

# State-Tribal Collaboration Act July 31, 2024 Agency Report

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

Patrick M. Allen - Cabinet Secretary

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## SECTION I. EXECUTIVE SUMMARY

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

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

This year's executive summary reflects the agency's continued focus on identifying and strategically addressing priorities we have heard voiced during the State Health Improvement Plan (SHIP) virtual meetings and the Office of Tribal Liaison convened All-Tribal Fall Roundtable: Access to Health Care; Behavioral/Substance Use; and Social Drivers of Health.

To meet the challenges of these substantial, but not insurmountable, health care issues, means finding ways to collaborate strategically in leveraging limited resources to their maximum effect and to more fully engage in understanding how to operationalize government-to-government work. Especially as we have set our North Star goal to be the healthiest state by 2040!

### Health Status Priorities: Highlights

#### Substance Use

In FY24, the New Mexico Legislature allocated \$1 million specifically from the Opioid Settlement Fund to address opioid use disorder and co-occurring substance use disorders among Tribal communities. NMDOH has direct partnerships with three (3) Pueblos and one Tribal serving organization to build capacity and develop strategies on enhancing services, supporting affected individuals, and providing community awareness on harm reduction.

NMDOH operates seven facilities throughout the state:

- Fort Bayard Medical Center
- New Mexico Behavioral Health Institute
- New Mexico Veterans Home
- New Mexico Rehabilitation Center
- Sequoyah Adolescent Treatment Center
- Turquoise Lodge
- Los Lunas Community Program

More information on each facility can be found starting on page 49, however for the Highlights section I am providing more information on Turquoise Lodge, New Mexico Rehabilitation Center and Los Lunas Community Program.

## **Turquoise Lodge**

Turquoise Lodge Hospital (TLH) provides substance abuse treatment services to New Mexico residents. We specialize in medical detoxification, social rehabilitation services, and Intensive Outpatient services.

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

## **New Mexico Rehabilitation Center**

### **Chemical Dependency Services:**

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

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

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

### **Access to Health Care:**

#### **Los Lunas Community Program:**

##### Service Lines

LLCP is a New Mexico Department of Health facility, and a community provider of living supports for persons with intellectual and developmental disabilities (IDD) aged 18 years or older. We provide the following services:

- **Supported Living** – In the community of their choice, LLCP assists our clients to live as independently as possible providing supports designed to assist, encourage, and empower them to grow and develop, gain autonomy, become self-governing, and pursue personal interests and goals.
- **Intensive Medical Living Services (IMLS)**—for those persons receiving Supported Living with acute medical needs, IMLS is provided to adequately meet their needs (e.g., more intensive staffing levels and levels of care)
- **Customized Community Supports (CCS)** – Based on the preferences and choices of our

clients, LLCP assists adults with IDD to increase their independence, lessen the need for paid supports, establish or strengthen interpersonal relationships, join social networks, and participate in community life.

- **Community Integrated Employment (CIE)** – Based on the informed choice of our clients, LLCP assists adults with IDD to become employed in the community in jobs that increase their economic independence, self-reliance, social connections, and career development.

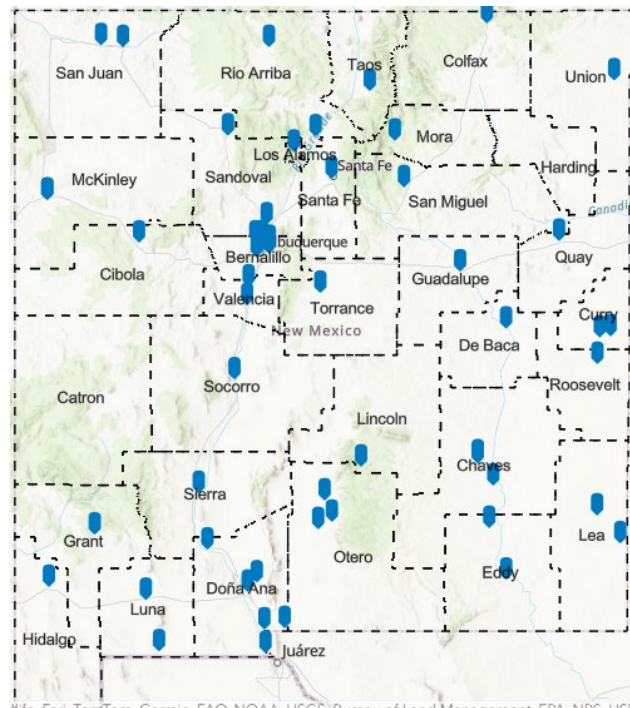
- **Adult Nursing:** nursing services and medical case management is provided to our clients by a licensed nurse.

- **Crisis Supports:** short-term, intensive behavioral supports in a controlled environment for persons currently in crisis.

- **ICF/IID:** LLCP operates an Intermediate Care Facility for persons with intellectual and developmental disabilities (ICF/IID) who require a structured behavioral treatment program.

Supported Living, Adult Nursing, and Customized Community Supports are also provided with State General Funds, given their availability, to adults with IDD who have been referred by the NM Department of Health Developmental Disabilities Supports Division (DDSD). LLCP also serves adults with IDD in our Intermediate Care Facility for persons with Intellectual Disabilities (ICF/IID), who have been court-ordered, and who have been assessed to be amenable to participation in our structured behavioral treatment program.

Regarding Health Care Access, I also want to mention the NMDOH Public Health Offices throughout the state, currently located in 31 out of 33 counties.



Our public health offices serve a vital function in connecting New Mexicans with safety net services: Immunizations; Women, Infants, and Children (WIC) Nutrition Program; and many other services. <https://www.nmhealth.org/location/public/>

## SECTION II. AGENCY OVERVIEW/BACKGROUND/IMPLEMENTATION

### A. Mission Statement

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

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

1. **We expand equitable access** to services for all New Mexicans
2. **We ensure safety** in New Mexico healthcare environments
3. **We improve health status** for all New Mexicans
4. **We support each other** by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

### B. Agency Overview

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

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

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

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

### **C. Policy Applied**

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

- During the COVID-19 pandemic, the Office of Community Health Workers (OCHW) Tribal coordinator became aware of the difficult situations the NM tribes were experiencing. Throughout the pandemic, the Tribal coordinator has continued her humanitarian efforts by collecting and distributing food, water, and diapers/sanitary products to affected families.
- NMDOH Infectious Disease Epidemiology Bureau (IDEB) epidemiologists work with Tribal partners daily to investigate reportable infectious diseases that occur among Tribal members. Investigations conducted by Tribal public health nurses of isolated infectious disease cases and outbreaks are coordinated with IDEB staff, and IDEB provides subject matter expertise and consultation during these events.
- The Maternal Child Health Epidemiology Program (MCHEP) within the Family Health Bureau, Public Health Division, regularly collaborates with the Albuquerque Area Southwest Tribal Epidemiology Center (AASTECC), Navajo Nation Epidemiology Center (NEC), Tribal WIC
- On-going outreach and input opportunities are continually made available to the tribes, Pueblos, and nations and off-reservation members. NMDOH's Tribal Liaison continues to facilitate these activities and opportunities, communicates identified Tribal needs and priorities to the Secretary of Health, and works collaboratively with NMDOH Divisions and Tribal communities to implement appropriate responses. All initiatives included in this report demonstrate a variety of methods through which tribes, Pueblos, and nations provide guidance in planning, implementing, and evaluating projects undertaken to reduce identified health inequities. Face-to-face meetings, conference calls, emails, written documents in a variety of formats, interactive video-conferencing, and webinars are vehicles through which communication occurs. During the COVID-19 pandemic, communications and activities took place by virtual platform.

## SECTION III. CURRENT RESOURCES FOR AMERICAN INDIANS

# Public Health Division

## Center for Access and Linkage to Health Care (CALH)

### Regions

#### **Northwest Region**

**(505)841-4110**

#### **Services:**

The Northwest Region Health Promotion staff collaborated with community Tribal health councils by providing technical support and assistance with community health improvement strategies at the local level. Technical assistance was provided to Acoma, To'Hajiilee, Cochiti and Santo Domingo on both grants. Their FY24 Traditional Health Council contracts totaled \$61,332 – 100% State funded. The CDC Disparities Grant which flowed through NMDOH to the NM Alliance of Health Councils and then to the 4 Tribes and Pueblos totaled \$200,000 - 100% Federal Funding.

Approximately 100 gunlocks were provided upon request to Acoma. Vaccine event for 200+ patients in Acoma was coordinated by Health Promotion Team in collaboration with clinical staff.

**FY24 estimated expenditures:** Personnel, administrative and transportation cost.

#### **Northeast Region**

**(505)476-2658**

The Northeast Region Health Promotion staff collaborated with 5 community Tribal health councils by providing technical support and assistance with community health improvement strategies at the local level. San Ildefonso, Tesuque, Nambe, Santa Clara, and Picuris Pueblos received a combined total of \$64,760 – the full amount of FY24 funds allotted to these 5 councils. Councils' priorities for FY24 included addressing hypertension, diabetes, mental/spiritual health, access to care, and COVID responses. Cultural evidence-based practice was incorporated emphasizing the following prevention strategies: strengthening protective factors (social skills, strong family bonds, attachment to school, and active involvement in the community) and religious organizations (culture and tradition) while reducing risk factors that increase vulnerability to diabetes, obesity, substance abuse, and other unhealthy choices. The Disease Intervention Team has also begun initial conversations and planning meetings with the NE Tribes, Pueblos, and Nations; this effort also includes communicating with IHS. The Tribal programs conduct their own Sexually Transmitted Infections investigations and connect with the regional staff when necessary.

**FY24 estimated expenditures:** Personnel, administrative and transportation cost.



## **Southeast Region**

**(505) 222-4620**

### **Services:**

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

**FY 24:** No services provided

## **Southwest Region**

**(575) 528-5174**

### **Services:**

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

**FY 24:** No services provided

# Center for Health Protection (CHP)

## **Vital Records Bureau:**

### **Vital Records Bureau**

**(505) 827-0121**

**Contact: Michael Padilla: (505) 827-0167**

**Services:** The Bureau of Vital Records and Health Statistics (BVRHS) registers approximately 2,676 births and 2,359 deaths of American Indians each year. The bureau issues certified copies of birth and death certificates to American Indian families and executes amendments, acknowledgments of paternity, and delayed registration of births to assist American Indians in collaboration with Tribal registrars to address issues with record registrations for their administrative and legal needs. Our major initiatives continue to focus on conducting registration and issuance assistance to Tribal members, especially in obtaining a Real ID driver's license. Although in-person outreach events and trainings to Tribal members were suspended throughout the COVID-19 pandemic, the BVRHS has continued providing virtual support while also working with Tribal affiliates to reestablish these outreach events and training assistance for birth certificates and delayed birth records. The BVRHS also continues working with funeral homes, Tribal affiliates, and various partners to ensure timely birth and death records are registered and certified certificates are issued timely or easily accessible for individuals. Furthermore, as Pueblo leadership officials and Tribal enrollment staff continue, the transition and adjustment from paper to electronic registration procedures, the BVRHS continue to assist with training, registration issues, and help-desk ticket issues to resolve problems related to electronic certification efficiently and effectively.

**Served FY24:** All tribes in New Mexico.

**FY24 Estimated Expenditures:** Personnel and administrative costs were approximately \$184,720. Personnel costs were approximately \$180,930, which included fringe benefits, and cost of safety paper used for birth and death certificates for were approximately \$3,790.

### **Environmental Health Bureau:**

#### **Asthma Control Program**

**(505) 827-0006**

**Services:** NMACP funds the American Lung Association to provide education to clinics throughout New Mexico who are interested in enhancing their care for asthma patients, including in clinics serving Tribal communities. NMACP further funds ALA to provide training on asthma care to Community Health Workers and Community Health Resources who often serve Tribal communities. A video resource produced by NMACP, Healthy Homes for families with Asthma, in Dine, is available here: <https://www.youtube.com/watch?v=96lk8tbP4Nc>.

**Served FY24:** All Tribal communities within New Mexico.

**FY24 Estimated Expenditures:** Personnel and administrative costs only.

**100% Federal funded**

#### **Occupational Health:**

**(505) 827-0006**

**Services:** The purpose of the Occupational Health Surveillance Program (OHSP) is to collect, track and evaluate administrative health datasets, employer-based illness and injury datasets, and individual notifiable condition reports from health care providers on occupational health conditions of concern to identify opportunities for intervention and to communicate surveillance findings to those who can affect positive change for workers in New Mexico. The Environmental Health Epidemiology Bureau (EHEB) received a new grant which has started in the fiscal year 2022. This grant included a plan to work with the Office of the Tribal Liaison on a comprehensive outreach program to include Tribal concerns in OHSP in a way that is inclusive and culturally sensitive.

**Served FY24:** All Tribal communities within New Mexico.

**FY24 Estimated Expenditures:** Personnel and administrative costs: \$90,196

**100% Federal funded**

#### **NM Environmental Public Health Tracking Program:**

**(505) 827-0006**

**Services:** The New Mexico Environmental Public Health Tracking Program (NMEPHT), within the Environmental Health Epidemiology Bureau (EHEB), Epidemiology and Response Division, has continued to provide environmental health data on the NMEPHT portal available for all the residents of New Mexico. NMEPHT provided technical feedback on Tribal Healthy Homes: Information on Radon brochure. In addition, NMEPHT is a member of the Healthy Tribal Homes Coalition which provides input and advice to the Indigenous Health Homes & Healthy Communities (IHHC) team.

**Served FY24:** All Tribal communities within New Mexico.

**FY24 Estimated Expenditures:** Personnel and administrative costs only.

**100% Federal funded**

#### **Tribal Cancer Concerns:**

**(505) 827-0006**

**Services:** Cancer Concerns Work Group (CCW) was formed as a cross-agency collaboration in partnership with the Epidemiology and Response Division and Public Health Division of NMDOH and the NM Tumor Registry. The CCW is comprised of experienced public health professionals with complementary expertise in the areas of epidemiology, environmental and occupational health, toxicology, and health promotion. The group created standardized protocols to govern

investigations, communications, and report templates. Activities have been promoted via online and public meetings. When requested, the CCW provided tribes, nations, and Pueblos with reports about the incidence of cancer in their communities. An inquiry received from Santa Ana Pueblo was being worked on by the CCW. The Indian Health Service provided access to the needed data to address their request. The CCW plans to provide a report to the Pueblo this year.

The CCW (via NMEPHT) is facilitating soliciting Tribal feedback on the CDC Guidelines for Examining Unusual Patterns of Cancer and Environmental Concerns, a project through the Association of State and Territorial Health Officials (ASTHO).

Information about how to submit an inquiry to the CCW can be found at

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

**Served FY24:** All Tribal communities within New Mexico.

**FY24 Estimated Expenditures:** Personnel and administrative costs only.

### **Safe Water (formerly Private Wells) Program**

**(505) 827-0006**

**Services:** Free well water testing events, a partnership with NMED Ground Water Quality Bureau, is provided for people with private wells serving homes not connected to a public water utility in communities throughout the state. These events serve NM residents. Participants include residents of different tribes and Pueblos, some of whom were affected by wildfires in 2022. Private well education was also conducted in these communities as well. The community education included talks with community members affected by wildfire and the dissemination of our Private Well Owners Handbook. The Safe Water Program has continued to support private well water quality data and health information provided on the NMEPHT portal available for all the residents of New Mexico.

**Served FY24:** All Tribal communities within New Mexico.

**FY24 Estimated Expenditures:** Personnel and administrative costs only.

**100% Federal funded**

### **Health Emergency Bureau:**

**Cities Readiness Initiative for Medical**

**Countermeasures Dispensing and**

**Public Health Preparedness for**

**Albuquerque/Bernalillo-Sandoval Counties Metro Area**

**Contact: Kimberly Brown**

**(505) 699-0244**

**Services:** The Bureau of Health Emergency Management (BHEM) and Public Health Regions collaborate with the Tribal Partners within the Albuquerque Metropolitan Statistical Area (the Pueblos of Cochiti, San Felipe, Isleta, Jemez, Sandia, Santa Ana, Santa Domingo, and Zia) with the Centers for Disease Control and Prevention (CDC) Cities Readiness Initiative (CRI). This includes emergency preparedness planning, training, drills, and exercises. Federal funding was provided to CRI Tribal Partners, through Intergovernmental Agreements, to support emergency preparedness and resiliency activities. **Served FY24:** MOAs sent out to Pueblo of Cochiti, Pueblo of Isleta, Zia Pueblo, Santo Domingo, Pueblo of San Felipe, Pueblo of Santa Ana, and Pueblo of Jemez.

