeholders Meeting (PHEPSM). The 2014 PHEPSM members participated in facilitated small groups utilizing a Pandemic Influenza scenario exercise. This encouraged various stakeholder organizations to network and initiated collaboration between organizations.
- BHEM engaged collaborative planning with the Navajo Nation Division of Health (NNDOH) and formed the Navajo Nation Medical Countermeasure (MCM) Collaborative

Workgroup. The purpose of this workgroup is to ensure efficient use of available resources, avoid duplication of effort, identify gaps in existing response plans, and develop communication pathways for support and coordination in the event of a public health emergency that requires MCM operations. The workgroup brought together representatives from the organizations that would be involved in the distribution and dispensing of MCM to the Navajo Nation population in New Mexico. These include the New Mexico Department of Health, the Navajo Nation Division of Health, the Arizona Department of Health Services, the Indian Health Service, the McKinley County Office of Emergency Management, and the San Juan County Office of Emergency Management.

The BHEM Strategic National Stockpile program facilitated the collaborative workgroup, shared existing Point of Dispensing (POD) plans, and provided technical assistance to the NNDOH in planning efforts, including training about MCM Dispensing. The Navajo Nation Medical Countermeasure Collaborative met in January 2014 in Gallup, April 2014 in Farmington, and June 2014 in Window Rock. The culmination of the work will be incorporated into existing planning documents in each jurisdiction.

- In January through April of 2014, BHEM funded Public Health Division (PHD) North East Regional Emergency Preparedness Specialist (NE REPS), in collaboration with the New Mexico Department of Homeland Security and Emergency Management (DHSEM), worked with the Taos Pueblo to develop a coordinated All-Hazards Emergency Operations Plan (EOP).

Through various meetings, the DOH NE REPS and DHSEM provided technical assistance to the Taos Pueblo in order to build Community Preparedness, Community Recovery, Emergency Warning, and Mass Care capabilities and the development of the EOP. These meetings also addressed potential hazard vulnerabilities and opened discussion for resource needs, response team identification, and development of an Emergency Operations Center. The DOH NE REPS will continue to work with the tribe to develop a Public Health annex to the EOP and include a point of dispensing site for the Taos/Picuris Health clinic.

- In April 2014, BHEM initiated dialog with the Santa Fe Indian School Leadership Institute in the interest of convening a tribal summit to bring together tribal leadership to discuss and identify the priorities for public health emergency management. The co-directors of the Leadership Institute identified that having a preparedness summit would be an opportunity to address tribal emergency preparedness on a larger scale and proposed a subsidiary institute for tribal emergency preparedness. Over the course of a face-to-face discussion, follow-up teleconference, and emails; general objectives have been identified for FY15 implementation.
- On March 26, 2014, BHEM facilitated a Pandemic Flu Communication Tabletop Exercise in Albuquerque, New Mexico. The exercise introduced local, state, and federal communication partners to the need for communication during a pandemic flu outbreak. The Jicarilla Apache Nation tribal emergency manager and several of his staff were among the participants engaged in the scenario. Following the exercise, the

Jicarilla Apache Nation tribal emergency manager extended an invitation to the BHEM Risk Communicator, the DOH Public Health Division Northeast Emergency Preparedness Specialist, and a Centers for Disease Control and Prevention fellow, to visit the Jicarilla Apache Nation emergency operations center. The group traveled to the Jicarilla Apache Nation on May 2, 2014 and May 8, 2014. The tribal emergency manager gave a tour of their new emergency operations center and medical facilities. The group also engaged in discussions about public health emergencies and disasters. The DOH Risk Communicator shared approved emergency public health messaging as well as the DOH Risk Communication Plan.

- Throughout Fiscal Year (FY) 14, BHEM continued to work with the Pueblo of Zia to advance the work on Public Health Emergency Preparedness Capabilities. Based on gaps highlighted in the Capability Planning Guide self-assessment report; the Pueblo of Zia requested technical assistance to create a professional development plan to address training gaps identified in the report. BHEM made several visits to the pueblo to outline requirements for Responder Training (Tier 4), as defined by the Center for Disease Control and Prevention (CDC), which includes the completion of Six (6) National Incident Management System Courses. Additionally, the BHEM worked with the tribal planner at Zia to develop a written Emergency Response Plan (ERP) that identifies the responsibilities, administration, and operation of the tribal organization for emergency management and public health preparedness, the final draft is currently under review.
- Through training, exercises, and technical assistance, BHEM Healthcare Preparedness Program (HPP) enhances the ability of hospitals and health care systems to prepare for and respond to bioterrorism, fires, floods, and other public health emergencies. In Fiscal Year (FY) 14, the four DOH HPP Regional Healthcare Coalitions (RHCs) continued to expand membership to include Tribal representation in the respective jurisdictions. Along with RHC participation, the New Mexico Indian Health Services hospitals were contracted to work with the RHC to work on HPP program priorities. Throughout FY 14, the DOH BHEM HPP provided technical assistance and support to all RHC. This included regional coalition development and healthcare system preparedness; interoperable communication systems; bed and patient tracking; incident management capabilities; fatality management planning; and medical surge/hospital evacuation and shelter in place planning.
- The Office of General Counsel continues to participate in meetings with the State Tribal Judicial Consortium regarding the domestication of tribal court orders, specifically related to health issues. As of this date, there is no resolution but Office of General Counsel continues to work and present DOH's perspective and ideas for protocols regarding the domestication of civil commitment and guardianship orders and orders related to issues before the bureau of vital records and health statistics. The next presentation before the Consortium is scheduled for July 11, 2014.
- 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 INDIAN/ALASKA NATIVES

The Department of Health (DOH) 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.