**Emergency Operations Center Representative (EOCR)**

**Contact: EOCR On Call Phone**

**(505) 231-5506**

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

**Served FY24:** All New Mexico Pueblos, Tribes, and Nations.

### **The Department Operations Center (DOC)**

**Contact: Tyson Whittaker**

**(505) 476-8261**

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

**Served FY24:** All New Mexico Pueblos, Tribes, and Nations.

### **Tribal Public Health Emergency Preparedness Conference**

**Contact: Tyson Whittaker**

**(505) 231-4349**

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

### **Medical Reserve Corp Tribal Medical Care and Training**

**Contact: Bobbie Mackenzie**

**(505) 690-5794**

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

**Served FY24:** Sandia Pueblo. Support is available to all New Mexico Pueblos, Tribes, and Nations.

### **Medical Reserve Corp Dental Screening Events**

**Contact: Bobbie Mackenzie**

**(505) 690-5794**

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

**Served FY24:** All New Mexico Pueblos, Tribes, and Nations.

### **Santa Fe Indian School Initiative**

**Contact: Tyson Whittaker**

**(505) 231-4349**

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

**Served FY24:** SFIS serves 500 students K thru 12<sup>th</sup> grade.

### **Partners In Preparedness Conference-Tribal Funding**

**Contact: Clinton Kiltz**

**(505) 709-5888**

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

**Served FY24:** All New Mexico Pueblos, Tribes and Nations were invited.

## Injury Prevention and Harm Reduction Bureau:

### **Substance Use Epidemiology Section**

**Contact: Luigi Garcia-Saavedra**

**(505) 490-2262**

**Services:** The Substance Use Epidemiology Section (SUES) collects and analyzes data on substance use in New Mexico and shares the results with other DOH programs, community groups, policy makers, and other stakeholders. The Section assesses negative health consequences of the use of alcohol, prescription drugs, and illicit substances, and promotes the use of effective interventions to address public health issues resulting from substance misuse. American Indians bear a disproportionate burden of alcohol-related harm in New Mexico. The Alcohol Epidemiologist in the Substance Use Epidemiology Section collaborates with the Tribal Epidemiologist, the Office of Tribal Liaison, and sovereign partners to assure that reporting on analyses involving American Indians is done in a culturally sensitive manner. The Alcohol Epidemiologist upon request can link tribes with technical resources, experts, and offer advice on ways to reduce excessive alcohol use.

**Served FY24:** 23 tribes, Pueblos, and nations.

**FY24 Estimated Expenditures:** personnel and administrative costs.

### **Overdose Prevention Section**

**Contact: Kathryn Lowerre**

**(505) 660-5312**

**Services:** The Overdose Prevention Section works to decrease the number of drug overdoses and overdose deaths occurring in New Mexico, through outreach and in partnership with NM's Tribes, Pueblos, and Nations. The section's Tribal Overdose Prevention Coordinator supports Tribal-based initiatives to increase awareness of resources including providing access to naloxone, Medication-Assisted Treatment (also known as Medication for Opioid Use Disorder), and harm reduction services throughout the state. They work closely with the Office of Tribal Liaison.

The Tribal Overdose Prevention Coordinator and overdose prevention team members, including one of the section's epidemiologist-evaluators, have provided overdose-related support and naloxone education and training to many Tribal organizations. The Tribal Overdose Prevention Coordinator maintains areas in the online platform Basecamp specifically for NM Tribal partners to share information, questions, and resources, alongside areas for sharing by regional community partners. Collaborations are ongoing and will be continued to provide resources, support, and technical assistance.

**Served FY24:** Pueblos of Acoma, Cochiti, Isleta, Laguna, Taos, Ohkay Owingeh, Nambé, Picuris, Pojoaque, San Felipe, San Ildefonso, Sandia, Santa Ana, Santa Clara, Santo Domingo, and Zia; Diné/Navajo Nation

**FY24 Estimated Expenditures:** Personnel and administrative costs, funded under the CDC's Overdose Data to Action and Overdose Data to Action in States (OD2A-S) grants.

### **Childhood Injury Prevention**

**Contact: Jennifer Schusterman**

**(505) 695-8637**

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

that affect health equity and health outcomes continues to be a primary focus for the childhood injury prevention program. During this fiscal year, the childhood injury prevention program engaged in collaborative efforts with Albuquerque Area Southwest Tribal Epidemiology Center on the Health Native Babies Project. In addition, inclusion of cradle boarding in the SafeSleepNM campaign was recommended by Tribal representatives of the Safe Sleep Interagency Workgroup and Collaborative. The childhood injury prevention program partnered with Tribal representatives to develop a cradle boarding video. Lastly, the childhood injury prevention program partnered with CYFD for the purchase and distribution of Pack and Plays to complement the SafeSleepNM campaign. Various Tribal organizations throughout the state submitted Pack and Play requests for distribution within their communities. Distribution of the Pack and Plays requested will occur in the next fiscal year.

**Served FY24:** Tribal members and representatives of the service areas of the above listed agencies.

**FY24 Estimated Expenditures:** Personnel and administrative costs

### **Suicide Prevention Program**

**Contact:** Clarie Miller

**(505) 827-2582**

**Services:** Suicide Prevention Program staff continue their efforts to reduce the rate of suicide in New Mexico. The New Mexico Suicide Prevention Coalition, which includes several Native American individuals, met four times in FY 24 to network, share information and resources, and to hear suicide-related data and resource presentations. Approximately twelve members of the statewide coalition represent New Mexico's Tribal groups and three sovereign nations as well as Native American service agencies involved in suicide prevention initiatives. These individuals established a Native American population-focused workgroup in 2021 which continues as a standing workgroup of the Coalition. The Native American workgroup members continue to refine their workgroup structure and are in the process of finalizing their mission and goal statements. Members also continue to work on a cohesive strategic plan to address suicide in native communities across the state, including plans to host a statewide Native American Suicide Prevention Conference in a future year. In addition, Native American workgroup members who are trainers for the Question, Persuade, Refer, suicide gatekeeper training program are involved in exploring options for refining content in this widely used program to adapt the training to make it more culturally appropriate to New Mexico's Native American experience. Toward this end, trainers are working with the program's developers. The Native American work group also developed the American Indian Suicide Prevention Resource guide.

<https://www.nmhealth.org/publication/view/general/7105/>

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

**Served in FY 24:** Coalition members and workgroup representatives include individuals from the Albuquerque Area Indian Health Service, the University of New Mexico's (UNM) *Honoring Native Life Program*, UNM Department of Psychiatry, the Albuquerque Area Southwest Tribal Epidemiology Center, Zuni Youth Enrichment Program, Thoreau Community Center, Mescalero Apache Nation / Prevention Program, Institute of American Indian Arts, Tribal Tech LLC, Cañoncito Band of Navajo Health Care, Navajo Nation, NM Office of Substance Abuse Prevention, Sandoval Regional Medical Center, Eight Northern Indian Pueblos Council, and individual members from Acoma, Kewa, Ohkay Owingeh, Picuris, and Santa Clara Pueblos as well as Tribal liaisons and representatives from various New Mexico state agencies and departments such as the Department of Veteran Services, the Indian Affairs Department, and the Department of Health.

**FY 24 Estimated Expenditures:** State General Funds - Personnel and Administrative costs

**Adult Falls Prevention**

**Contact: Samantha Valdez**

**(505) 660-7147**

**Services:** The adult falls prevention program reduces rates of adult fall related injuries and deaths in New Mexico through partner collaboration, implementation of evidence-based/information prevention programs and policy initiatives. Various evidence-based falls prevention programs are provided throughout the state including Tai Chi for Arthritis, Tai Ji Quan, Otago, Bingocize, Matter of Balance, and On the Move. During this fiscal year, the adult falls prevention program engaged in collaborative efforts with the Santo Domingo Pueblo and Picuris Pueblo to implement evidence-based intervention programs within their communities. Efforts to expand adult falls intervention programs in Tribal communities will continue in the next fiscal year.

**Served FY24:** Members of Pueblos, tribes, and nations that participated in evidence-based adult falls prevention programs statewide.

**FY24 Estimated Expenditures:** Personnel and administrative costs - 50% State and 50% Federal Funds

**Sexual Violence Prevention**

**Contact: Kathleen Maese**

**(505) 501-2366**

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

**Served FY24:** Tribal members within the service areas of the above listed agencies.

**FY 24 Estimated Expenditures:** \$187,000

**34% federal funds, 66% state funds expended**

**Violence Prevention**

**Contact: Liza Suzanne**

**(505)470-7264**

**Services:** The NMDOH violence prevention program was funded for the first time at the start of FY24. During FY24, NMDOH provided the following: Southwest Butterflies Retreat for Indigenous LGBTQ2S Youth focused on Intimate Partner Violence, Connection, and Joy; Annual Tribal Leaders Summit with Wellness Grounding Room and Capacity Building for Tribally based

service providers responding to intimate partner violence, and a series of Healthy Masculinities Workshops for Male Identified People.

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

**Served FY24:** Tribal members within the service areas of the above listed agencies.

1. Tribal Leaders Summit grounding room and space served 115 participants from varying Tribal nations (23 Tribal nations in NM)
2. Healthy Masculinities Focus Groups and Workshops
  - a. : Diné, Jemez Pueblo, Laguna Pueblo, Santo Domingo Pueblo, Jemez Pueblo, Laguna Pueblo, and Santa Ana Pueblo

**FY24 Estimated Expenditures:** \$117,000.00 state general funds

### **Office of Alcohol Misuse Prevention**

**(505) 819-9547**

**Services:** In 2023, the Department of Health created the Office of Alcohol Misuse Prevention (OAMP), with the mission of reducing excessive drinking and related outcomes, particularly alcohol-related mortality. Because there are health disparities associated with the outcomes of excessive drinking in New Mexico, including a disproportionate number of deaths among Native Americans, OAMP has identified working with Pueblos, Tribes and Nations in New Mexico as a high priority.

OMAP's staffing plan includes hiring a Tribal Coordinator to focus on excessive alcohol drinking with Native sovereignties and organizations serving urban Native Americans. For FY24, the office contracted for a Tribal Consultant with extensive alcohol prevention experience to provide the office with immediate support in working with Pueblos, Tribes and Nations throughout New Mexico. This work has included recruiting members throughout the state for the Tribal Alcohol Related Mortality Workgroup (TARM) in consultation with Tribal leadership. The TARM, based in with Office of Tribal Liaison, will update the workgroup's pre-COVID workplan and membership and identify priorities for investments in prevention throughout the state. The Tribal Consultant has also researched best practices for alcohol misuse prevention, updated informational materials to use in outreach to Tribal leadership and members, and served as a subject matter expert for the OAMP.



**Served FY 24:** All tribes in New Mexico.

**FY 24 Estimated Expenditures:** \$60,000 in professional services contract costs and additional state personnel and administrative costs.

### **Community and Health Data Systems Epidemiology Bureau:**

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

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

### **Youth Risk and Resiliency Survey (YRRS) and Behavioral Risk Factor Surveillance System (BRFSS) Survey**

**Contacts: Jiahua (Bella) Yang (BRFSS) (505) 469-2080; Dan Green (YRRS) - (505)476-1779**

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

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

The NM BRFSS has over-sampled American Indian adults since 2004. Each year, the BRFSS

Epidemiologist works closely with a CDC sampling statistician to develop a plan to over-sample American Indian adults, thereby providing a more robust sample resulting in improved estimates for this population. The BRFSS collects data on health risk behaviors, health conditions, and height and weight on an annual basis. The BRFSS also provides population-based estimates of body mass index, overweight, and obesity for the adult population. Estimates are available via annual reports and NM-IBIS (New Mexico-Indicator-based Information System). The planning group for the 2024 BRFSS includes representatives from AASTEC and the Navajo Epidemiology Center. Additionally, the NM BRFSS worked with the DOH Tribal Liaison to revise the Tribal Affiliation question for the 2024 NM BRFSS questionnaire.

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

**Served FY24:** All tribes in New Mexico.

**FY24 Estimated Expenditures for BRFSS:** Personnel and administrative costs only. Personnel cost including fringe: \$60,000 (90% federal funds, 10% state funds), administrative costs: \$10,000 (100% federal funds).

**FY24 Estimated Expenditures for YRRS:** Personnel and contract costs only. Personnel cost including fringe: \$20,000 (25% federal funds, 75% state funds), contract costs (FY24UNM 030013): \$35,000 (25% federal funds, 75% state funds).

### **Tribal Epidemiologist**

**(505) 795-3991**

**Services:** The job of the Tribal Epidemiologist at the NM DOH is to leverage DOH epidemiology resources to analyze and disseminate health data, provide training in epidemiology and public health assessment, improve disease and injury surveillance and reporting systems, and advocate for utilization of American Indian health data. The Tribal Epidemiologist works closely with Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) and the Navajo Nation Tribal Epidemiology Center (NEC). In addition to these organizations, the Tribal Epidemiologist provides data and technical assistance to all tribes, nations, reservations and Pueblos within New Mexico. The Tribal Epidemiologist maintains NMDOH data sharing agreements with the Albuquerque Area Indian Health Service, the Navajo Area Indian Health Service, and the Navajo Nation Tribal Epidemiology Center in order to facilitate this sharing of data and resources. The Tribal Epidemiologist position has been recently filled effective March 2, 2024. The AIAN COVID Epidemiology Team continued working with tribes to provide technical and epidemiological support and keep them up to date with cases occurring in their communities.

**Served FY24:** All tribes in New Mexico.

**FY24 Estimated Expenditures:** In-kind services with Tribal Epidemiologist staff salary.

### **Health Equity Epidemiology Program**

**(505) 795-3991**

**Services:** The Health Equity Epidemiology program at the NM DOH is to add a health equity lens

to DOH epidemiology resources when analyzing and disseminating health data, provide training in health equity epidemiology and public health assessment to improve disease and injury surveillance and reporting systems. The Health Equity Epidemiology Program provided assistance to Tribal health councils in preparation for community health assessments.

**Served FY24:** All tribes in New Mexico.

**FY24 Estimated Expenditures:** In-kind services with Health Equity Epidemiology staff salary.

### **AIAN COVID Epidemiology Team**

**(505) 660-8486**

During FY24, the AIAN COVID Epidemiology Team collaborated with IDEB case investigation and contract tracing staff, tribes, and Tribal entities throughout the state to assure that all American Indian COVID cases and contacts were investigated and provided with isolation and quarantine guidance according to the appropriate Tribal Public Health Authority. NMDOH provided case, hospitalization, and death data to tribes on a daily basis, assisted tribes with outbreak response efforts, and reported vaccine breakthrough and variant of concern cases to Tribal Jurisdictions to inform their community public health responses. NMDOH is thankful for our partnership with American Indian populations and their sovereign governments during the pandemic.

**Served FY24:** All tribes in New Mexico.

**FY24 Expenditures:** Personnel and administrative costs only. Personnel costs: WF Epidemiologist \$78,000; Data Analyst \$70,000; and additional costs for a Case Investigator Position.

### **Health Systems Epidemiology Program**

**(505) 795-3991**

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

**Served FY24:** All tribes in New Mexico.

**FY24 Expenditures:** Personnel and administrative costs only.

**FY24 Expenditures:** Personnel and administrative costs only.

### **Emergency Medical Services Bureau:**

**Emergency Medical Systems Bureau**

**(505) 476-8204**

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

**Services:** This bureau administers the Emergency Medical Services (EMS), Trauma, and Stroke/STEMI (Heart Attack) programs. The EMS Program assures licensure for approximately 7,000 Emergency Medical Technicians (EMTs) at five different levels (dispatcher, first responder, basic, intermediate and paramedic), which includes EMS caregivers working at Tribal locations. The EMS Bureau regulates non-PRC certified EMS agencies, air ambulance agencies, and also provides technical assistance to the NM Public Regulation Commission (PRC) in their oversight of business operations for certified ambulance transport agencies. There are 26 Tribal based non-PRC and PRC certified EMS agencies, and the EMS Bureau stands ready to assist these agencies in any way we can. For FY25, thirteen (13) of these agencies applied for and will receive EMS Fund monies in FY25, which can be used by New Mexico EMS agencies to help with operational costs. The Trauma, Stroke, and Heart Attack Programs designate trauma, stroke, and

heart attack centers, and have worked and will continue to work with Gallup Indian Medical Center and Northern Navajo Medical Center in designation for and treatment of these conditions.

**Serving FY25:** Isleta EMS, Pueblo of Laguna EMS, Navajo Estate Fire/EMS, Whispering Cedars Fire/EMS, White Cliff Fire/EMS, Jicarilla EMS, Santa Clara Pueblo Fire/EMS, Jemez Pueblo EMS, Santo Domingo EMS, Torreon- NNEMS, Pojoaque Fire/EMS, Tesuque Fire/EMS, and Mescalero Apache Fire & Rescue.

**FY25 Estimated Expenditures:** EMS Fund distribution - \$581,000.00

### Infectious Disease Epidemiology Bureau:

**(505) 827-0006**

**Services:** Infectious Disease Epidemiology Bureau (IDEB) has been working closely with the Navajo Epidemiology Center (NEC), Northern Navajo Medical Center, and Gallup Indian Medical Center (GIMC) on surveillance and investigations of infectious diseases through the New Mexico Electronic Disease Surveillance System NMEDSS system. NMEDSS is a web-enabled database for the tracking and investigation of infectious diseases of public health significance that is maintained at NMDOH. Indian Health Service staff continue to use NMEDSS and GIMC staff have been conducting investigations of all cases of notifiable conditions that reside in their jurisdiction and sending that information back to IDEB for final notification to the Centers for Disease Control and Prevention (CDC).

In March 2020, NMDOH IDEB established a group of epidemiologists/staff to assist with pandemic data sharing, testing, personal protective equipment and vaccination planning. NMDOH also assisted tribes with COVID-19 patient investigations and contact tracing until those functions became less relevant to pandemic control. NMDOH also worked with many of the Tribes to update their COVID-19 response plans including infection control policies, and isolation and quarantine efforts.

There have been American Indian hantavirus patients whose specimens were tested and handled at the NMDOH Scientific Laboratory Division. Our Zoonotic Disease staff assisted, when requested, with investigations. Most investigations were primarily handled by Tribal investigators.

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

IDEB conducts surveillance among Tribal members statewide for all reportable infectious diseases (per the New Mexico Administrative Code) to include active surveillance for pathogens included as part of EIP Active Bacterial Core surveillance (ABCs), FoodNet surveillance, and RESP-NET (COVID, flu, and RSV) surveillance. EIP has been meeting quarterly with the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) over the past year to improve shared awareness and identify approaches to increase the usefulness of EIP data to Tribal communities. A University

of New Mexico student intern with NM EIP is working with AASTEC on a qualitative study to identify approaches to improving EIP data usefulness.

The Informatics Team continues to collaborate with our Tribal partners on data modernization efforts, to include surveillance system upgrades, electronic laboratory reporting (ELR) and electronic case reporting (ECR). The ECR Team has made efforts toward collaborating with the IHS Office of Clinical Informatics and IHS regional epidemiologists to provide electronic case reports, training on ECR access and data utilization, and to discuss the potential for interoperability. Collaborative efforts continue to be made with Clinical Informatics and IHS epidemiologists.

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

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

The HAI team and SLD are working with laboratory and infection prevention staff at GIMC on implementation and validation of a new diagnostic test platform in their hospital laboratory.

**Served FY24:** All tribes in New Mexico.

**FY24 Estimated Expenditures:** In-kind services - staff salaries from epidemiologists and other IDEB staff.

## Center for Healthy and Safe Communities

### Communicable Disease Bureau:

#### **HIV Services Program**

**(505) 709-7618**

#### **Services:**

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

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

**Served FY24:** Approximately 140 persons living with HIV were served by First Nations HSP.

**FY24 estimated expenditures:** Provider agreement with First Nations for HSP services increased from \$325,000 in SFY 2020 to \$425,000 in SFY 2024. Additional Provider Agreement for dental

services in the amount of \$9,000 per fiscal year. Additional expenditures for American Indians served across all providers in the HSP network.

### **HIV Prevention Program**

**(505) 709-7618**

**Services:** Provides culturally specific and tailored HIV prevention interventions to American Indians at risk of HIV including gay/bisexual men and transgender persons. Services are delivered via contracts with First Nations Community Health Source (FNCH) from their offices in Albuquerque, Gallup and Farmington. These providers have adapted evidence-based models to create innovative and effective local programs that are tailored to specific populations. For example, the Nizhoni SISTA intervention is for Navajo and other American Indian transgender women.

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

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

**Served FY24:** HIV testing numbers now exceed pre-pandemic figures, with over 9,700 targeted HIV tests for populations at greatest risk in calendar 2024.

**FY24 Estimated Expenditures:** \$166,900 for First Nations Community HealthSource to deliver culturally specific prevention programs and HIV testing.

### **Infectious Disease Prevention Team – NW Region**

**(505) 722-4391**

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

**Served FY24:** Unable to determine unduplicated count.

**FY24 Estimated Expenditures:** Approximately \$350,000 in personnel costs for the regional Disease Prevention Team. The Disease Prevention Team in this region was expanded to almost double the staffing during FY22 through a federal grant for Disease Intervention Specialist (DIS) Workforce Expansion. There are now a total of seven (7) staff, including a new Program Manager and two additional DIS, up from a previous staffing level of four (4) positions. This should allow for more timely and complete disease investigation, expansion of all testing services, increase in prevention education, and expanded collaboration with the Navajo Department of Health.

### **Tuberculosis Program**

**(505) 827-2471**

**Services:** Provide technical support and guidance in the provision of care for American Indians with active tuberculosis disease or tuberculosis infection (TBI), contact investigations, consultation, and professional training to service providers. Provide national reporting of all active tuberculosis cases to CDC partners. Provide a dedicated TB Nurse Consultant Liaison to assist with active disease, contact investigation consultation, TBI management and education.

**Served FY24:** Services available for all tribes within New Mexico.

**FY24 Estimated Expenditures:** Personnel and administrative costs only.

## **Immunization Program**

**(833) 882-6454**

**Services:** Provided immunization educational resources and administered vaccines statewide during outreach events serving both pediatric and adult populations: school-based vaccine clinics, community-located COVID-19, and influenza vaccine clinics. Other advocacy activities include the annual “Got Shots?” back-to-school vaccine catch up events statewide and collaborations with other agencies and coalitions on identifying strategies to improve immunization rates. Vaccination rates from the New Mexico Statewide Immunization Information System (NMSIIS) is provided from the program to the Indian Health Services in partnership of improving rates.

## **Albuquerque Area Indian Health Board Inc.**

Along with data efforts, a continuance contract is in place under the Albuquerque Area Indian Health Board Inc for a Tribal data and health summit. The summit took place on August 29-30 at the Isleta Resort and Casino. A future summit is in the planning for recommendations for future actions on data sharing between New Mexico tribes, Indian Health Services, Tribal Epidemiology Centers, and the state.

## **Tribal Tech LLC**

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

## **Better Together NM Coalition**

Under the Better Together NM initiative, the program funded Community Organizations that engage relevant representatives and partners in the development and implementation of COVID-19 and routine vaccine equity training, designed to increase capacity to provide awareness, education, and accessibility of all vaccine. Tribal populations are included in the local community efforts under the funded program. For fiscal year 2025 additional Tribal organizations are participating alongside Keres and COPE.

## **Keres**

As part of COVID-19 and routine vaccine equity efforts, Keres focused on the Jicarilla Apache Nation, Mescalero Apache Nation, and Pueblo communities. Updated education and messaging efforts were developed for all routine vaccine to include the pediatric and adult populations. Keres is developing a Tribal conference around vaccine equity that will be occurring late spring. During the year they have attended town hall meetings and participated at community outreach events to include having the mobile vaccine team onsite at Tribal events.

Keres participated in Vaccine Equity introduction meetings with these New Mexico Tribal Communities: Santa Ana, Isleta, Jicarilla Apache, Acoma, and San Ildefonso, Pueblo of Santa Clara and Pueblo of Jemez.

Keres attended the Public Health Day at the Capital and engaged with health representatives from the Pueblo of Kewa.

Keres attended the Go Red for Native Women and engaged with health representatives from the Pueblo of Nambe.

Keres was requested as a Science and Public Health judge at the Pueblo of San Felipe Elementary School, an opportunity to build relationships.

Keres Interview with Generation Justice on Vaccine Equity work; podcast aired in March.

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

As part of COVID-19 and routine vaccine equity efforts, COPE have continued to provide consulting services per Navajo Nation communities. Updated education and messaging efforts are being developed for all routine vaccine to include the pediatric and adult populations.

To prepare for the updated vaccine guidance this summer (Elders) and fall (general population), COPE worked closely with the Navajo Nation Vx Strategy/Coordination group to develop bilingual (Navajo-English) scripts for a radio ads to be disseminated across Navajo Nation. These were rotated throughout the winter to 14 different radio stations across the Navajo Nation, also reaching bordering towns.

COPE's Patient and Family Advisory Council (PFAC) received information about the vaccine updates and were encouraged to stay up to date on their vaccines. PFAC shared feedback on how to share this information in the community to target individuals, families, and elders through various methods of communication and dissemination.

Newspaper advertisements have been placed in four newspaper publications serving Navajo Nation encouraging vaccinations ahead of the Holiday season.

Ongoing distribution of COVID supplies to partners and community groups.

Early feedback demonstrated that community members were confused about Vaccine messaging, so the consistency of messaging with COPE partners has been a priority this fiscal year.

### **Department of Health Mobile Vaccine Team**

The Immunization Program funds the mobile vaccine team that consists of clinical staff that travel statewide to provide vaccine access to rural areas of the state. Many of the community events attended are Tribal populations. Over thirty events took place in Acoma, Farmington, Crown Point, Gallup, Nambe Pueblo, Pine Hill, Picuris, Tesuque, Abiquiu and Algodones. With a total of 1,875 COVID and Flu vaccines administered so far with future events scheduled through summer and the upcoming respiratory season in Fall/Winter.

### **Marketing Efforts-Real Time Solutions Contract and NMDOH Marketing Team**

Vaccine marketing campaigns for Don't Wait Vaccinate and Together under the Sun are occurring statewide to include local radio, television, theaters, and more. The campaigns are focused on reaching all populations in the state, with a focus on rural area population. The campaign is also



advertising the Got Shots Clinics that will be occurring statewide July 6<sup>th</sup>-August 30<sup>th</sup> to promote access of vaccine clinics for parents that may not have access directly in their area or may have struggled to get an appointment for vaccine catch up. Mobile clinics are the best way to go to the communities for those that may need to travel far for healthcare. Messaging is provided in multiple languages to ensure all populations in the state are receiving the latest information.

**Served FY24:** All American Indian children ages birth through 18 years in New Mexico; children and adults served at outreach sites.

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

**FY24 Estimated Advocacy 100% Federal Fund Expenditures:** \$2,000,000.00

### Population and Community Health Bureau:

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

**Services:** Provide free breast and cervical cancer screening and related diagnostic follow-up care for American Indian individuals residing in the state who meet program eligibility criteria. These services are available through First Nations Community Health Source, and at approximately 30 other federally qualified health centers and hospitals throughout the state. Those diagnosed with breast or cervical cancer through the BCC Program may be eligible for Medicaid coverage for treatment of their condition. Also available are public awareness activities and education for tribes interested in increasing community capacity for breast and cervical cancer control.

**Surveillance:** The Behavioral Risk Factor Surveillance System (BRFSS) collects data on breast and cervical cancer screening on a biennial basis, providing population-based estimates of mammography and cervical cancer screening history.

**Served FY24 (YTD):** 70 American Indian women 21 years of age or older, who live at or below 250 percent of the federal poverty level and are uninsured. To date in FY24, no American Indian women have been diagnosed with invasive breast cancer and no American Indian women have been diagnosed with in situ breast cancer. In addition, one American Indian woman has been diagnosed with a pre-cancerous cervical condition, but none have been diagnosed with invasive cervical cancer so far in FY24. Approximately 200 community members received information and/or education via programs supported by the Breast and Cervical Cancer Early Detection Program.

**FY24 Estimated Expenditure:** \$15,748 to date in federal grant and state funds.

#### **Comprehensive Cancer Program** (505) 841-5860

**Services: The Comprehensive Cancer Program (CCP)** provides support for culturally and linguistically tailored cancer prevention, risk reduction, and screening education programs in partnership with the Albuquerque Area Indian Health Board (AAIHB). In FY24, AAIHB, with funding from the Comprehensive Cancer Program, conducted a capacity building training on evidence-based cancer screening for Community Health Representatives (CHRs) from New Mexico Tribal/Pueblo communities on the burden of breast, cervical, and colorectal cancer among Native populations, current screening recommendations, and evidence-based strategies to improve the delivery of breast, cervical and colorectal cancer screening and to improve uptake of human papillomavirus (HPV) vaccination. AAIHB also followed up to share information learned from a focus group with Community Health Representatives conducted in FY24 to collect information

about the needs of Tribal communities as they relate to colorectal cancer screening and cancer risk reduction.

The Program also provided administrative and financial support to the **New Mexico Cancer Council's Native American Work Group (NAWG)**, which continued to support implementation of the New Mexico Cancer Plan in Native American communities. The NAWG received national recognition from the Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program for the group's long history of working to promote health equity in cancer. The NAWG continues to network and outreach to various Native American and Indigenous groups and organizations, and those who serve them, to increase its membership.

**Served FY24:** Approximately 100 community members received information and/or education via programs supported by the Comprehensive Cancer Program; no community members received direct services though the 2024 meetings of the New Mexico Cancer Council's Native American Workgroup.

**FY24 Estimated Expenditure:** \$34,000 to date in federal grant [47%] and state [53%] funds, as well as approximately \$500 in NMDOH staff salaries [federal].

## **Diabetes & Chronic Disease Prevention and Management Initiatives**

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

**Served FY24:** The Native American Partnership collaborated with a number of organizations to host an annual conference in fiscal year 2024. The conference, titled, "Reconnecting, Empowering, and Honoring our Native Communities", was held at the University of New Mexico Continuing Education Center, and offered a hybrid format to provide attendees with an in-person or virtual option. Track presentations in the categories of Health and Wellness, Harmony and Heritage, and Entrepreneurial and Business Developments in Indian Country were offered. The presentations in the Health and Wellness track featured content about healthy eating and cultural ways of well-being. The Harmony and Heritage track celebrated how to use Native American culture and traditions in daily life to remain connected with communities and heritage. Lastly, the Entrepreneurial and Business Developments in Indian Country track highlighted Native American entrepreneurs who shared success stories and encouraged more Tribal members to become business owners. Approximately 125 in-person and 300 virtual participants attended this year's conference.

**Estimated FY24 Expenditure:** \$40,000 funds paid by DPCP General Funds

## **National Diabetes Prevention Program**

**Services:** Build capacity to offer an evidence-based lifestyle intervention for preventing type 2 diabetes to communities. The National Diabetes Prevention Program (National DPP) was developed by the Centers for Disease Control and Prevention (CDC) for people who have been diagnosed with

prediabetes or are at high risk for diabetes based on the [CDC risk test](#). This intensive lifestyle intervention has been adapted from the original Diabetes Prevention Program National Institutes of Health study. The National DPP focuses on assisting participants with the skills to lose 5-7 percent of their starting weight and to accumulate 150 minutes of moderate physical activity each week. The Diabetes Prevention and Control Program (DPCP) also trains individuals to become certified lifestyle coaches, so they are prepared to implement the National DPP in their communities. Advanced Skills Training is also offered to trained lifestyle coaches, which are required to maintain their certification. In addition, in FY24, the DPCP hosted a 2-day conference titled, “Building Health Equity Into Your National Diabetes Prevention Control Program” intended to support trained coaches in tailoring programs to more effectively reach their communities with support to reverse prediabetes.