Collaboration and Partnerships: Work Groups, Advisory Committees

Office of Policy and Accountability: Coordinated with Healthy Native Communities Partnership (HNCP) to create two 3-day workshops. Trainings were hands-on where participants learned to use and apply tools for Community Wellness Planning (CWP). These workshops guided participants through a tested series of community wellness planning activities based on principles of community engagement and group facilitation. The groups began with tools for initial community engagement and GETTING READY for planning, and then moved through tools for establishing VISION, STRATEGY, ACTION PLANNING, and KEEPING TRACK.

Served FY14: These workshops were held in May and June 2014 in Albuquerque and Santa Fe, New Mexico. A total of 58 participants attend the Albuquerque workshop and 65 attended the Santa Fe workshop. Participants in these workshops included tribal representatives: Navajo Nation, Jicarilla Apache Nation, Pueblos of Acoma, Zuni, San Ildefonso, Laguna, Isleta, Mescalero, Santo Domingo, Santa Ana, Zia and Jemez. Other non-profits and tribal hospital staff who work with tribal communities also attended. **FY14 Estimated Expenditures:** Every participant was offered travel reimbursements and did not incur out of pocket expenses to attend. DOH paid the total cost of \$20,000.

Celebration of Tribal Health Week: (October 28 – November 5, 2013) To be successful, host tribes, pueblos, and nations provide guidance to DOH in determining needed services for their health fair. Planning involved the DOH Tribal Liaison, Public Health Division staff, and Tribal Health program staff from each of the invited host tribes, pueblos, and nations (Laguna, Jemez, Ohkay Owingeh, and Acoma Pueblos, and the Jicarilla Apache Nation). Each of the tribal health program directors selected and arranged program displays and health activities during their event. An important aspect of the fairs is the opportunity for tribal health program staff and public health program staff to get to know one another and strengthen relationships.

- Physical fitness activities were a creative highlight of each tribal health fair and included Zumba exercises, Country Line dancing, early morning walks and Pak activity exercises. One tribal community had a 'Pumpkin Walk' where pumpkins were the prizes awarded to the winners (instead of cakes).
- Secretary Ward and Deputy Secretary Gallagher attended all the tribal health fair locations and participated in the physical fitness activities at each location.
- Some of the most popular and interactive offerings from DOH included Alvin the Chipmunk from the Bureau of Health Emergency Management, the Strollin' Colon

from the Colorectal Cancer program, and toothbrushes and promotional materials from the Oral Health Program.

Health Systems Bureau, (505) 222-8671

Services: The HSB tribal liaison is a member of the Indian Health Service Health Promotion Disease Prevention Health Council. During the IHS Health Promotion and Disease Prevention Program (HPDP) health council meetings staff provides program and office updates, and often partners with other tribal organization/ entities regarding health outreach, education, etc. The tribal liaison also partners with IHS to provide digital storytelling workshops/training. The tribal liaison has also participated in UNM NM CARES, health disparities center to help the northern tribes to understand the importance of research in their communities, for their communities. The Office of Oral Health (OOH) provides health education, screenings and sealants to tribal members for Santa Clara Pueblo, Tesuque Pueblo, the OOH also provided oral health screenings at IAIA in Santa Fe for the Senior Olympics day.

FY 13-14 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. **FY14 activities of the Work Group included:** Presentation to the New Mexico Cancer Council related to the workgroup-developed section in the New Mexico Cancer Plan 2012-2017 titled, *Considerations for Implementing the NM Cancer Plan in Native American Communities*. The presentation focused on promoting cultural humility among health care providers. Presentation was repeated for *HealthInsight* New Mexico and Presbyterian Hospital. The UNM Cancer Center Native American Cancer Education and Outreach Program partnered with Laguna Pueblo to deliver a colorectal cancer education session at the Laguna Health and Wisdom 2013. Elder Conference in August.

Served FY14: The majority of members within this workgroup are American Indian (approximately 15-19 people).

FY14 Estimated Expenditures: \$5,000

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

Services: Consult regularly with Tribal Diabetes Programs 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 (DPCP) long-term goal of eliminating diabetes-related health disparities.

Served FY14: DPCP organized and conducted eleven work group conference calls, one resource partnership meeting, and one partnership planning session this year.

FY14 Expenditure: \$5,000

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

Services: As the CHR/W curriculum nears completion, the process of piloting a few of the competencies is underway. CHR feedback is being solicited to guide and advise the roll out

of the trainings in order to assure trainings that are be culturally sensitive and competent for our tribal communities. The OCHW tribal liaison was a member of the planning committee for the American Cancer Society, Circle of Life Cancer training. The tribal liaison participated in the training with the Navajo Nation CHR program and also presented on the process and techniques of digital storytelling. The tribal liaison has participated in many tribal health fairs that are hosted by the tribal CHR programs, and is also involved with the NM/Southern Colorado CHR Association meetings (quarterly) by providing training, funding opportunities and also providing OCHW updates, regarding our core competencies, curriculum, rules and regulations document. The tribal liaison has participated in a planning session regarding the community health symposium for COPE Project of Navajo Nation, and has also presented, moderated and facilitated for the COPE Project events. The OCHW tribal liaison has also attended the Navajo Nation CHR Annual Meetings, leadership meetings, etc.

FY13-14 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. Additionally, the New Mexico Bureau of Vital Records and Health Statistics partnered with the tribal epidemiologist at the New Mexico Department of Health to improve the quality of tribally identified vital records data through geospatial analysis.

Served FY14: All tribes in New Mexico.

FY14 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. These services are available through Indian Health Service clinics and hospitals (Albuquerque Area Indian Health Service), Jemez Pueblo Health Center, Alamo Navajo Health Center, Ramah Navajo Health Center, First Nations Community Health Source, and at more than 100 other federally qualified health centers and hospitals throughout the state. Women diagnosed with breast or cervical cancer through the BCC Program may be eligible for Medicaid coverage for treatment of their condition. Also available are public awareness activities, education and technical assistance to tribes interested in increasing community capacity for breast and cervical cancer control.