**Served FY24:** 44 participants received the evidence-based lifestyle intervention program; most were from the white/Caucasian and Hispanic Latino population; six participants identified as American Indian/Alaskan Native (13.6%). The county with the highest population of participants was Bernalillo which is home to the largest metropolitan city in New Mexico. Most classes are offered by two of our contracting agencies. 9 participants from the Indian Health Service and other Tribal communities attended the lifestyle coach trainings and health equity conference.

**Estimated FY24 Expenditure:** \$117,500 allocated among four contractors funded through DPCP Tobacco Settlement Funds and State General Funds.

### **Kitchen Creations Cooking Schools for People with Diabetes**

**Services:** Kitchen Creations is an evidence-based series of cooking classes on nutrition and cooking for adults with diabetes and their families or caregivers. 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 FY24:** A total of 12 classes in 9 counties serving 154 participants were held in FY24 with each class consisting of four sessions. Among the participants, 44.81% were Hispanic, and 20.13% were Native American. The program faced low enrollment numbers in FY24, but efforts are underway to offer Kitchen Creations classes within more Tribal communities and encourage referrals to the program, including from accredited and recognized Diabetes Self-Management Education and Support (DSMES) services across the state.

**Estimated FY24 Expenditure:** \$60,000 from DPCP Tobacco Settlement Funds

### **Chronic Disease Self-Management Education Programs**

**Services:** The Chronic Disease Self-Management Education Programs (CDSMEP) is a group of free self-management programs for adults of all ages, including those with disabilities, who are living with one or more chronic health condition that requires daily self-management. Conditions may include diabetes, arthritis, chronic pain, asthma, cancer, high blood pressure or heart disease. All workshops are led by trained leaders, and are taught in community settings such as churches, hospitals, senior centers and worksites, as well as in virtual and telephone-based formats. Participants meet for 2-1/2 hours once a week for six weeks.

**Served FY24:** During FY24, a total of 151 New Mexicans participated in these various programs with 127 completing them in their entirety (85% completion rate). Among participants, 65% were white, 47% were Hispanic/Latino, and 16% were Native American. Efforts to increase enrollment are underway with a focus on increasing awareness of these programs as well as increasing referrals

from accredited and recognized Diabetes Self-Management Education and Support (DSMES) services across the state.

**FY24 Expenditure:** \$212,500 allocated to CDSMEP workshops and supporting activities (marketing, referral system, etc.) among 6 contracts paid by DPCP Tobacco Settlement Funds and State General Funds.

### **Heart Disease and Stroke Prevention Program (HDSPP)**

**(505) 403-7820**

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

**Served FY24:** Through the establishment of a Population Health Learning Collaborative (PHLC), HDSPP has created a network where partners and stakeholders can share success and challenges about their work with a focus on health equity and identification and support of the Social Drivers of Health. During the month of June, the PHLC sponsored a cardiovascular disease learning tract for the Health Equity Symposium with virtual and in person options for attendance. The symposium was well attended by over 100 participants from organizations across New Mexico including community health workers from Tribal communities. Continuing education credits were offered to community health workers and community health education specialists. Self-measured blood pressure (SMBP) monitoring programs are offered at various facilities within the state and work is taking place to expand the reach of these programs. The program is offered virtually, by phone or in person depending on the capacity of the facility and the access to technology for participants.

**Estimated FY24 Expenditure:** \$60,000 allocated from HDSPP federal funds to support the PHLC and \$90,000 allocated from HDSPP federal funds to support SMBP programs for FY24

### **Office of Community Health Workers**

**(505) 827-0015**

During the reporting period, community outreach activities were conducted by the OCHW Director and Team, as the Tribal & Northern Coordinator position was vacant from March 10, 2023 – December 15, 2023, and from April 15, 2024, to present. This interim process ensured effective collaboration, consultation, and technical assistance afforded to Tribal communities and Indigenous nations.

Community outreach activities included:

- Monthly professional development training and upskilling opportunities through the OCHW Tribal and Northern Collaborative scheduled on the second Tuesday of each month; approximately 20-25 participants representing 10-12 Tribal communities.
- Participated in four quarterly Southern Colorado and New Mexico Community Health Representative (CHR) Association meetings to present the NM Community Health Worker (CHW) model, training opportunities, CHW certification pathways, CHW certification technical assistance. As many as 20 Tribal communities were in attendance quarterly.
- Provided Continuing Education Units (CEUs), support & CHW certification technical assistance (TA) to Community Outreach Patient Empowerment (COPE) organizational staff as this organization works closely with Navajo Nation, including the Crownpoint Service Unit which services 18 communities.

- August 03-05, 2023 – OCHW offered two (2) scholarships through State General Funds to attend the National Community Health Workers Association (NACHW) annual conference in Austin, Texas; recipients were from the Santo Domingo Pueblo.
- August 16, 2023 – Participated in San Felipe Pueblo site visit hosted by the Department of Health, Office of Tribal Liaison presented the NM Community Health Worker (CHW) model, training opportunities, CHW certification pathways, offered CHW certification technical assistance to CHR and social service programs.
- August 31, 2023 - Participated in Acoma Pueblo Health Council; presented the NM Community Health Worker (CHW) model, training opportunities, CHW certification pathways, offered CHW certification technical assistance to CHR and social service programs.
- September 18, 2023 - Participated in Acoma Pueblo site visit hosted by the Department of Health, Office of Tribal Liaison presented the NM Community Health Worker (CHW) model, training opportunities, CHW certification pathways, offered CHW certification technical assistance to CHR and social service programs.
- September 21, 2023 – OCHW hosted Region 6 Site Visit to Santo Domingo CHR Program to showcase program highlights with Mehran S. Massoudi, PhD, MPH, CAPT, US Public Health Service (USPHS), Regional Health Administrator, Office of Regional Health Operations Office of the Assistant Secretary for Health, US Department of Health and Human Services in Dallas, TX.
- October 16-17, 2023 - OCHW offered five (5) scholarships to attend the 2023 NM Statewide Community Health Workers (CHWs) Conference at the Santa Ana STAR Hotel & Casino in Santa Ana Pueblo, NM; recipients were from the Navajo Nation, Santo Domingo, Tesuque, Isleta, and Jemez Pueblos. Funding source: Community Conference Sponsors (non-state funds).
- March 05, 2024 – Department of Health, Office of Tribal Liaison participated in the quarterly Southern Colorado and New Mexico Community Health Representative (CHR) Association meeting; six hundred (600) gun locks were distributed to the twelve (12) Tribal Community Health Representative (CHR) Programs that were in attendance. Each program received fifty (50) gun locks and many people were interested in receiving additional quantities.
- May 19-23, 2024 – OCHW offered one (1) scholarship through State General Funds to attend the 2024 Tribal Health Conference on May 19-23, 2024, hosted by the National Indian Health Board (NIHB); recipient was from the Santo Domingo Pueblo.

January 2024 - June 30, 2024:

- Ongoing support to increase and strengthen community awareness of state CHW certification, Scope of Work of CHWs, value of the CHW profession, and employment opportunities.
- Ongoing support in providing access to training opportunities at little to no cost for community members and/or CHWs.
- OCHW partnership with University of New Mexico, Project ECHO; collective collaborations in development of Maternal Child Health (MCH) Community Health Worker/Representative (CHW/R) specialty track. Training delivered to NM CHW/R on April 22-26, 2024, in-person. Five (5) Tribal CHRs participated and completed the training successfully. Additionally, monthly (every 1st and 3rd Wednesday) virtual trainings provided on array of maternal child health topics with OCHW Continuing Education Units (CEU) endorsement to NM CHW/Rs.

New Workforce Development Initiatives:

- Ongoing technical support to Tribal communities to assist with online CHW application process in support of CHW/R certification and renewal in support of the NM Medicaid Reimbursement Model for Community Health Workers/Representatives (CHW/Rs) approved January 16, 2024, by Center for Medicare & Medicaid Services (CMS) with retroactive billing provision to July 01, 2023.
- The NM Department of Health (NMDOH), Office of Community Health Workers (OCHW) is recruiting Certified Community Health Workers/Representatives (CCHW/Rs) statewide to connect community members to resources for Unemployment Insurance (UI) and Employment Services (ES) that is offered statewide by the Department of Workforce Solutions (DWS). The DWS Navigator program allows CCHWs to serve as navigators to connect community members in support of economic sustainability and addressing social determinants of health. Community benefits: Improving rate of successful unemployment claims, uncovering unemployment barriers, and helping New Mexico communities find better and more fulfilling jobs; seven (7) CHRs participating representing Santo Domingo and Tesuque Pueblos and Navajo Nation.

Contact Information:

Devona Quam, Director

Tribal & Northern Coordinator, VACANT

Email: Devona.Quam@doh.nm.gov

Phone: (505) 469-7150

**FY24 Estimated Expenditures:** Program fees go to support the administration of the certification process.

**Office of Oral Health (OOH)**

**(505)827-0837**

Each year New Mexico Department of Health (NMDOH), Office of Oral Health (OOH), New Mexico Delta Dental, and the Hearst Corporation (KOAT TV Channel 7 Albuquerque) partner and promote oral health during Children’s Oral Health Month in February through numerous media outlets. In February 2024, to celebrate children’s oral health month, NMDOH, KOAT TV, Delta Dental and the Native American Professional Parent Resources Inc. (NAPPR) produced public service announcements promoting the benefits of good oral hygiene and developing good dental health habits early in life. A total of 782 :30 commercials aired between January 29 – February 25, 2024 (4-weeks). Additionally, there were 4,100,000 TV impressions and 6,060,261 digital impressions, ensuing how this information was shared by the number of views amongst the target audience.

**Outreach and Collaborations:**

The OOH provided oral health educational presentations in the Fall of 2023 in Laguna Pueblo at a Men’s Wellness event and separately at a Women’s Mammography event. In addition to providing oral health education, staff distributed toothbrushes, toothpaste, and flossers. Additionally, OOH staff provided an oral health educational booth in Laguna Pueblo during their Diabetes Fun Run in November 2024, in collaboration with NAPPR.

In the Southern part of New Mexico, the Las Cruces OOH Team supported the Indian Health Services Dental Team by providing oral health screenings at a Child Find event in Mescalero Apache. The OOH program also provided an in-kind donation of approximately 216 tubes of toothpaste to be provided in goodie bags to be disseminated amongst participants.

One OOH Registered Dental Hygienist also served on the Health Services Advisory Committee for Isleta Pueblo Head Start and has participated in HSAC scheduled meetings.

During the Fall of 2023, OOH staff also participated in the Five Sandoval Indian Pueblo health fair (oral health screenings) and National Rural Health Day at Santo Domingo Pueblo (oral health education). Toothbrushes, toothpaste, and floss were also provided as giveaways to participants at these events.

Lastly, in the Spring of 2024 the OOH staff participated in the Zia Pueblo Health fair, serving approximately 55 adults and 20 children by providing oral health education, reduced fee dentistry information, toothbrushes, floss, toothpaste, brushing sand timers, and toothbrush covers.

**Services:** The OOH program conducts a mobile-based prevention program targeting pre-school and elementary school aged children statewide. During the FY24 school year Native American students enrolled in participating public schools participated in the program throughout the state. Preventative services were provided by the OOH dental auxiliary to students whose parents consented to their child's participation in either the dental sealant or fluoride varnish program. Services included oral health education, dental assessment/screening, application of a dental sealant or fluoride varnish (up to 2 times a year), incentives (toothbrush, toothpaste and dental floss), and dental case management. A total of 112 Native American students participated in the program.

**Surveillance:** The Behavioral Risk Factor Surveillance System collects statewide data on a person's access to a dentist health professional within the past year, providing population-based estimates of time since last dental health visit and loss of teeth due to decay or gum disease.

[nmhealth.org/data/view/behavior/2874/](https://nmhealth.org/data/view/behavior/2874/)

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

Additionally, the Youth Risk & Resiliency Survey reported in 2021 that approximately 68% of American Indian high school students (grades 9-12) self-reported they had visited a dentist in the past 12 months. [2021 YRRS Connections Factsheet - US YRBS and NM YRRS Comparisons - New Mexico Youth Risk & Resiliency Survey](#)

**Served FY24: 112 students enrolled in the Office of Oral Health prevention programs.**

**FY24 Estimated Expenditure:** Expenditures have not been tracked for a specific population served.

**FY24 In Kind Expenses:** General Fund: dental clinical supplies, oral health education material, staff presentations, staff, state vehicle and travel time to Native American events.

## **Nicotine Use Prevention and Control Program**

**(505) 546-7465**

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

**Surveillance:** The NM Behavioral Risk Factor Surveillance System (BRFSS) continues to collect data on nicotine use on an annual basis. Data is available via annual reports, and NM Department of Health and CDC data systems online. The Youth Risk and Resiliency Survey (YRRS) collects

data on cigarette and other nicotine use among middle and high school students biennially, most recently in Fall 2023. NUPAC is working closely with the Epidemiology and Response Division to develop questions which are added or modified in the NM-YRRS and NM-BRFSS surveys. Utilization, satisfaction, and quit rates of QUIT NOW enrollees are also collected by cessation and evaluation contractors for NUPAC on an ongoing basis. The BRFSS, YRRS, and QUIT NOW survey questionnaires include a race/ethnicity demographic question that includes an American Indian category, and data can be analyzed and reported out as appropriate.

### **NUPAC Anti-Oppression Framework**

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

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

In FY24, NUPAC funded the annual anti-oppression training and examined how other mitigating racial equity allow for one to recognize health disparities and mental and behavioral health in communities that typically go unnoticed. A toolkit was developed as a resource for attendees on racial equity.

### **FY24 Services**

FY24 services to American Indian populations in New Mexico are provided through contracts and partnerships between NUPAC and Keres Consulting, Inc., Rescue Agency, Consumer Wellness Solutions, Inc/RVO Health, and the New Mexico Allied Council on Tobacco. These organizations provide outreach, education, and engagement designed to reach Native Americans to eliminate disparities related to secondhand smoke exposure by strengthening secondhand smoke protections. NUPAC also contracts with Rescue Social Change Group to engage youth in community awareness and policy development.

### **Keres Consulting, Inc.**

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



In FY24, Secondhand Protections in Native American Communities providing technical assistance to the Pueblo of Santa Ana Health & Human Services. The form of technical assistance includes the development of cultural tailored resources. The tailored technical assistance will allow decolonized and equitable approach to address the appropriate steps to recommend a commercial tobacco resolution/policy within their respected Tribal housing authority.

## **Rescue Agency**

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

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

Youth from these schools make up 24% of all Evolvement members and 25% of Evolvement’s Leadership team in FY24.

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

- Farmington Municipal School District Board meeting
- Grants Cibola County School District Board meeting
- Cuba Independent School District Board meeting
- Newcomb HS Principal Meeting
- Farmington HS Principal Meeting
- Grants HS Principal Meeting
- Newcomb HS Haunted House Table
- Newcomb HS 24/7 Victory Table
- Grants HS 24/7 Victory Table
- Cuba HS 24/7 Victory Table
- Farmington HS 24/7 Victory Table

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

- Newcomb Chapter Partner Presentation
- Farmington Kiwanis Club Partner Presentation (presentation conducted by AJ Longhorn)
- San Juan County Partnership Coalition Partner Presentation (presentation conducted by Kaydance Yazzie)

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

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

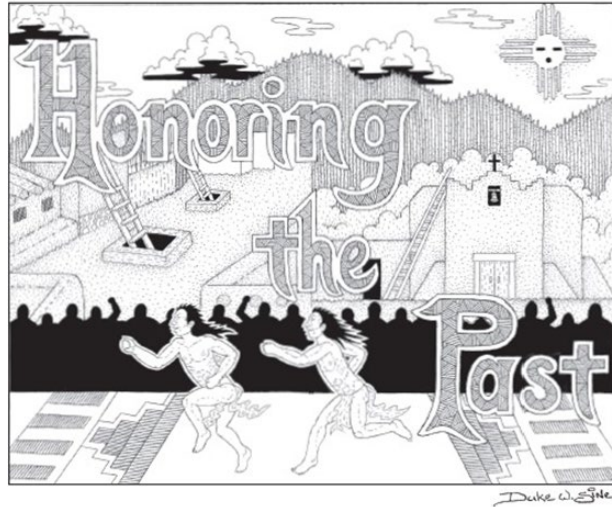
In FY24, from August 2023 through April 2024, QUIT NOW Cessation Services has provided individual services to 115 Native Americans in New Mexico. The Health Systems Change Training and Outreach Program offers free consultation, technical assistance, and training for nicotine treatment health systems change. The program provides training and outreach curriculum, including Brief Tobacco Intervention and Cessation Services and Referral training for staff and providers. In FY24, two (2) organizations that specifically serve Native Americans participated in the Health Systems Change Training and Outreach Program including:

1. First Nations Community Health Source
2. Navajo Chapter – Upper Fruitland

The Health Systems Change Specialist is certified as a Native American Tobacco Treatment Specialist to train Native American communities on the treatment of nicotine dependence.

### **Media Match**

The New Mexico Department of Health, working with a variety of Tribal partners, saw an opportunity to address overlapping risk factors among Tribal communities. A partnership was formed that brought together numerous partners, talent, and resources to develop an educational campaign for Tribal communities. The campaign capitalizes on the existing understanding of diabetes in Native American communities by integrating diabetes messages with less recognized messages about the dangers of secondhand smoke exposure. The “Have a Heart” campaign is directed at friends and families of Native Americans living with diabetes. The campaign educates people on the dangers of secondhand smoke for people living with diabetes and asks friends and family to support and respect people living with diabetes by doing their part to keep the air clear of secondhand cigarette smoke. The campaign features heart-shaped pins that are attached to cards which feature artwork by various Native artists from the communities where the cards are being distributed. NUPAC partnered with the Community Health Representative (CHR) from the Pueblo of Picuris for the Have a Heart campaign this year. The artist is Duke Wassia Sine, “All my works are based upon some story, legend, or theme that has to do with social, historical, or spiritual aspects of our native culture”- Duke Sine. The artwork features Traditional Men's Races and was titled Honoring the Past. Cards and t-shirts were produced. In September 2023, the Native American Campaign Have-A-Heart cards and t-shirt artwork was finalized and printed. In October 2023, the Have-A-Heart Campaign t-shirts were updated and printed. The cards and t-shirts were given out to the community at Fun Run and Community Health Fair on October 21, 2023.



**Obesity, Nutrition and Physical Activity Program  
Healthy Kids Healthy Communities Program**

**(505) 903-3100**

**Services and Interventions:**

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

**HKHC coordinators in Zuni Pueblo conducted the following activities in FY24. These are but a few of the ongoing healthy eating and physical activity efforts in Zuni Pueblo:**

Zuni HKHC coordinators held the annual summer camp for Zuni youth in June and July. Activities included traditional social dance, martial arts, flag football, basketball, volleyball, mountain biking, running, soccer, and a new program called “Connect to the Land” where youth were taking to different sites around the community and broader reservation to learn about local edible native plants and their history in Zuni culture and language. Activities focus on encouraging summer camp participants through game play and building confidence. Traditional Dance is led by the Kallestewa Dance Group who for years have performed for events in Zuni and around the country. The singers, Mangaysha Kallestewa and Cyrus Lutse, are joined by two leaders of their group who have hopes to pass their teachings down to the younger generation.

Family Garden and Rain Harvest Initiative with monthly garden workshops. The topic for August was “Healthy Recipes from the Garden” and highlighted the most common crops grown in Zuni gardens. Participants created delicious ancestral snacks with their harvests including : k'e:ts'ido'kya k'yalk'osenne (Zuni version of salsa verde), k'ola ma'chabi (dried chile patties), and a:lekwi:weh (parched corn). “Proud to be a Shiwi (Zuni) Farmer” garden visits were held where families could visit the gardens of other Zuni community members. 60 families participated. Garden workshops held in September and October focused on seed saving for the upcoming year’s growing season.

HKHC Zuni Food Sovereignty staff collaborated with the Zuni Senior Center on incorporating intergenerational conversations between Zuni youth and elders. HKHC Zuni plans to create a video featuring elders recounting agricultural stories from their youth and highlight the effect of climate change on the Zuni Pueblo, generational practices that have changed throughout the years, and consistent unity Zuni people have with each other. The completed video will be presented to Zuni youth in the Rooted in Healthy Traditions in school curriculum, “Traditional Agricultural Knowledge”.

The HKHC Built Environment department is providing paid summer youth trail crew opportunity for the first time. Three positions for ages 16 to 24 have been filled and will start in early June to repair and maintain Zuni’s many trails including fixing erosion problems, litter and illegal trash dumping clean-up, posting mile markers/way finders, and re-establishing trail routes overtaken by vegetation. The youth trail crew program will last throughout June and July, working three mornings per week.

**In FY24, the ONAPA program conducted the following statewide efforts:**

Partnered with the Aging and Long-Term Services Department and the Office of Indian Elder Affairs to plan and provide professional development training for Tribal senior center nutrition providers. ONAPA contracted with a Native American professional chef Lois Ellen Frank to provide professional development training on healthy meal preparation to Tribal senior center food service staff in Laguna Pueblo, Jicarilla Apache, Santo Domingo Pueblo, and two trainings in Shiprock for all Navajo senior center food service staff.

Entered discussions with Laguna Pueblo about joining Healthy Kids Healthy Communities (HKHC). Adding another HKHC community is dependent on the ONAPA program’s federal grant budget.

Surveillance: Each year since 2010, ONAPA has conducted the NM childhood obesity surveillance system except for the 2020 school year due to COVID. American Indian students continue to have the highest obesity prevalence compared to their Hispanic, White, Asian, and African American counterparts. In 2023, nearly 1 in 2 (44.9%) of American Indian third grade students had obesity. This can be attributed to elevated chronic disease risk factors and limited access to healthy, affordable food and places to be physically active.

**Served FY24:**

- HKHC in Tribal communities reach: approximately 10,000 individuals
- 5 Tribal communities received food program training

**ONAPA and HKHC will have the following contracts in FY25 to support Tribal communities:**

- Zuni Youth Enrichment Project
- Laguna Pueblo (if federal funding allows)

**FY24 Expenditures:**

\$360,000 (55% state funds, 45% federal funds). Zuni Pueblo also leveraged

## **School-Based Health Center**

**(505) 475-2772**

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

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

**Served FY24: There were 11** sites that served at least 10% (4 served 75%+) Native American patients: Bernalillo High School, Cuba School District, Gallup High School, Grant Middle School, Highland High School, Native American Charter Academy, Navajo Prep, Tucumcari School District, Van Buren Middle School, Washington Middle School, and Wilson Middle School.

**FY24 Estimated Expenditure:** \$9,420,000 (for sites listed above)

NMDOH, Office of School and Adolescent Health (OSAH) actively promotes the following crisis lines to all schools and school-based health centers: Agora, located at University of New Mexico (UNM) campus in Albuquerque; 988 Suicide and Crisis Lifeline. Agora and the National Suicide Lifeline have added an on-line CHAT to their existing call capabilities. This CHAT feature has proven to be a very popular communication venue for teens. Calls are answered by trained professionals and volunteers with supervision and backup by a licensed behavioral health provider.

## **Suicide Prevention**

**(505) 487-0822**

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

Thirty (30) Natural Helpers Peer-to-Peer Programs were funded including the following predominately NA-serving schools in the 2023-2024 school year:

1. Kirtland
2. Jemez Mountain
3. Pojoaque
4. Farmington
5. Navajo Prep School

The Office of School and Adolescent Health was fortunate to receive additional funding to support suicide prevention services this past year. Many of our partners serve Native American populations throughout the state. The following is a list of our statewide partners:

1. Albuquerque Area Indian Health Board
2. Breaking the Silence
3. Carlsbad Anti-Drug and Gang
4. Centro Savila
5. Children's Grief Center
6. Future Focused Education
7. GLSEN
8. New Day
9. NM Black Leadership Council
10. Protocall Services
11. Serna Solutions
12. NMSIP Sky Center
13. The Mountain Center
14. Transgender Resource Center of NM

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

**Served FY24:** Over 30 communities with peer-to-peer work and statewide behavioral health services.

**FY24 Estimated Expenditure:**

**Peer to Peer** - \$192,800.00

**Adolescent Behavioral Health** - \$583,000.00

## Family Health Bureau

### **Family Planning Services**

**(505) 476-8882**

This program provides comprehensive, quality clinical family planning/reproductive health services.

**Served FY24:** Clinical services for 540 American Indian or Alaska Native individuals.

**FY24 Expenditures:** all Family Planning Services are funded through Federal grants (69%), Medicaid revenue (17%), and State General Fund (14%).

### **Nutrition Services**

#### **Women, Infants and Children Program**

**(505) 476-8800**

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

**FY24 Services:** Caseload Monthly average 38,109

**FY 24 Estimated Expenditures:**

- Federal Fund (Admin): \$19,500,550
- Federal Fund (food): \$27,270,000
- Total Federal Funds: \$46,770,550
- State General Fund: \$500,000

**Farmers' Market Nutrition Program (FMNP)**

**(505) 469-0548**

**Services:** The Farmers Market Nutrition Program (FMNP) aims to address food insecurity among underserved populations, particularly WIC Families. This program provides access to fresh, locally grown produce through benefits on a Mobile app or Shopper card in the amount of \$30.00 per active-eligible participant, which can be redeemed at authorized farmers markets, farm stands, and other participating outlets.

FY24 served: 10,666 WIC clients and they spent \$90,218.70 throughout New Mexico. Federal Funding Total issued \$307,834.00

**Senior Farmers' Market Nutrition (SFMNP)**

**(505) 469-0548**

**Services:** The Seniors Farmers Market Nutrition Program (SFMNP) is tailored to combat food insecurity within underserved demographics, specifically targeting Native American elders (55 and above) and Non-Native American senior adults (60 and older) residing in New Mexico. Through SFMNP, eligible seniors/elders gain access to \$50.00 worth of benefits per person, facilitated conveniently via a mobile app or a Shopper card which is redeemable at authorized farmers markets, farm stands, and various participating outlets, fostering community engagement and supporting local agriculture.

**FY24 served:** 6,210 seniors spent \$212,031.00 throughout New Mexico.

Federal Funding Total Issued \$298,704.00

**Governor's Food Initiative (NMFB)**

**(505) 469-0548**

**Services:** The New Mexico Governor's Food Initiative continues its commitment to addressing food insecurity by extending support to Native American elders (55 and above) and Non-Native American senior adults (60 and older) residing in New Mexico. Eligible seniors/elders are granted access to an additional \$50.00 worth of benefits per person, facilitated conveniently via a mobile app or a Shopper card, ensuring their access to locally grown produce. The Governor's Food Initiative has also allowed the Farmers Market Program under WIC to serve locally grown fresh food boxes to participants at senior centers or programs located in Taos Pueblo, Picuris Pueblo, Shiprock, and Santo Domingo with over 15k lbs. of locally grown fresh produce from New Mexico farmers.

FY24 served: 20,061 seniors spent \$463,847.09

State Funding Total issued \$700,000.00

**Farmers Market Nutrition Enhancement Program (FMNEP) (505) 469-0548**

**Services:** The Farmers Market Nutrition Enhancement Program (FMNEP) is tailored to provide services to the NM Human Services Commodity Services Food Program Seniors residing in New Mexico. Through FMNEP, eligible seniors/elders will receive a local fresh produce food box worth up to \$100.00.

**FY24 served:** 970 seniors with \$97,030.00 food boxes purchased throughout New Mexico.  
State Funding Total Issued \$97,030.00

**Participating Tribal, Pueblo, and Nation, Farmers' Markets:**  
San Felipe Pueblo, Pojoaque Pueblo & Five Sandoval Indian Pueblos.

**Participating senior centers:**

Santa Domingo, Picuris Pueblo, Shiprock, Ohkay Owingeh, San Ildefonso Pueblos, San Felipe, Pojoaque, Santa Clara, Laguna, Taos Pueblo, Pueblo of Isleta, Mescalero Apache and Santa Ana, Alamo and Shiprock Chapters of the Navajo Nation

**Screening Programs**

**Newborn Genetic Screening Program (505) 476-8868**

**Children's Medical Services**

**Services:** New Mexico requires that all newborns receive screening for certain genetic, metabolic, hemoglobin and endocrine disorders. The New Mexico Newborn Screening Program oversees the bloodspot screening for 41 disorders performed in birthing hospitals. Newborns are also required to be screened for congenital heart defects prior to discharge as well. The program has a nurse consultant who assists with follow-up and access to critical medical care and treatment for newborns identified with a congenital condition.

**Served FY24:** All newborns are screened for genetic conditions prior to discharge from the hospital. This includes American Indian children born in IHS Hospitals and those born in private or public hospitals.

**FY24: Estimated Expenditures:** \$350,000 revenues generated by the program

**Newborn Hearing Screening Program (505) 476-8868**

**Children's Medical Services**

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

**Served FY24:** Approximately 160 American Indian children required follow-up services.

**FY24: Estimated Expenditures:** \$50,000 federal funds



## **Children's Medical Services (NMCMS)**

**(505) 476-8860**

**Services:** CMS provides safety net services and care coordination to Native American children with special health care needs that meet program eligibility requirements to assist families in accessing health care. Program staff coordinate care for these children in partnership with Tribal Health and Social Service agencies. CMS social workers coordinate multidisciplinary pediatric specialty clinics serving the Native American population in Southeast, Northwest, Central and North Central areas of New Mexico. The clinics help families access specialty medical care for their children with special needs. Specialty care includes Cleft Lip and Palate, Genetic, Metabolic, Nephrology, Cardiology, Dysmorphology, Endocrinology, Neurology, Pulmonary and Gastroenterology. CMS social workers also provide care coordination for Native American infants who are not affiliated with a Medicaid Managed Care organization who have been identified through the Comprehensive Addiction and Recovery Act (CARA) program. These are infants who have been exposed to substances during the parent's pregnancy and may require additional supports and services.

**Served FY24:** 500 American Indian youth and children with special health care needs statewide. **FY24 Estimated Expenditures:** \$100,000. Estimated In Kind Contributions related to NMCMS care coordination for these three (3) programs listed above would be \$500,000. This is a split between federal, state and revenues generated by the program.

## **Maternal Child Health Epidemiology**

**(505) 476-8895**

**Services:** The Maternal Child Health Epidemiology Program (MCHEP) within the Family Health Bureau, Public Health Division, regularly collaborates with the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC), Navajo Nation Epidemiology Center (NEC), tribal WIC programs and community-based organizations such as Tewa Women United for PRAMS surveillance operations, data dissemination and in Title V Maternal Child Health (MCH) Block Grant prioritization.

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

In 2017, the NM Tribal PRAMS Study began with a census of all NM Native American women giving birth, except Navajo women, of whom 50% are randomly selected. Under the leadership of AAIHB/AASSTEC, Native American women giving birth in NM are invited to participate in Tribal PRAMS. Survey participation and questionnaire results are shared between state PRAMS and Tribal PRAMS through the NM PRAMS Steering Committee. Both studies contribute to aggregated responses (using identical survey instruments) and can be reported in a unified data output. Results were shared at the Second Annual Tribal PRAMS Symposium starting in February 2020, an event which was planned by the Albuquerque Area Southwest Tribal Epidemiology Center with support from MCEHP PRAMS staff. Over 200 health and human services staff, CHRs, tribal serving organizations and MCH researchers participated in the 2018 and in the 2020 symposia.