Surveillance: The BRFSS collects data on breast and cervical cancer screening on a bi-annual basis, providing population-based estimates of mammogram and PAP test screening

history. Estimates are available via annual reports and NM-IBIS.

Served FY14 (YTD): 1,271 American Indian women 30 years of age or older, who live at or below 250% of the federal poverty threshold, and are uninsured/underinsured. To date, 5 American Indian women have been diagnosed with invasive breast cancer or in situ breast cancer, and 7 women have been diagnosed with invasive cervical cancer or pre-cancerous cervical conditions.

FY14 Estimated Expenditure: \$244,380 federal, state and other grant funds.

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 Choice Community Health 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.

Surveillance: The BRFSS collects data on colorectal cancer screening (fecal occult blood stool test and sigmoidoscopy/colonoscopy) on a bi-annual basis, providing population-based estimates of colorectal cancer screening history. Estimates are available via annual reports and NM-IBIS.

Served FY14(YTD): Three Hundred Forty Six (346) American Indians served by the CRC Program with colorectal cancer screening and services;

FY14 Estimated Expenditure: \$22,219 (includes screening and diagnostic services.)

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 Native American Cancer Education and Outreach Program in the Office of Community Partnerships and Cancer Health Disparities at the University of New Mexico Cancer Center. Pueblos of Laguna, Acoma, Picuris, Santa Clara, Jemez and the Jicarilla Apache Tribe hosted on-site Health Fair Days with participating DOH cancer program staff during the Celebration of Tribal Health Week for FY 14. Non Tribal Health Week educational events were held in Tesuque Pueblo (two events), San Ildefonso Pueblo, Santo Domingo Pueblo, Isleta Pueblo, Cochiti Pueblo, and Alamo Navajo. 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 FY14: Approximately 920 American Indian families received information and/or education in programs supported by the Comprehensive Cancer Program.

FY14 Estimated Expenditures: \$1,200 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. Accomplishments in these 4 tribal communities include:

- At least 19 new trails (covering approximately 40 miles) have been established, mapped (plus other signage indicating mileage and trailhead information), and promoted across all 4 tribal communities potentially reaching 14,163 people
- Zuni has been successful in working with their local tribal store to increase availability of fresh produce through increased participation in weekly tastings with recipes and nutritional information, labeling healthy options, and stocking healthier food to meet consumer demand. A local artist created signage to mark healthy options throughout the store
- All 4 tribes conduct regular fruit and vegetable tastings either in elementary schools or Head Start
- San Ildefonso and Santa Clara received funding for infrastructure improvements to facilitate walking/biking – San Ildefonso had regular Walking Wednesdays
- Traditional agriculture/community gardens in at least Zuni, Santa Clara, and San Ildefonso

Surveillance: Established the NM childhood obesity surveillance system in 2010. Released annual reports that included state obesity prevalence rates for American Indian children in attendance at NM public schools. Most recent findings show that from 2010 to 2013, American Indian third graders have seen a large decrease in obesity rates. Over 4 years, rates have dropped from 36.6% to 29.5%, corresponding to a 19.4% change. Even American Indian kindergarten students have seen a 15.3% decrease in obesity prevalence, going from 25.5% to 21.5% over 4 years. Despite the downward trend, American Indian students still have the highest obesity prevalence rates among all racial and ethnic groups.

The BRFSS collects data on height and weight on an annual basis, providing population-based estimates of body mass index, overweight, and obesity for the adult population. Estimates are available via annual reports and NM-IBIS.

Served FY14: 17,340 tribal members in four communities. Community-wide

FY14 Expenditures: \$210,000

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 14 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 14 and conducted dental clinics at: Pueblos of San Ildefonso, Picuris, Taos and Tesuque. The clinic presented oral health education, dental assessments, and application of dental sealants and dental case management services. OOH staff in conjunction with Patricia Peck DDS and Senior Olympics conducted a dental clinic at the Native American Senior Olympic, Santa Fe, AIAI. OOH also attended Native American Day, during the 2014 Legislature.

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

Served FY14: Over 662 served.

FY14 Estimated Expenditure: \$20,892.89 (clinical services)

FY14 Estimated In Kind Expenses: DOH staff salaries and supplies (e.g. tooth brushes, etc.) and transportation. (<http://nmhealth.org/about/phd/hsb/ooH/>)

Data and Epidemiology Services

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

Services: The BRFSS epidemiologist and YRRS epidemiologist sit on the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) Technical Assistance Council. 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 survey epidemiologists worked closely with AASTEC, assisting with the design of community BRFSS survey protocol and questionnaire that was implemented by AASTEC in several communities across New Mexico. The BRFSS epidemiologist worked with the Navajo Nation Epidemiology Center on the development of the Navajo BRFSS sample design and questionnaire development. 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. The YRRS epidemiologist provides technical assistance to AASTEC on the implementation of the YRRS in several American Indian communities, data analysis, and report writing.

Served FY14: All tribes in New Mexico.

FY14 Estimated Expenditures: DOH staff salaries.

American Indian Health Equity Report, (505) 827-2570

Services: Published a special edition of the Racial and Ethnic Health Disparities Report that

focused on American Indian health in terms of eight measures. **Served FY14:** All tribal communities.

FY14 Estimated Expenditures: Percent of Office of Policy and Accountability and Office of Health Equity staff salaries and federal grant funds.