#### Title V Maternal Child Health Block Grant

MCHEP and other FHB staff conducted a five-year statewide maternal child health needs assessment in 2019-2020, which was completed and submitted to the Health Resources Service Administration (HRSA) in September 2020. Community and government-based tribal partners were consulted during the entire planning and implementation periods, and community input was gathered in a culminating survey with participation from residents in 17 tribal nations, bands or tribes. NM Title V/MCHEP staff coordinated with the AZ Title V, Diné College and Navajo Epidemiology Center staff in the 2020 comprehensive Navajo-area MCH needs assessment and continue to collaborate on the Navajo Area MCH Collaborative led by Diné College. The consulting agencies meet monthly to share cross-jurisdictional data and assessments as well as opportunities for community input with the partnering Title V programs. In cooperation with AASSTEC staff, NMHealth provided subject matter expertise and helped facilitate Tribe input to national safe sleep materials and messaging as well as to receive consultation on the development of a toddler survey which follows the Tribal PRAMS questionnaire.

#### Maternal Morbidity and Mortality

MCHEP staff coordinated the CDC Preventing Maternal Deaths grant and the Maternal Mortality Review Grant in FY21, and staff participate in the monthly executive planning group of the mortality review. During the 2021 NM legislative session, MCHEP and Maternal Health Program staff worked with the NM Birth Equity Collaborative and community-based organizations to pass SB 96 to ensure Native American participation on the maternal mortality committee would be institutionalized in statute. Implementation of the statutory rulemaking and policies will include input from Indigenous Women Rising, Tewa Women United, Changing Woman Initiative and tribal consultants from the NM Doula Association.

Following the passage of SB 96, the maternal mortality review committee brought on ten new members, including several Indigenous members, two of whom were directly appointed by the Secretary of the NM Indian Affairs Department. The Maternal Health Program contracted with Black Health New Mexico to provide health equity, anti-bias and trauma training to the full committee.

With six years of NM maternal death data reviewed, subpopulation disparities resemble national findings showing that Native American women experience nearly three times higher prevalence of

pregnancy-related deaths compared to Hispanic and non-Hispanic white women, and NM severe maternal morbidity analysis reveals the same pattern among near-miss or acute medical hospitalizations during delivery.

MCH Epidemiology staff received 2018-2020 Indian Health Services (IHS) hospitalization data in May 2022 to ascertain opportunities for quality improvement, and the analysis team has been seeking guidance from Navajo and Albuquerque Area birthing facilities on a data cleaning and validation process. Although IHS data cannot share information on public-facing data portals, our team is working on a secure data dashboard development project to provide a data feedback process for perinatal outcomes improvement.

#### Opportunities for Prevention and Data translation

In 2023, NMHealth was awarded a five-year \$5 million dollar grant to support maternal health improvements through HRSA's State Maternal Health Innovations (SMHI) program, which allows states to convene a statewide maternal health task force and develop long-term strategic plans and innovations. NMHealth consulted with many community partners in the grant application, and in FY24 they confirmed an agreement with AASTEC to co-convene the statewide taskforce. Building on long-standing relationships, the SMHI team is building up staffing and partnerships to strategically fund and support better maternal health outcomes in New Mexico and partnering jurisdictions.

The FY24 planning phase included identifying a leadership team to launch the task force and the identification of professional facilitators to lead task force and strategic planning events.

#### Workforce Development

Staff at the University of New Mexico College of Population Health, MCH Epidemiology and the TECs launched an inaugural competitive MCH Epidemiology Traineeship in February 2020. The first cohort of five minority students were placed in internship positions with NMDOH and the TECs or partnering tribal organizations. Three students were Native American and are pursuing advanced degrees in medical and public health programs. The second cohort began in January 2021, and five students were selected to participate in the development of COVID-19 perinatal case protocols, policy analysis, and PRAMS data applications in public health. Two of these interns were brought on as MCH Epidemiology staff in FY22, supporting long-term job development and successful applications to graduate school in FY24.

Served FY24: All federally recognized U.S. tribes for NM residents.

FY24 Estimated Expenditures: \$225,000 for communication, technical assistance-capacity building, collaborative media development and intern training with both Tribal Epidemiology Centers and with community based tribal-serving organizations.

#### **Maternal Health Program**

**(505) 231-6817**

**Services:** The Maternal Health Program (MHP) is responsible for leadership on the following program areas relevant to state-Tribal collaboration: maternal and perinatal health domains and the

distribution of funds to support direct perinatal care service delivery under the Title V MCH Block Grant; administrative leadership of the Maternal Mortality Review Committee (MMRC); leadership and collaboration to promote perinatal quality improvement initiatives; and licensure and support for the practice of midwives. A new area of work was added in FY24; under the leadership of the MCH Epidemiology Program, MHP will collaborate on the development of the NM State Maternal Health Innovation Program, including the co-convening of a Maternal Health Taskforce with the Albuquerque Area Southwest Tribal Epidemiology Center. Reporting will begin for FY25.

### Title V Block Grant

A portion of Title V funding is distributed annually through the Perinatal High-Risk Fund (HRF) which contracts with healthcare providers who deliver perinatal services to uninsured or underinsured individuals who lack access to services and may be at high risk of developing complications.

Based on an evaluation of HRF contracts conducted with the goal of assuring increased equity and access to a diverse array of providers in underserved communities, in FY24 MHP added Changing Woman Initiative (CWI) to the HRF portfolio. CWI is an Indigenous midwife-led practice that provides culturally congruent and respectful perinatal, birthing, and wrap around services to Indigenous families across the northern half of New Mexico, including the northern Pueblos, Apache Tribal lands and the eastern Navajo Nation. CWI also serves as a training site and an educational co-convenor for a cohort of Indigenous direct-entry midwifery students.

**FY25 Title V objectives** include continued refinement of the current portfolio of HRF contracts to assure that a diverse and accessible array of providers is under contract to provide perinatal services. We will also evaluate the geographic reach and numbers of individuals served. MHP will extend the HRF contract with CWI and will increase the funding level. Expanding opportunities to provide culturally congruent and respectful care to Indigenous families remains a high priority.

### Maternal Mortality Review Committee

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

The MMRC completed reviews for deaths that occurred through 2020 and issued an updated set of recommendations. Based on ongoing disparities affecting Indigenous birthing people, the MMRC recommendations now include the following: *NM DOH should prioritize a plan to address inequities of AI/AN maternal mortality in New Mexico that recognizes the individual and cultural characteristics of Tribes/Nations and of Native urban populations.*

During FY24, MHP established a Memorandum of Agreement with the Albuquerque Area Indian Health Board- Southwest Tribal Epidemiology Center (AASTEC) to collaborate on MMRC analysis and to lead specific analyses and data product development for Tribal government audiences. Following negotiations and in alignment with AASTEC's direct engagement with the CDC and the National Indian Health Board on maternal mortality prevention, this work was just getting underway towards the end of the fiscal year.

**FY25 MMRC objectives** include ongoing work to diversify MMRC operational staff to reflect the population of the state and community-based expertise. We anticipate that the collaborative work with AASTEC will support NMHealth efforts to address the recommendation highlighted above and will directly facilitate Tribal leadership's ability to consider maternal mortality prevention opportunities and strategies in support of Tribal maternal health improvement. In addition, because MMRC members are limited to a three-year term, we anticipate engaging directly with Indian Affairs Department leadership to identify two new direct appointees to represent IAD on the MMRC.

### Perinatal Quality Improvement

During FY24, MHP advocated for and secured funding to support regional trainings led by the NM Perinatal Collaborative on respectful care for birthing people with substance use disorders that included specific training on the management of medications for opioid use disorders. The first regional training was held in Gallup and featured both IHS physician expertise and an Indigenous doula perspective on culturally respectful supportive care.

**FY25 Perinatal Quality Improvement objectives** include ongoing support of regional trainings for perinatal care providers while developing internal quality improvement expertise and facilitating the transition of the NM Perinatal Collaborative to an effective institutional structure that will allow for a renewed focus on leveraging data to inform hospital-based quality improvement efforts with a focus on health equity and respectful care. Engaging community-based- birthing centers and midwives and IHS birthing facilities remains a high priority.

### Midwifery Licensure

The Maternal Health Program is responsible for licensing, regulating and supporting the practice of Certified Nurse Midwives (CNM) and Licensed Midwives (LM). Integration of midwives across systems of care is associated with improved outcomes on multiple indicators of maternal and infant health and wellbeing. CNMs provide a significant amount of the reproductive health and perinatal care at IHS facilities, including those located within New Mexico. LMs and some CNMs provide care in home and birth center settings that may improve access to care for individuals who live in rural communities and create more opportunities for family participation and culturally significant birthing practices to be observed. Indigenous midwives may be able to provide culturally congruent care that is also associated with improved outcomes.

During FY24, the community-based newborn hearing screening pilot got underway, and MHP-acquired hearing screening machines were put to use by community midwives in home settings.

Changing Woman Initiative (CWI) holds one of the machines to promote increased access to newborn screening for Indigenous families.

**FY25 Midwifery Licensure objectives** include updates to guidelines consistent with developments in the field and incorporating input from midwives and community members, including Indigenous midwives, birthing families and organizations. We also plan to track the impact of the hearing screening pilot and its effectiveness in increasing access to this service for rural Indigenous families.

**Served FY24:** Three IHS facilities participated in perinatal quality improvement programming: Gallup Indian Medical Center, Northern Navajo Medical Center, and Zuni Comprehensive Health Center. Indigenous birthing families that delivered at 22 additional enrolled NM birthing hospitals may have benefitted from direct engagement with quality improvement programming. Families served by Indigenous midwives have had access to culturally congruent care in hospital and home settings.

**FY24 Estimated Expenditures:** Contract with Changing Woman Initiative for HRF Title V Provider Agreement to provide risk-appropriate perinatal services: \$35,000 (57% federal dollars/43% state). MOA with AASTEC: \$30,000 (federal dollars from the CDC grant). Direct financial support to Indigenous MMRC members for time spent in case review and leadership meetings and for travel to the CDC's annual convening in Atlanta, GA: approximately \$20,000 (federal dollars from the CDC grant).

# Public Health Division-Scientific Laboratory

## **Environmental Analysis**

**(505) 383-9023**

Analyze drinking water for chemicals, biological, and radiological testing under Federal Safe Drinking Water Act. Total number of samples was 86 for Total Coliform MMO-MUG and 144 samples for chemical analyses

Served FY 24: ABO Ruins Salinas Pueblo Mission, Fire Rock Casino – Navajo Nation Gaming Enterprises, Flowing Water Casino, Gran Quivira – Salinas Pueblo Missions, Quarai – Salinas Pueblo Missions Jemez Pueblo Dept of Resource Protection, Manuelito Navajo Children’s Home, Manuelito Rest Area, Ramona Smith Water Users Group in Tohatchi, Alamo Community School, Northern Edge Casino and Canoncito-Tohajiile.

FY 24 Estimated Expenditures: \$6651

## **Implied Consent Training and Support**

**(505) 383-9094**

Services: Provided classes to certify 117 Tribal law enforcement personnel in-person/online as “Operators” and “Key Operators” under the State Implied Consent Act. Certification for Operators is two years, certification for Key Operators is one year. Also, provided certification for breath alcohol test devices (Intoxilyzer 8000) used by Tribal law enforcement of DWI/DUID programs. Certification of breath alcohol test devices is one year.

Agencies Served FY 24: Acoma Police Dept., BIA Southern Pueblos, Crown point Department of Public Safety, Isleta Tribal Police Dept., Jemez Pueblo, Jicarilla Apache Police Dept., Jicarilla Apache Department of Corrections, Laguna Pueblo Tribal Police Dept., Mescalero BIA, Na’Nizhoozi Center (NCI), Ohkay Owingeh, Pojoaque Tribal Police Dept., Ramah Navajo Department of Public Safety, Sandia Pueblo Tribal Police Dept., Santa Ana Tribal Police Dept., Santa Clara Tribal Police Dept., Shiprock Police Department – Navajo Nation, Taos Pueblo Police Dept., Tesuque Tribal Police Dept., Zia Pueblo Tribal Police Dept., and Zuni Police Dept

FY 24 Estimated Expenditures: Training, instrument certifications and repairs totaled:\$13,328.55.

## **Implied Consent Sample Analysis**

**(505) 383-9086**

Services: Analyze blood samples for alcohol and drugs of abuse for impairment testing. Total number of 29 cases.

Served FY 24: Acoma Police Dept., Isleta Tribal Police Dept., Jicarilla Apache Police Dept., Laguna Pueblo Tribal Police Dept., Mescalero BIA, Sandia Pueblo Tribal Police Dept., Santa Ana Tribal Police Dept., Santa Clara Tribal Police Dept., Zia Pueblo Tribal Police Dept

# Public Health Division - Medical Cannabis

## MEDICAL CANNABIS

Phone: 505-827-2321

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

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

The Medical Cannabis Program has worked with various Tribes, Pueblos, and Nations in the past. For example, the program worked with Picuris Pueblo in their efforts to establish their own medical cannabis program including working with the Pueblo on targeted legislative efforts; in addition, the program has worked with the Albuquerque Area Indian Health Board and educational efforts. Currently, due to changes in the program with the passage and enactment of the Cannabis Regulation Act in 2021, the primary purpose of the Medical Cannabis Program is to maintain the patient registry. However, the program continues to interact and collaborate on educational materials and seeks to expand these efforts. For example, the program has created a library of educational materials which can be utilized by anyone who wishes to use them. The program is working with the NMDOH Tribal Liaison in order to see if there are specific materials needed by the Tribes, Pueblos, and Nations and to get those items translated into the appropriate languages whenever possible. The current educational materials can be found on the program website: <https://www.nmhealth.org/about/mcp/svcs/> on the Educational Materials page, and these are being expanded on a regular basis. The Medical Cannabis Program operates out of budget allocation from the Cannabis Regulation Fund administered through the Regulation and Licensing Department. There are no federal funds currently available to the program.



# Facilities Management

**Fort Bayard Medical Center (FBMC)**

**(575) 537-3302**

**Todd Winder, Administrator**

**Services:**

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

**FY24:** No Tribal members served.

**New Mexico Behavioral Health Institute (NMBHI)**

**(505) 454-2100**

**Tim Shields, Administrator**

**Services:**

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

**Adult Psychiatric Division** is an acute inpatient hospital accredited by The Joint Commission and provides voluntary, involuntary, and court-ordered behavioral health treatment to individuals, ages 18 and older, suffering from a major mental illness that severely impairs their functioning, their ability to be maintained in the community, and who present as an imminent danger to self and/or others. The governing body of the New Mexico Behavioral Health Institute assumes overall responsibility for the Adult Psychiatric Division's operation. **(17 Tribal Members Served)**

**Center for Adolescent Relationship Exploration (CARE)** is a licensed Residential Treatment Center and is accredited by The Joint Commission. The CARE program is designed to provide treatment to adolescent boys, 13 - 17 years of age, who have a history of sexually harmful behaviors and have been diagnosed with a co-occurring mental illness--a mental illness that has produced a history of disturbances in behavior, age-appropriate adaptive functioning, and psychological functioning. The severity of these disturbances requires 24-hour supervision within a structured positive and motivational, therapeutic setting. CARE is a secure locked facility. **(1 Tribal members served)**

**Community-based Services (CBS):** Offers adult outpatient psychiatric treatment, Psychosocial Rehabilitation Services, Comprehensive Community Support Services and rehabilitation services. **(14 Tribal Members Served)**

**Forensic Division** of NMBHI is a 116-licensed bed facility that is fully accredited by the Joint Commission. The primary mission of the Forensic Division is to provide competency restoration services to individuals referred by District Courts across the state. Additional services include providing risk assessments to referring District Courts all pursuant to statutory mandates. The Forensic Division is made up of four inpatient psychiatric care units that are staffed 24 hours per day. The residential units are the Acute Care Unit, the Continuing Care Unit, and the Women's Unit. There is also a Maximum-Security Unit. **(17 Tribal Members Served)**

### **The Meadows**

**Michael Slaughter, Administrator**

**(505) 454-2190**

is a 162-bed long-term care community located on the campus of the New Mexico Behavioral Health Institute. Clinical services offered include short-term rehabilitation, 36-bed secure memory unit, palliative, and long-term care. **(3 Tribal Members Served)**

**Served FY24:** Through FY24, 52 Tribal members from several Tribal communities

**Turquoise Lodge Hospital (TLH)**

**(505) 841-8978**

**Jeff LaMure, Administrator**

### **Services:**

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

also certified through HSD as an Adult Accredited Residential Treatment Service (AARTS) through HSD.