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

Services: The Community Health Assessment Program (CHAP) maintains the New Mexico Indicator Based Information System (NM IBIS) website, which publicly provides access to public health datasets and information on New Mexico's health issues. Data are made available through IBIS to be used by researchers and community stakeholders alike. The NM IBIS website allows the use to query several different data sets by demographic and geographic characteristics. Training and education using the NM IBIS website and other sources of publically available is available through the CHAP staff and DOH regional epidemiologists. Data that identifies a specific tribe is not publicly available, but this information and technical assistance is available to tribes through the Tribal Epidemiologist. The Tribal Epidemiologist position is supervised by the Community Health Assessment Program.

Served FY14: All tribes in New Mexico.

FY14 Estimated Expenditures: One full-time Tribal Epidemiologist, NM IBIS operating costs.

Data Sharing Agreements, (505) 476-1788

Services: DOH maintains data sharing agreements with the Navajo Nation Epidemiology Center, the Navajo Area Indian Health Service, and the Albuquerque Area Indian Health Service. The agreement with the Navajo Nation Epidemiology Center is a comprehensive data sharing agreement through which the DOH record level data with the Navajo Nation. Currently, these data sharing agreements continue under the current Health Cabinet Secretary Retta Ward. Additionally, all other tribes within the state of New Mexico may request and receive tribe specific data via the DOH Tribal Epidemiologist.

Served FY14: All tribes in New Mexico.

FY14 Estimated Expenditures: No dedicated funding.

National Tribal Epidemiology Activities, (505) 476-3575

Services: DOH State Epidemiologist is the chairperson of the Council of State and Territorial Epidemiologists (CSTE) Tribal Epidemiology workgroup, which has completed national surveys of public health surveillance activities in Indian Country. This national collaboration allows the DOH to work with other states to define best practices for tribal epidemiology activities.

Served FY14: All federally recognized U.S. tribes.

FY14 Estimated In Kind Expenditures: Staff salaries from epidemiologists.

Health Systems Epidemiology Program, (505) 476-3739

Services: The Health Systems Epidemiology Program (HSEP) collects data from hospitals as well as other types of healthcare related data within New Mexico. The Hospital Inpatient Discharge Database, or (HIDD) is one of the newest datasets to collect tribal affiliation in the state of New Mexico. The HSEP designed and provided a training for healthcare providers to collect race, ethnicity and tribal affiliation in a way that is respectful of American Indian patients. These activities not only improve the quality of tribal data at the DOH, they

also improve the understanding of race, ethnicity and tribal affiliation issues in healthcare providers in New Mexico.

Served FY14: All tribes in New Mexico.

FY14 Expenditures: No dedicated funding.

Diabetes and Chronic Disease Prevention and Management Initiatives

National Diabetes Prevention Program (505) 476-7615 or 1-888-523-2966

Service: Bring an evidence-based lifestyle intervention for preventing type 2 diabetes to communities. The intervention is based on the National Institutes of Health-led Diabetes Prevention Program research study. The intervention focuses 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 participate in a year-long lifestyle change program that includes sixteen core sessions (one per week) and six post-core sessions (one per month).

Served FY14: Forty-six American Indian participants were reached through DPCP-supported programs and one American Indian lifestyle coach was trained in FY14.

FY14 Estimated Expenditure: \$ 23,500

Tribal Youth Diabetes Prevention (505) 476-7615 or 1-888-523-2966

Service: During the 2013 legislature, Representative Sandra D. Jeff sponsored House Bill 200, entitled, *Tribal Youth Diabetes Prevention* to appropriate funding from the state general fund to the New Mexico Department of Health to coordinate with tribal public health programs to develop and implement youth diabetes prevention protocols in fiscal year 2014 (FY14). One hundred thousand dollars (\$100,000) was appropriated for this initiative. The DPCP developed and disseminated a funding application for tribes to implement one of three strategies: 1) Strengthen traditional agriculture; 2) Establish tribal wellness policies; or 3) Create built environments to support physical activity and healthy eating. Three tribal organizations were awarded \$25,000 each; the remaining \$25,000 was used to provide technical assistance and trainings to the three funded and other interested tribes.

Served FY14: Three tribes were funded: Santa Ana Pueblo, Jemez Pueblo and Ramah Navajo School Board, Inc. In addition, three trainings were provided: 1) Digital Storytelling (two parts - Getting Ready and Evaluation Tool); 2) Youth Engagement; and 3) Project/Program Sustainability. A total of ten tribes and pueblos were reached with the trainings, with representation from Acoma, Jemez, Kewa, Navajo Nation, Ramah Navajo, Santa Ana, Santa Clara, Tesuque, Zia, and Zuni.

FY14 Expenditures: \$100,000

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

Services: Provide a four-session series of cooking schools for people with diabetes and their families/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 FY14: DPCP sponsored six Kitchen Creations schools that reached 98 American Indian participants in the following areas: Albuquerque IHS, Zuni, Gallup, and Shiprock
FY14 Estimated Expenditure: \$27,840

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 to raise awareness about the link between commercial tobacco use, second hand smoke, and an increased risk for diabetes complications from tobacco exposure. The “Have a Heart” cards are designed by local Native artists and distributed as part of an educational awareness campaign. In addition, the bureau’s Heart Disease/Stroke Prevention Coordinator collaborated with TUPAC to print 150 “Have a Heart” message cards for each participant of the *2014 Go Red for Native Woman: Heart Health Summit* on February 7, 2014.

Served FY14: One tribal community; Isleta Pueblo, implemented the “Have a Heart” campaign this year.

FY14 Expenditure: DOH program staff salaries

Manage Your Chronic Disease (MyCD) Program, (505) 476-7615 or 1-888-523-2966

Service: The MyCD Program, also known as the evidence-based Chronic Disease Self-Management Program developed and tested by Stanford University, is a peer-led education program designed to help adults gain the confidence needed to take part in maintaining their health and managing their chronic health condition(s). The MyCD Program is for adults of all ages with diabetes, arthritis, heart disease, chronic pain, high blood pressure, or other long term chronic health issues. Participants meet in small groups (12-20 people) for six weeks for 2½ hours/week in community settings such as senior centers, churches, libraries and hospitals.

Served FY14: The DPCP supports three regional providers licensed through Stanford University to offer the MyCD Program in New Mexico. A total of 9 American Indian participants were reached through the program.

FY14 Expenditure: \$3,150

Health Facility Licensing

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

Services: License health care facilities and conduct surveys for facilities that receive Medicare or Medicaid funding that evaluate facility compliance and the quality of services provided.

Served FY14: Laguna Nursing Center, Mescalero Care Center, Mescalero Family Center Dialysis Center.

FY14 Estimated Expenditures: \$27,800.

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 FY14: All American Indian children ages birth through 18 years in New Mexico.
FY14 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 FY14: Approximately 27,518 American Indian children ages birth through 18 years.
FY14 Estimated Expenditures: \$3,340,000.

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

Services: The Centers for Disease Control and Prevention, Cities Readiness Initiative (CRI) engages Tribal Partners within the Albuquerque Metropolitan Statistical Area (MSA) for Emergency Preparedness through Intergovernmental Agreements. The New Mexico Department of Health (DOH) Bureau of Health Emergency Management (BHEM) (CRI) Tribal Partners (Cochiti, Isleta, Jemez, San Felipe, Sandia, Santa Ana, Santa Domingo, and Zia) are integral to the CRI planning. During Fiscal Year (FY) 14, Federal Funding was provided to support the development of Medical Countermeasure (MCM) plans.

Served in FY14: Pueblos of Cochiti, Isleta, Jemez, Santa Ana, Santo Domingo and Zia
FY14 Estimated Expenditures: CRI \$22,500 Federal

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

Services: BHEM Healthcare Preparedness Program (HPP) engages the New Mexico Indian Health Services (IHS) hospitals, through contracts, to work with the HPP Regional Healthcare Coalitions (RHC) on the current HPP program priorities. Throughout Fiscal Year (FY) 14, the NMDOH BHEM HPP provided technical assistance and support to all RHC on regional coalition development and healthcare system preparedness; interoperable communication systems; bed and patient tracking; incident management capabilities; fatality management planning; and medical surge/hospital evacuation and shelter in place planning.

Served FY14: Acoma-Canoncito- Laguna IHS, PHS Santa Fe Indian Hospital, Mescalero IHS, Northern Navajo Medical Center IHS (Crownpoint, Shiprock, and Gallup)
FY14 Estimated Expenditures: Indian Health Services: \$120,000 Federal Funds

Family Planning Services

Services: Provide comprehensive family planning services, including clinical reproductive health services, community education and outreach. Provide technical assistance and funding for the Teen Outreach Program, a service learning program for preventing teen pregnancy and increasing school success, at Laguna-Acoma Junior/Senior High School and the Native American Community Academy.

Served FY13: Clinical services for 628 female and 110 male American Indians and educational service learning for 130 teens.

FY14 Estimated Expenditures: \$334,514

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.

Surveillance: The BRFSS collects data on HIV test history and HIV risk factors, on an annual basis. Estimates are available via annual reports and NM-IBIS.

Served FY14: All tribes in New Mexico.

FY14 Estimated Expenditures: To be determined.

HIV Services Program, (505) 476-3628

Services: Provides a comprehensive continuum of HIV support, care and medical services to persons living with HIV through contracts with multi-service HIV Service Provider (HSP) agencies in each region of New Mexico. First Nations Community Healthsource is a funded HSP that specifically targets American Indians in both the Albuquerque metropolitan area and the northwestern part of the state including the Navajo Nation. The HIV Services Program also funds dental services using state funds and First Nations is also a dental services provider.

Served FY14: Unable to determine unduplicated count

FY14 estimated expenditures: \$70,000 for HSP contract, \$20,000 for dental contract with First Nations, and other expenditures for clients served across the HSP network.

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 through participation in NM DOH National Healthcare Safety Network Reporting Group quarterly training and best practice calls, inclusion in notification of NM HAI trainings, and voluntary reporting of 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 (CDI). Worked closely with Northern Navajo Medical Center on a Farmington and Shiprock based CDI prevention project across the spectrum of care.

Served FY14: Mescalero Apache Nation, Navajo Nation, Taos and Picuris Pueblos.

FY14 Estimated Expenditures: \$90,000.

HIV Prevention Program, (505) 476-3624

Services: Provides culturally specific and tailored prevention interventions and HIV testings to American Indians at risk of HIV including persons living with HIV/AIDS, transgender persons and gay/bisexual men via contracts with three organizations: First Nations Community Healthsource, Navajo AIDS Network (NAN) and Santa Fe Mountain Center (SFMC). These providers have adapted evidence-based models to recreate excellent local programs that are tailored to specific populations; for example, the Nizhoni SISTA intervention is for Navajo and other American Indian transgender women. Referrals and information about all statewide services for HIV, STD, Hepatitis and Harm Reduction can be found on the searchable website: www.nmhivguide.org

Served FY14: Unable to determine unduplicated count.

FY14 Estimated Expenditures: \$131,100 for culturally specific programs, and other expenditures for clients served by statewide services that are not culturally specific.

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 the 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, disease investigation and referrals; syringe exchange and overdose prevention services; and other disease investigation and follow-up services.

Served FY14: 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 FY14: 7 American Indians with active TB.

FY14 Estimated Expenditures: In-kind services Department of Health staff salaries

Injury Prevention Education and Training

Childhood Injury (505) 827-2582

Services: Provide home safety workshops for home daycare providers, Emergency Medical Services paramedics and technicians, home visitors, grandparents raising grandchildren for American Indian nations, tribes, and pueblos across the state; display booths at health fairs (Laguna, Jemez, Ohkay Owingeh, Acoma Pueblos, Jicarilla Apache); and distribute multi-purpose sports helmets.