**Served FY24:** Through 4/3/23, 36 Tribal members, representing 12 New Mexico Tribal communities.

**New Mexico Rehabilitation Center (NMRC)**

**(575) 347-3400**

**Jeff LaMure, Interim Hospital Administrator**

**Services:**

NMRC is a Joint Commission accredited 43-bed hospital with CMS deemed status certifications offering a wide range of medical rehabilitation services, including physical and occupational therapy, speech and language pathology, social services, psychological services, and a chemical dependency unit which includes Medical Detox and Inpatient Residential Treatment

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

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

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

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

**Served FY 24:** Through FY 24, 15 Tribal members from several Tribal communities.

**Sequoyah Adolescent Treatment Center (SATC)**  
**Merlinda Trujillo, Administrator**  
**Services:**

**(505) 222-0355**

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

**Served FY 24:** Through FY 24, 9 Tribal members were served from four New Mexico Tribal communities.

**Los Lunas Community Program (LLCP)**  
**Michael Gemme, Administrator**  
**Services:**

**(505) 506-7614**

- **Supported Living (Residential Services):** LLCP assists persons with intellectual and developmental disabilities (IDD) to live as independently as possible by providing supports designed to assist, encourage, and empower them to grow and develop, gain autonomy, become self-governing, and pursue personal interests and goals.
- **Customized Community Supports (delivered in both individual and group settings):** Based on the preferences and choices of individuals served, LLCP assists adults with IDD to increase their independence, strengthen the ability to decrease needed paid supports, establish or strengthen interpersonal relationships, join social networks, and participate in community life.
- **Community Integrated Employment:** Based on the preferences and choices of individuals served, LLCP assists adults with IDD to become employed in the community in competitive jobs that increase their economic independence, self-reliance, social connections, and career development.
- **Adult Nursing:** LLCP nurses provide health care services, coordination, monitoring, training, and medication management to adults with IDD participating in any of our programs/services.
- **Intensive Medical Living Supports:** Through its nurses and other trained direct care staff, LLCP provides individualized and specialized medical supports to our residents with IDD who have high-acuity medical issues and needs.
- **Crisis Supports:** LLCP provides short-term, temporary residential services and crisis interventions for adults with IDD who are in crisis and training to their support staff and others.
- **State General Funds (Non-DD Waiver):** LLCP also serves individuals with IDD that are funded by State General Funds. LLCP works on money management skills, meal preparation, routine household chores, individual health maintenance, assistance with ADL's, and community integration with individuals. LLCP also continues to follow the allocation processes to get a SGF funded individual on the New Mexico Medicaid DD Waiver.
- **Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IID):** ICF/IID is an intermediate care facility that provides food, shelter, health and rehabilitative active

treatment for individuals with IDD or persons with related conditions whose mental or physical condition require services on a regular basis that are above the level of a residential or room and board setting and can only be provided in a facility which is equipped and staffed to provide the appropriate services. The individuals residing in the LLCP ICF/IID facility are court ordered there for rehabilitation.

**Served FY24:** Through FY 24: five (5) Tribal members were served from three (3) New Mexico

**New Mexico State Veteran Home (NMOVH)**

**(575) 894-4200**

**Kenneth Shull, Administrator**

**Services:**

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

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

**Served FY24:** Through 6/10/23, 0 Tribal members were in our care.

\*With the creation of the HealthCare Authority (HCA) in FY25, the following two programs on pages 54 and 55 (Division of Health Improvement-DHI and Developmental Disabilities Supports Division-DDSD) migrated away from New Mexico Department of Health to join the newly formed HCA. To access services for either DHI or DDSD in FY25, please contact Shelly Begay, Native American Liaison for HCA  
[Shelly.Begay@hca.nm.gov](mailto:Shelly.Begay@hca.nm.gov)

# Division of Health Improvement

## Division of Health Improvement

(505)476-9093

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

In New Mexico, DHI licenses and certifies four healthcare facilities that receive Medicare or Medicaid funding including: Laguna Nursing Center, Mescalero Care Center, Mescalero Family Center Dialysis Center, and Jicarilla Apache Nation Dialysis Center. DHI also provides oversight to several HCBW community providers including but not limited to, Coyote Canyon Rehabilitation Center, Tohatchi Area of Opportunity and Services, Zuni Entrepreneurial Enterprises/Empowerment Inc, The Tunland Corporation, Animas Valley Caring Hands, LLC. Ramah Care Services, Presbyterian Medical Services dba Project Shield, Better Together Home and Community Services, Dunganvin, La Vida, and Su Vida. In addition, the following case management agencies provide services, Excel Case Mgt, Rio Puerco Case Mgt, Peak Case Mgt, Professional Case Coordination, and Vision Case Mgt.

Currently there is an estimated 428 Native Americans receiving services in various HCBW community programs throughout the state (Based on Omnicaid data, the Medicaid claims system, as of May 8, 2023), as well as an undetermined number of Native America's who are accessing health care at other licensed and certified health facilities around the state.

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

### **FY24 Estimated Expenditures:** Personnel and administrative costs

The regulatory and oversight services conducted by DHI are funded by a combination of state and federal funds. The operational budget for DHI is \$17,532,000.00 supports 197 full-time equivalent positions.

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

# Developmental Disabilities Supports Division

## Developmental Disabilities Waiver

**Services:** A home and community-based program that provides an array of residential, community, employment, therapies, respite, and behavior support services to people with intellectual and developmental disabilities.

**FY24 Estimated Served:** 457 American Indian people served. (Based on the Human Services Department's Omnicaid data the Medicaid claims system as of June 7, 2024).

**FY24 Expenditures:** \$35,417,842.78 (Based on the Human Services Department's Omnicaid claims data as of June 7, 2024.)

## Medically Fragile Waiver Services

**Services:** A home and community-based program that serves people 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 services, physical therapy, speech language pathology, and occupational therapy, behavior support consultation, and nutritional counseling, individual goods and services specialized medical equipment, vehicle modification, customized community supports, specialized therapy, and respite care. Recipients are served in their homes.

**FY24 Estimated Served:** 17 American Indian people received services under the Medically Fragile Waiver. (Based on the Human Services Department's Omnicaid claims data as of June 7, 2024).

**FY24 Expenditures:** \$249,758.89 (Based on the Human Services Department's Omnicaid claims data as of June 7, 2024).

## Mi Via Waiver

**Services:** A home and community-based program that offers services to people who self-direct their waiver supports.

**FY24 Estimated Served:** 200 American Indian people served. (Based on the Human Services Department's Omnicaid claims data as of June 7, 2024.)

**FY24 Expenditures:** \$10,898,799.89 (Based on the Human Services Department's Omnicaid claims paid through data as of June 7, 2024.)

## Section IV. Key Names and Contact Information

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

<b>Division</b>	<b>Name/Title</b>	<b>Email</b>	<b>Phone</b>
Office of the Secretary	Patrick M. Allen Cabinet Secretary	Patrick.Allen@doh.nm.gov	(505) 827-2613
Office of the Secretary	Dawn Sanchez, MPH Deputy Secretary and Chief Operating Officer	Dawn.Sanchez@doh.nm.gov	(575) 449-5766
Office of the Secretary	LeAnn Behrens Director of Operations	LeAnn.Behrens@doh.nm.gov	(505) 827-2613
Office of the Secretary	Dominick Zurlo Acting Administrative Services Director	Dominick.Zurlo@doh.nm.gov	(505) 819-8580
Office of the Secretary	Dr. Miranda Durham Chief Medical Officer	Miranda.Durham@doh.nm.gov	(505) 231-6040
Office of General Counsel	Chris Woodward Acting General Counsel	Chris.Woodward@doh.nm.gov	(505) 690-5987
Office of Tribal Liaison	Janet R. Johnson Tribal Liaison	Janet.Johnson@doh.nm.gov	(505) 827-0636
Office of Health Equity	Susan Garcia, MA Director	Susan.Garcia@doh.nm.gov	(505) 670-4136
Office of Policy and Communications	Arya Lamb, Director	Arya.Lamb@doh.nm.gov	(505) 470-4141
Public Health Division	Jose Acosta, MD, MBA, MPH Division Director	Josea.Acosta@doh.nm.gov	(505) 859-2687
Public Health Division Scientific Laboratory	Dr. Michael Edwards, Director, Scientific Laboratory	Michael.Edwards@doh.nm.gov	(505) 383-9001



<b>Division</b>	<b>Name/Title</b>	<b>Email</b>	<b>Phone</b>
<b>Public Health Division Medical Cannabis</b>	<b>Andrea Sundberg Acting Director Medical Cannabis</b>	<b>Andrea.Sundberg@doh.nm.gov</b>	<b>(505) 827-2318</b>
<b>Public Health Division Center for Health Promotion</b>	<b>Heidi Krapfl, Deputy Director of Programs  Acting Director-Center for Health Protection  Deputy State Epidemiologist</b>	<b>Heidi.Krapfl@doh.nm.gov</b>	<b>(505)476-3577</b>
<b>Public Health Division Center for Health Promotion</b>	<b>Chad Smelser  Infectious Disease Epidemiology Bureau Chief  State Epidemiologist</b>	<b>Chad.Smelser@doh.nm.gov</b>	<b>(505) 476-3520</b>
<b>Public Health Division Center for Health Promotion</b>	<b>Srikanth Paladugu  Environmental Health Bureau Chief</b>	<b>Srikanth.Paladugu@doh.nm.gov</b>	<b>(505) 795-2505</b>
<b>Public Health Division Center for Health Promotion</b>	<b>Christopher Emory  Health Emergency Bureau Chief</b>	<b>Christopher.Emory@doh.nm.gov</b>	<b>(505) 476-8333</b>
<b>Public Health Division Center for Health Promotion</b>	<b>Kyle Thornton  Emergency Medical Services Bureau Chief</b>	<b>Kyle.Thornton@doh.nm.gov</b>	<b>(505) 476-8200</b>
<b>Public Health Division Center for Health Promotion</b>	<b>Michael A. Padilla  Vital Records Bureau Chief</b>	<b>MichaelA.Padilla2@doh.nm.gov</b>	<b>(505) 827-0167</b>
<b>Public Health Division Center for Health Promotion</b>	<b>Christopher Whiteside  Community and Health Data Systems Epidemiology Bureau Chief</b>	<b>Christopher.Whiteside@doh.nm.gov</b>	<b>(505) 795-3991</b>

<b>Division</b>	<b>Name/Title</b>	<b>Email</b>	<b>Phone</b>
	<b>Desirae Martinez, Tribal Epidemiologist</b>	<b>Desirae.Martinez@doh.nm.gov</b>	
<b>Public Health Division  Center for Health Promotion</b>	<b>Rachel Wexler  Injury and Violence Prevention Section Manager</b>	<b>Rachel.Wexler@doh.nm.gov</b>	<b>(505) 709-5436</b>
<b>Public Health Division  Center for Healthy and Safe Communities</b>	<b>Janis Gonzales, MD  Director- Center for Healthy and Safe Communities</b>	<b>Janis.Gonzales@doh.nm.gov</b>	<b>(505) 827-0975</b>
<b>Public Health Division  Center for Healthy and Safe Communities</b>	<b>Andrew Gans  Communicable Disease Bureau Chief</b>	<b>Andrew.Gans@doh.nm.gov</b>	<b>(505) 479-1187</b>
<b>Public Health Division  Center for Healthy and Safe Communities</b>	<b>Population and Community Health Bureau Chief</b>	<b>Leisha.Ortiz@doh.nm.gov</b>	<b>(505) 206-7942</b>
<b>Public Health Division  Center for Healthy and Safe Communities</b>	<b>Sam Peinado  Family Health Bureau Chief</b>	<b>Samuel.Peinado@doh.nm.gov</b>	<b>(505) 476-8854</b>
<b>Public Health Division  Center for Access and Linkage to Health Care</b>	<b>Jeff Lara  Director- Center for Access and Linkage to Health Care</b>	<b>Jeffrey.Lara@doh.nm.gov</b>	<b>(505) 827-2691</b>
<b>Public Health Division  Center for Access and Linkage to Health Care</b>	<b>Heather Black, RN, BSN, BSW  Chief Nurse</b>	<b>Heather.Black@doh.nm.gov</b>	<b>(505)476-3668</b>

<b>Division</b>	<b>Name/Title</b>	<b>Email</b>	<b>Phone</b>
<b>Public Health Division, CALH NW Region</b>	<b>Dominic Rodriguez Region Director</b>	<b>Dominic.Rodriguez@doh.nm.gov</b>	<b>(505) 841-4110</b>
<b>Public Health Division, CALH NE Region</b>	<b>Shandiin Wood Region Director</b>	<b>Shandiin.Wood@doh.nm.gov</b>	<b>(505) 476-2659</b>
<b>Public Health Division, CALH SW Region</b>	<b>Candice Trujillo Region Director</b>	<b>Candice.Trujillo@doh.nm.gov</b>	<b>(575) 528-5148</b>
<b>Public Health Division, CALH SE Region</b>	<b>Jimmy Masters Region Director</b>	<b>James.Masters@doh.nm.gov</b>	<b>(505) 222-4633</b>
<b>Fort Bayard Medical Center</b>	<b>Todd Winder, Administrator</b>	<b>Todd.Winder@doh.nm.gov</b>	<b>(505)537-8600</b>
<b>New Mexico Behavioral Health Institute</b>	<b>Timothy Shields, Administrator</b>	<b>Timothy.Shields@doh.nm.gov</b>	<b>(505)454-2100</b>
<b>The Meadows</b>	<b>Michael Slaughter, Administrator</b>	<b>Michael.Slaughter@doh.nm.gov</b>	<b>(505) 454-2190</b>
<b>New Mexico State Veterans Home</b>	<b>Kenneth Shull, Administrator</b>	<b>Kenneth.Shull@doh.nm.gov</b>	<b>(575)894-4205</b>
<b>New Mexico Rehabilitation Center</b>	<b>Jeff LaMure, Interim Hospital Administrator</b>	<b>Jeff.LaMure@doh.nm.gov</b>	<b>(505)383-1122</b>
<b>Sequoia Adolescent Treatment Center</b>	<b>Carmela Sandoval, Administrator</b>	<b>Carmela.Sandoval@doh.nm.gov</b>	<b>(505)222-0355</b>
<b>Turquoise Lodge Hospital</b>	<b>Jeff LaMure, Administrator</b>	<b>Jeff.LaMure@doh.nm.gov</b>	<b>(505)383-1122</b>
<b>Los Lunas Community Program</b>	<b>Michael Gemme, Administrator</b>	<b>Michael.Gemme@doh.nm.gov</b>	<b>(505)252-1053</b>
<b>Division of Health Improvement</b>	<b>Danny Maxwell, Deputy Director</b>	<b>Danny.Maxwell@doh.nm.gov</b>	<b>505) 205-6506</b>
<b>Developmental Disabilities Supports Division</b>	<b>Scott Doan Deputy Director</b>	<b>Scott.Doan@doh.nm.gov</b>	<b>(575) 528-5187</b>

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

## **SECTION V. APPENDICES**

### **A. Brief Description of the Department's Program Areas**

#### **PROGRAM AREA: ADMINISTRATIVE SERVICES**

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

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

#### **PROGRAM AREA: PUBLIC HEALTH**

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

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

#### **PROGRAM AREA: EPIDEMIOLOGY AND RESPONSE**

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

## **PROGRAM AREA: SCIENTIFIC LABORATORY**

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

## **PROGRAM AREA: FACILITIES MANAGEMENT**

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

## **PROGRAM AREA: DEVELOPMENTAL DISABILITIES SUPPORTS**

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

## **PROGRAM AREA: HEALTH CERTIFICATION, LICENSING AND OVERSIGHT**

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

## **PROGRAM AREA: MEDICAL CANNABIS**

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

### **B. Agency Efforts to Implement Policy**

NMDOH has a long history of working and collaborating with American Indian nations, Pueblos, tribes in New Mexico, as well as Off-Reservation Groups. NMDOH was a key participant in the development of the 2007 Health and Human Services (HHS) Department's State-Tribal Consultation Protocol (STCP). The purpose of 2007 STCP was to develop an agreed-upon consultation process as they developed or changed policies, programs or activities that had Tribal

implications. The 2007 STCP provided critical definitions and a communication policy, procedures and processes that have guided agency activities over several years.