Served FY14: 442 American Indians; 300 multi-purpose sports helmets distributed.

FY14 Estimated Expenditures: No dedicated funding; in-kind services of DOH staff salary.

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. DOH WIC serves any eligible Native American families who choose to come to a WIC Clinic for convenience.

FY 14 In-kind services: 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 persons 60 years of age or over. (2014 Farm Bill changes now limit eligibility to those 60 and older ONLY) CSFP provides program participants with nutrition education and referrals to appropriate health and social service agencies. There are four CSFP food warehouses serving 94 tailgating sites throughout New Mexico. The CSFP food package includes cereal, cheese, dried beans, canned meat, fruit, vegetables, and pasta, rice or potatoes. Some 97% of the participants in CSFP are elderly. CSFP is federally funded.

FY14 Served: 1817 American Indian individuals, 550 WIC families, and 16,428 seniors.

FY14 Estimated Expenditures: \$1,176,809.

Farmers' Market Nutrition Program (FMNP), (505) 476-8803

Services: Provides USDA funding in the form of a \$25 book of checks (\$25.00 maximum per household) for income-eligible WIC to spend at authorized Farmers' Markets throughout the state of New Mexico during the summer growing season.

FY14 served: 4,680 WIC families spent \$116,980 at Farmers' Markets in New Mexico.

Senior Farmers' Market Nutrition Program (SFMNP) and Farmers' Market Nutrition Enhancement Program (FMNEP), (505) 476-8803

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

FY14 served: 12,147 seniors spent \$303,675.00 at New Mexico's Farmers' Markets.

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

Served FY14: Services provided to approximately 90 American Indian families statewide.
FY14: Estimated Expenditures: \$40,500 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 and eight (8) hours of behavioral health care each week during the school year. Some sites 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 FY14: Nineteen (19) 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, Cuba Middle School, Laguna Middle School, Pojoaque High School, Gallup High School, and San Felipe Pueblo.

FY14 Estimated Expenditure: \$1,650,000.

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

DOH, Office of School and Adolescent Health (OSAH) promotes 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 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.

The OSAH requires all SBHC staff to receive training in the warning signs of suicide and to participate in school crisis response and management. Students receiving services in DOH funded SBHCs are screened for suicide risk.

Served FY14: American Indian youth can and do access.

FY14 Estimated Expenditures: \$70,000.

Sexual Violence Prevention, (505)-476-1726

Services: Provide acute short-term services for people in crisis resulting from sexual violence through a contract with TEWA Women United. Services at the TEWA Woman United office location in Espanola or at other locations. TEWA performs community outreach and education regarding sexual services and issues surrounding sexual assault. They also provide peer support groups and referral services to middle -high school students.

FY 14 Estimated Expenditures: \$34,750.

Screening Programs

Newborn Genetic Screening Program, (505) 476-8857

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 FY14: 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.

FY14 Estimated Expenditures: \$272,113.

Newborn Hearing Screening Program, (505) 476-8857

Services: Assist families in accessing needed services when their infants require follow-up on their newborn's hearing screening.

Served FY14: Approximately 214 American Indian children required follow-up services.

FY14 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 FY14:** 220 American Indian youth and children with special health care needs statewide.

FY14 Estimated Expenditures: \$25,000. **Estimated 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 FY14: DDW: 288 American Indian clients.

FY14 Estimated Expenditures: \$20,034,461 (based on projection of claims through May 12, 2014).

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 FY14: 1,444 Native American children.

FY14 Estimated Expenditures: \$4,770,114 state and federal funds spent on services to Native American children.

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 FY14: 20 American Indian clients.

FY14 Estimated Expenditures: \$ 576,371, expense includes budget for 5 Mi Via clients. Not all budgeted money may be spent in the fiscal year.

Mi Via Waiver, 505-841-5511

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

Served FY14: Mi Via ICFMR (DD/MF) clients 38 American Indian; Mi Via NF (AIDS/BI/DE) 78 American Indian; Mi Via Combined 116 American Indian Clients.

F14 Estimated Expenditures (YTD July 1, 2013 through April 20, 2014): \$2,250,201.40.

Note: Mi Via NF (AIDS/BI/DE) Clients Transferred to Centennial Care as of January 1, 2014.

YTD expenditures July 1, 2013 through Dec 31, 2013: \$1,225,438.73.

Injury Prevention

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

Services: In FY14 the Injury and Behavioral Epidemiology Bureau (IBEB) provided support to the Navajo Nation in their plans to establish a Child Fatality Review. The Review is intended to study circumstances associated with child deaths on the Navajo Reservation in order to take preventive measures that will reduce the likelihood of deaths associated with similar circumstances in the future. The IBEB also provided collaborative support for a health fair conducted in Dulce by the Jicarilla Apache Nation.

The IBIE collaborated with the Albuquerque Area Southwest Tribal Epidemiology Center to collect youth behavioral risk data using the Youth Risk and Resiliency Survey. While this is not specifically tribal data, data collection is centered in geographical areas close to tribal areas, including Cibola County, McKinley County, Rio Arriba County, Sandoval County, Santa Fe County, Bernalillo County, Lincoln County, and Otero County. The YRRS has been ongoing, since 2005. The 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.