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

1. Promotes effective collaboration and communication between the agency and Tribes;
2. Promotes positive government-to-government relations between the State and Tribes;
3. Promotes cultural competence in providing effective services to American Indians; and,
4. Establishes a method for notifying employees of the agency of the provisions of the SB196 and the Policy that the agency adopts.

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

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

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

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

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

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

Tribe	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
IHS ABQ Area	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
IHS Navajo Area	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
Alamo Navajo School Board	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
Jemez Pueblo	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
Ramah Navajo School Board/Pine Hill Health Center	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
First Nations Community HealthSource	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
Albuquerque Area Indian Health Board (AAIHB)	Public and professional education on breast, cervical and colorectal cancer screening.	Request for Proposal (RFP)	In Effect	Christine Brown	505-222-8609
Jicarilla Apache Health Care Facility	Influenza Surveillance	PA	In Effect	Diane Holzem	(505) 759-7233
Taos-Picuris Indian Health Center	Influenza Surveillance	PA	In Effect	Ben Patrick	(505) 758-6922
Acoma-Canoncito-Laguna (ACL) Hospital	Influenza Surveillance	PA	In Effect	Tammy Martinez	(505) 552-5355
Connie Garcia	Develop Native American section of NM Cancer Plan; support Cancer Council Native American Workgroup	PSC	In Effect	Christine Brown	(505) 222-8609



## **E. NMDOH's Tribal Collaboration and Communication Policy**

### **New Mexico Department of Health**

### **State-Tribal Consultation, Collaboration and Communication Policy**

#### **Section I. Background**

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

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

3. Promote cultural competence in providing effective services to American Indians/Alaska Natives; and
  4. Establish a method for notifying employees of the Agency of the provisions of the STCA and the Policy that the Agency adopts.
- F. The Policy meets the intent of the STCA and defines the Agency's commitment to collaborate and communicate with Tribes.

## **Section II. Purpose**

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

## **Section III. Principles**

- A. Recognize and Respect Sovereignty – The State and Tribes are sovereign governments. The recognition and respect of sovereignty is the basis for government-to-government relations and this Policy. Sovereignty must be respected and recognized in government-to-government consultation, communication and collaboration between the Agency and Tribes. The Agency recognizes and acknowledges the trust responsibility of the Federal Government to federally recognized Tribes.
- B. Government-to-Government Relations – The Agency recognizes the importance of collaboration, communication and cooperation with Tribes. The Agency further recognizes that Agency programmatic actions may have Tribal implications or otherwise affect American Indians/Alaska Natives. Accordingly, the Agency recognizes the value of dialogue between Tribes and the Agency with specific regard to those programmatic actions.
- C. Efficiently Addressing Tribal Issues and Concerns – The Agency recognizes the value of Tribes' input regarding Agency programmatic actions. Thus, it is important that Tribes' interests are reviewed and considered by the Agency in its programmatic action development process.
- D. Collaboration and Mutual Resolution – The Agency recognizes that good faith, mutual respect, and trust are fundamental to meaningful collaboration and communication policies. As they arise, the Agency shall strive to address and mutually resolve concerns with impacted Tribes.
- E. Communication and Positive Relations – The Agency shall strive to promote positive government-to-government relations with Tribes by: (1) interacting with Tribes in a spirit of mutual respect; (2) seeking to understand the varying Tribes' perspectives; (3) engaging in communication, understanding and appropriate dispute resolution with Tribes; and (4) working through the government-to-government process to attempt to achieve a mutually-satisfactory outcome.

- F. Informal Communication – The Agency recognizes that formal consultation may not be required in all situations or interactions. The Agency may seek to communicate with and/or respond to Tribes outside the consultation process. These communications do not negate the authority of the Agency and Tribes to pursue formal consultation.
- G. Health Care Delivery and Access – Providing access to health care is an essential public health responsibility and is crucial for improving the health status of all New Mexicans, including American Indians/Alaska Natives in rural and urban areas. American Indians/Alaska Natives often lack access to programs dedicated to their specific health needs. This is due to several factors prevalent among American Indians/Alaska Natives, including but not limited to, lack of resources, geographic isolation, and health disparities. The Agency’s objective is to work collaboratively with Tribes to ensure adequate and quality health service delivery in all Tribal communities, as well as with individual American Indians/Alaska Natives in urban areas or otherwise outside Tribal communities.
- H. Distinctive Needs of American Indians/Alaska Natives – Compared with other Americans, American Indians/Alaska Natives experience an overall lower health status and rank at, or near, the bottom of other social, educational and economic indicators. American Indians/Alaska Natives have a life expectancy that is four years less than the overall U.S. population and they have higher mortality rates involving diabetes, alcoholism, cervical cancer, suicide, heart disease, and tuberculosis. They also experience higher rates of behavioral health issues, including substance abuse. The Agency will strive to ensure with Tribes the accountability of resources, including a fair and equitable allocation of resources to address these health disparities. The Agency recognizes that a community-based and culturally appropriate approach to health and human services is essential to maintain and preserve American Indian/Alaska Native cultures.
- I. Establishing Partnerships – In order to maximize the use of limited resources, and in areas of mutual interests and/or concerns, the Agency seeks partnerships with Tribes and other interested entities, including academic institutions and Indian organizations. The Agency encourages Tribes to aid in advocating for state and federal funding for Tribal programs and services to benefit all of the State’s American Indians/Alaska Natives.
- J. Intergovernmental Coordination and Collaboration-
1. Interacting with federal agencies. The Agency recognizes that the State and Tribes may have issues of mutual concern where it would be beneficial to coordinate with and involve federal agencies that provide services and funding to the Agency and Tribes.
  2. Administration of similar programs. The Agency recognizes that under Federal Tribal self-governance and self-determination laws, Tribes are authorized to administer their own programs and services which were previously administered by the Agency. Although the Agency’s or Tribe’s program may have its own federally approved plan and mandates, the Agency shall strive to work in cooperation and have open

communication with Tribes through a two-way dialogue concerning these program areas.

- K. Cultural and Linguistic Competency – The Agency shall strive for its programmatic actions to be culturally relevant and developed and implemented with cultural and linguistic competence.

#### **Section IV. Definitions**

A. The following definitions shall apply to this Policy:

1. American Indian/Alaska Native – Pursuant the STCA, this means:
  - a) Individuals who are members of any federally recognized Indian tribe, nation or Pueblo;
  - b) Individuals who would meet the definition of "Indian" pursuant to 18 USC 1153; or
  - c) Individuals who have been deemed eligible for services and programs provided to American Indians and Alaska Natives by the United States public health service, the bureau of Indian affairs or other federal programs.
2. Collaboration – Collaboration is a recursive process in which two or more parties work together to achieve a common set of goals. Collaboration may occur between the Agency and Tribes, their respective agencies or departments, and may involve Indian organizations, if needed. Collaboration is the timely communication and joint effort that lays the groundwork for mutually beneficial relations, including identifying issues and problems, generating improvements and solutions, and providing follow-up as needed.
3. Communication – Verbal, electronic or written exchange of information between the Agency and Tribes.
4. Consensus – Consensus is reached when a decision or outcome is mutually satisfactory to the Agency and the Tribes affected and adequately addresses the concerns of those affected. Within this process it is understood that consensus, while a goal, may not always be achieved.
5. Consultation – Consultation operates as an enhanced form of communication that emphasizes trust and respect. It is a decision-making method for reaching agreement through a participatory process that: (a) involves the Agency and Tribes through their official representatives; (b) actively solicits input and participation by the Agency and Tribes; and (c) encourages cooperation in reaching agreement on the best possible decision for those affected. It is a shared responsibility that allows an open, timely and free exchange of information and opinion among parties that, in turn, may lead to mutual understanding and comprehension. Consultation with Tribes is uniquely a government-to-government process with two main goals: (a) to reach consensus in decision-making; and (b) whether or not consensus is reached, to have considered each other's perspectives and honored each other's sovereignty.

6. Cultural Competence – Refers to an ability to interact effectively with people of different cultures. Cultural competence comprises four components: (a) awareness of one's own cultural worldview, (b) appreciation of cultural differences, (c) knowledge of different cultural practices and worldviews, and (d) honing cross-cultural skills. Developing cultural competence improves one's ability to understand, communicate with, provide services and resources to, and effectively interact with people across cultures.
7. Culturally Relevant – Describes a condition where programs or services are provided according to the clients' cultural backgrounds.
8. Government-to-Government – Describes the intergovernmental relationship between the State, Tribes and the Federal government as sovereigns.
9. Indian Organizations –Organizations, predominantly operated by American Indians/Alaska Natives, that represent or provide services to American Indians and/or Alaska Natives living on and/or off Tribal lands and/or in urban areas.
10. Internal Agency Operation Exemption – Refers to certain internal agency operations and processes not subject to this Policy. The Agency has the authority and discretion to determine what internal operations and processes are exempt from this Policy.
11. Internal Tribal Government Operations Exemption – Refers to certain internal Tribal government operations not subject to this Policy. Each Tribe has the authority and discretion to determine what internal operations and processes are exempt from this Policy.
12. Linguistic Competence – Refers to one's capacity to communicate effectively and convey information in a manner that is understood by culturally diverse audiences.
13. Participation – Describes an ongoing activity that allows interested parties to engage one another through negotiation, compromise and problem solving to reach a desired outcome.
14. Programmatic Action – Actions related to the development, implementation, maintenance or modification of policies, rules, programs, services, legislation or regulations by the Agency, other than exempt internal agency operations, that are within the scope of this Policy.
15. Tribal Advisory Body – A duly appointed group of individuals established and organized to provide advice and recommendations on matters relative to Agency programmatic action.

16. Tribal Implications – Refers to when a programmatic action by the Agency will have substantial direct effect(s) on American Indians/Alaska Natives, one or more Tribes, or on the relationship between the State and Tribes.
17. Tribal Liaison – Refers to an individual designated by the Agency, who reports directly to the Office of the Agency Head, to:
  - a) assist with developing and ensuring the implementation of this Policy;
  - b) serve as a contact person responsible for maintaining ongoing communication between the Agency and affected Tribes; and
  - c) ensure that training is provided to staff of the Agency as set forth in Subsection B of Section 4 of the STCA.
18. Tribal Officials – Elected or duly appointed officials of Tribes or authorized interTribal organizations.
19. Tribes – Means any federally recognized Indian nation, tribe or Pueblo located wholly or partially within the boundaries of the State of New Mexico. It is understood that “Tribes” in the plural form means that or those tribe(s) upon which programmatic actions have Tribal implications.
20. Work Groups – Formal bodies and task forces established for a specific purpose through joint effort by the Agency and Tribes. Work Groups can be established to address or develop more technical aspects of programmatic action separate or in conjunction with the formal consultation process. Work groups shall, to the extent possible, consist of members from the Agency and participating Tribes.

## **Section V. General Provisions**

### **A. Collaboration and Communication**

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

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

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

## B. Consultation

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

1. **Applicability –** Tribal consultation is most effective and meaningful when conducted before taking action that impacts Tribes and American Indians/Alaska Natives. The Agency acknowledges that a best-case scenario may not always exist, and that the Agency and Tribes may not have sufficient time or resources to fully consult on a relevant issue. If a process appropriate for consultation has not already begun, through this Policy, the Agency seeks to initiate consultation as soon as possible thereafter.

2. Focus – The principle focus for government-to-government consultation is with Tribes through their Tribal Officials. Nothing herein shall restrict or prohibit the ability or willingness of Tribal Officials and the Agency Head to meet directly on matters that require direct consultation. The Agency recognizes that the principle of intergovernmental collaboration, communication and cooperation is a first step in government-to-government consultation and is in accordance with the STCA.
3. Areas of Consultation – The Agency, through reviewing proposed programmatic actions, shall strive to assess whether such actions may have Tribal Implications, as well as whether consultation should be implemented prior to making its decision or implementing its action. In such instances where Tribal Implications are identified, the Agency shall strive to pursue government-to-government consultation with relevant Tribal Officials. Tribal Officials also have the discretion to decide whether to pursue and/or engage in the consultation process regarding any proposed programmatic action not subject to the Internal Agency Operation Exemption.
4. Initiation – Written notification requesting consultation by an Agency or Tribe shall serve to initiate the consultation process. Written notification, at the very least, should:
  - a) Identify the proposed programmatic action to be consulted upon.
  - b) Identify personnel who are authorized to consult on behalf of the Agency or Tribe.
5. Process – The Agency, in order to engage in consultation, may utilize duly-appointed work groups, as set forth in the previous section, or otherwise the Agency Head or a duly-appointed representative may meet directly with Tribal Officials, or set forth other means of consulting with impacted Tribes as the situation warrants.
  - a) Consultation shall be between the Agency Head and Tribal Officials or their delegated representatives with authority to negotiate on their behalf.
  - b) The Agency will make a good faith effort to invite for consultation all perceived impacted Tribes.
6. Limitations on Consultation –
  - a) This Policy shall not diminish any administrative or legal remedies otherwise available by law to the Agency or Tribe.
  - b) The Policy does not prevent the Agency and Tribes from entering into Memoranda of Understanding, Intergovernmental Agreements, Joint Powers Agreements, professional service contracts, or other established administrative procedures and practices allowed or mandated by Federal, State or Tribal laws or regulations.
  - c) Final Decision-Making Authority: The Agency retains the final decision-making authority with respect to actions undertaken by the Agency and within Agency jurisdiction. In no way should this Policy impede the Agency’s ability to manage its operations.

## **Section VI. Dissemination of Policy**

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



**Section VII. Amendments and Review of Policy**

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

**Section VIII. Effective Date**

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

**Section IX. Sovereign Immunity**

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

**Section X. Closing Statement/ Signatures**

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

**Patrick M. Allen, Cabinet Secretary**  
**New Mexico Department of Health**  
**July 31, 2024**

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

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

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

2. Comment – The Agency and participating Tribes are encouraged to return comments in a timely fashion to the Work Group, which will then meet to discuss the comments and determine the next course of action. For example:
  - a) If the Work Group considers the policy to be substantially complete as written, the Work Group can forward the proposed policy to the Agency and participating Tribes for finalization.
  - b) If based on the comments, the Work Group determines that the policy should be rewritten; it can reinstate the consultation process to redraft the policy.
  - c) If the Agency and participating Tribes accept the policy as is, the Work Group can accomplish the final processing of the policy.

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

## **Acknowledgements**

The report highlights the collaborative efforts among various NMDOH programs and administration, emphasizing their commitment to working closely with the 24 Tribes, Pueblos, and Nations. It underscores the dedication of teams, whether large or small, who tirelessly contribute to their respective programs on a daily basis.

Each program submission in the report reflects the collective effort and passion of these teams in striving to improve the lives of all New Mexicans. Their unwavering commitment is not just evident but inspiring, showcasing their ongoing contributions towards achieving the ambitious goal of making New Mexico the healthiest state by 2040.

Allow me to express my deep respect and appreciation for my colleagues, acknowledging the privilege of working alongside such dedicated individuals. Their dedication serves as a testament to a shared vision and determination to bring about positive health outcomes for Tribal populations.

Kun'da woha,

Janet R. Johnson  
Tribal Liaison  
NM Department of Health



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