Maternal Child Health

Maternal Child Health Epidemiology, (505) 476-8895

Services: The Maternal Child Health Epidemiology Program (Family Health Bureau, Public Health Division) regularly collaborates with the Albuquerque Area Southwest Tribal Epidemiology Center, Navajo Nation Epidemiology Center, tribes and community organizations such as Tewa Women United for PRAMS surveillance operations and Title MCH Block Grant monitoring. The Pregnancy Risk Assessment Monitoring System (PRAMS) steering committee has statewide representation from stakeholders, including AI AN populations. MCH staff participate in a Navajo PRAMS/MCH work group, which meets monthly. MCH staff provide the Navajo Nation Epidemiology Center with technical assistance in the areas of survey development, revision and input, PRAMS enhanced surveillance outreach, including both in-kind and compensated contribution from NEC staff, data sharing and shared analysis plans (e.g. Navajo PRAMS Surveillance report 2000-2005) and media development to encourage PRAMS participation among AI women, statewide and with NEC and Navajo WIC. Currently there are plans to formalize tribal consultations for the statewide MCH Title V Block Grant needs assessment (2014-2015).

Served FY14: All federally recognized U.S. tribes.

FY14 Estimated Expenditures: Staff salaries from epidemiologists, advertising and outreach materials.

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)

National SuicideCHAT 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 FY14:** American Indian youth can and do access.
FY14 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-Vention 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 FY14: Over 1,000 individuals

FY14 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 FY14: Over 30 communities annually.

FY14 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.

Surveillance: The BRFSS collects data on tobacco use on an annual basis. Estimates are available via annual reports and NM-IBIS. Every second or third year, the NM BRFSS includes an expanded section on tobacco use. Estimates from this expanded section are available via TUPAC. The YRRS collects data on cigarette and other tobacco use among middle and high school American Indian students bi-annually.

Served FY14: Educational materials and presentations at the following locations in New Mexico Santa Clara, Tesuque, Santo Domingo, Picuris, 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, Coalition for Healthy and Resilient Youth, and San Juan County Partnership.

FY14 Estimated Expenditures: \$162,000.

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. Certification for operators is two years, certification for key operators is one year. Also, provide certification for breath alcohol test devices used by tribal law enforcement of DWI/DUID programs. Certification of breath alcohol test devices is one year.

Served FY14: Navajo (Shiprock) and Ramah Navajo, Pueblos of Isleta, Jemez, Laguna, Sandia, Santa Ana, Santa Clara, Taos, Tesuque, Zia and Zuni, Jicarilla Apache Nation, Mescalero Apache Tribe, Crownpoint, Ohkay Owingeh, Pojoaque, BIA Southern Pueblos and Acoma.

FY14 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 FY14: All tribes in New Mexico.

FY14 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, biological, and radiological testing under Federal Safe Drinking Water Act.

Served FY14: Pueblos of Jemez and Laguna; Canoncito/Tohajiilee, Alamo, Owl Springs (Navajo)

FY14 Estimated Expenditures: \$16,605 (time period July 2, 2013 – May 15, 2014)

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). DOH is monitoring and tracking all health related funding and grants opportunities and 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. DOH 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.

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. A specific cultural competency training is in development for DOH staff.

The Department sent 67 staff to the SPO training in FY14.

VI. KEY NAMES AND CONTACT INFORMATION:

Department of Health Staff Working with Tribes

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

Services: Facilitate effective communication and relationships between the DOH and the Tribes in order to develop policies and programs that improve the health of American Indian communities.

Served FY14: All tribes in New Mexico.

FY14 Estimated Expenditures: Tribal Liaison staff salary and program support.

Tribal Epidemiologist, (505) 476-1788

Services: The job of the tribal epidemiologist at the NM DOH is to leverage DOH epidemiology resources to analyze and disseminate health data, provide training in epidemiology and public health assessment, improve disease and injury surveillance and reporting systems, and advocate for utilization of American Indian health data. To achieve this the tribal epidemiologist maintained data sharing agreements with the Indian Health Service, and the Navajo Nation Epidemiology Center. Additionally the tribal epidemiologist provides data and technical assistance to all tribes, nations, reservations and pueblos within New Mexico.

Served FY14 All tribes in New Mexico.

FY14 Estimated Expenditures: Tribal Epidemiologist staff salary.

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/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 the Secretary	Lynn Gallagher, Deputy Secretary	Lynn.Gallagher@state.nm.us	(505) 827-2613
Office of Tribal Liaison	Aiko Allen,MS Tribal Liaison	Aiko.Allen@state.nm.us	(505) 827-2627
Office of Policy and Accountability	Tres Hunter Schnell, MSW Director	Tres.Schnell@state.nm.us	(505) 827-0562
Office of Health Equity	Carlotta Garcia, PhD, Director	Carlotta.Garcia@state.nm.us	(505) 827-2572
Public Health Division	Vacant Director		
Public Health Division	Maggi Gallaher, MD, MPH Chief Medical Officer	Maggi.Gallaher@state.nm.us	(505) 827-2389
Public Health Division	Barbara Howe, MS, RD, IBCLC Deputy Director of Regions	Barbara.Howe@state.nm.us	(505) 827-2691
Public Health Division, Metro Region, NW Region	Connie Dixon, BS Region Director	Connie.Dixon@state.nm.us	(505) 722-4391
Public Health Division, NE Region	Susan K. Gonzales, MPA Region Director	Susan.Gonzales@state.nm.us	(505) 476-2659
Public Health Division, SW Region	Ray Stewart, MA Region Director	Ray.Stewart@state.nm.us	(505) 528-5174
Public Health Division, SE Region	Jeff Lara, BS Region Director	Jeff.Lara@state.nm.us	(505) 347-2409 Ext. 6227
Public Health Division	Cathy Rocke, MBA Deputy Director of Programs	Cathy.Rocke@state.nm.us	(505) 827-2334
Public Health Division, Health Systems Bureau	Christina Carrillo y Padilla, MS, Bureau Chief	CarrilloyPadilla@state.nm.us	(505) 222-8671
Public Health Division, Chronic Disease Prevention Bureau	David Vigil, MBA Bureau Chief	David.Vigil@state.nm.us	(505) 841-5836
Public Health Division, Family Health Bureau	Denita Richards, RN Bureau Chief	Denita.Richards@state.nm.us	(505) 476-8901

Division	Name/Title	Email	Phone
Public Health Division, Infectious Disease Bureau	Jane Cotner Bureau Chief	Jane.Cotner@state.nm.us	(505) 827-2463
Public Health Division, Office of Oral Health	Rudy Blea, BA Program Manager	Rudy.Blea@state.nm.us	(505) 827-0837
Public Health Division, Office of Obesity, Nutrition, Physical Activity	Patty Morris, PhD	Patty.Morris@state.nm.us	(505) 476-7623
Public Health Division, Diabetes Prevention and Control Program	Judith Gabriele, Diabetes Program Manager	Judith.Gabriele@state.nm.us	(505) 476-7613
Public Health Division, Diabetes Prevention and Control Program	Elissa Caston, Tribal Outreach Coordinator, Diabetes Program	Elissa.Caston@state.nm.us	(505) 841-5888
Public Health Division, Tobacco Use Prevention and Control	Monica Patten Tribal Outreach Coordinator, TUPAC Program	Monica.Patten@state.nm.us	(505) 841-5844
Public Health Division, Office of Community Health Workers	Diana Abeyta Statewide Coordinator, Tribal Liaison	Diana.Abeyta@state.nm.us	(505) 827-0015
Public Health Division, Office of Injury Prevention	John McPhee, Childhood Injury Prevention Coordinator New Mexico Consumer Product Safety Commission Designee New Mexico Safe Kids Coalition Coordinator	John.McPhee@state.nm.us	(505) 827-2582
Public Health Division, WIC Program	Sarah Flores-Sievers, Director	Sarah.Flores-Sievers@state.nm.us	(505) 476-8801
Public Health Division, Commodity Supplemental Food & Farmer's Market Nutrition Programs	Siobhan Hancock Program Manager	Siobhan.Hancock@state.nm.us	(505) 476-8808
Public Health Division, Children's Medical Services	Susan Chacon, Program Manager	Susan.Chacon@state.nm.us	(505) 476-8860
Public Health Division, Newborn Genetic and Hearing	Brenda Romero Program Manager	Brenda.Romero@state.nm.us	(505) 476-8857

Division	Name/Title	Email	Phone
Screening Programs			
Public Health Division, Family Planning Program	Susan Lovett Title X Director	Susan.Lovett@state.nm.us	(505) 476-8879
Public Health Division, Office of School & Adolescent Health	Yolanda Cordova, Director	Yolanda.Cordova@state.nm.us	(505) 841-5889
Public Health Division, Comprehensive Cancer Program	Beth Pinkerton, Program Manager	Beth.Pinkerton@state.nm.us	505-841-5847
Public Health Division, Colorectal Cancer Program	Dana Millen, Program Manager	Dana.Millen@state.nm.us	505-222-8601
Public Health Division, Hepatitis Program	Deborah Reynolds, Program Manager	Deborah.reynolds@state.nm.us	(505) 827-2507
Public Health Division, HIV, STD and Hepatitis Section	Andrew Gans, MPH Section Manager	Andrew.Gans@state.nm.us	(505) 476-3624
Public Health Division, Tuberculosis Program	Diana Fortune Manager	Diana.Fortune@state.nm.us	(505) 827-2473
Public Health Division, Immunizations Program	Daniel Burke, MPH, Program Manager	Daniel.Burke@state.nm.us	(505) 827-2463
Public Health Division, Cancer Prevention and Control Section	Gena Love, Program Manager	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
Epidemiology and Response Division	Samuel Swift Tribal Epidemiologist	Samuel.Swift@state.nm.us	(505) 476-1788
Division of Health Improvement	Jack Evans, Director	Jack.Evanns@state.nm.us	(505) 476-8804
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

Division	Name/Title	Email	Phone
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, the Office of Health Equity and the Office of Border Health.

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

PROGRAM AREA 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 Isleta	DOH	WIC services	MOU	In Effect	Mary Dominguez	No working phone # listed
Mescalero Apache Tribe	DOH	WIC services	MOA	In effect	Barbara Garza	(575) 528-5135
Pueblo of Laguna	DOH	Family Infant Toddler Program	Provider Agreement	In effect	Andy Gomm	(505) 476-8975
Mescalero Apache	DOH	Family Infant Toddler Program	Provider Agreement	In effect	Andy Gomm	(505) 476-8975
Navajo Nation	DOH	Family Infant Toddler Program	MOA	In 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. of Education	DOH	Teen Pregnancy Education	MOA	In Effect	Susan Lovett	No working phone # listed
UNM, Pediatrics, Div of Prevention and Population Sciences,	DOH	Pregnancy Education	Master Services Agreement	In Effect	Heather Metcalf	505-476-8882

Tribe	Agency	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
ACL Teen Centers						
UNM Family & Community Medicine, School Based Health Centers	DOH	contract at Native American Community Academy Teen Pregnancy Education	Master Services Agreement	In effect	Heather Metcalf	505-476-8882

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	John Miller	(505) 476-8217
IHS ABQ 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
IHS ABQ Area (Santa Fe and Acoma – Canoncito-Laguna areas)	DOH	New Mexico Colorectal Cancer Program (NMCRCP)	PA	In Effect	Dana Millen	505-222-8601
AAIHB Albuquerque Area Indian Health Board (AAIHB)	DOH	Public and professional education on breast, cervical and colorectal cancer screening.	Request for Proposal (RFP)	In Effect	Dana Millen	505-222-8601
Dulce Jicarilla 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 #
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: 07/31/2014

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.

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Much gratefulness for the talented Toni Truesdale whose “three sisters” is our strong and graceful cover for this year. Thanks to Andre Walker who provides the graphic design elements and layout.

Aiko Allen, Department of Health Tribal Liaison



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