



# State-Tribal Collaboration Act July 31, 2018 Agency Report

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

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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.

For this year's executive summary, the importance of dialog for successful collaboration in planning and implementing programs in Indian Country New Mexico is emphasized. Consideration of public health and tribal health systems and where there are opportunities to strengthen relationships with New Mexico's American Indian tribes, pueblos, and nations is ongoing work that begins on a face-to-face basis connecting what matters to tribal leadership, program directors and managers with NMDOH staff and resources.

The initiatives that follow provide a snapshot of consultation and collaboration to address public health priorities of diabetes, obesity, teen pregnancy, and substance use (including commercial use of tobacco) among New Mexican populations including American Indian populations. Additionally, two areas are featured: work with the Epidemiology and Response Division to improve American Indian health data and decreasing food deserts in tribal communities. Leveraging resources is a key strategy among programs in order to increase the reach of limited available resources.

### **Health Status Priorities: Highlights**

Given the number of programs and services included in this report, this section of the report only highlights the four key health status priorities for the agency: Diabetes (page 12-13), Obesity (page 15), Teen pregnancy (page 20), and Substance Use--which includes non-ceremonial use of tobacco (pages 25-29). These priorities are also identified as having high health disparities for the American Indian populations in the state.

While more detailed information is provided by the Division and program on the pages listed above, activity on these priorities is briefly summarized below:

#### Diabetes

- The Diabetes Prevention and Control Program (DPCP). The DPCP has a variety of intertwined initiatives that reflects the spectrum of prevention and management working together in a culturally tailored and centered context. DPCP builds capacity to prevent Type 2 diabetes through the National Diabetes Prevention Program (National DPP) developed by the Centers for Disease Control and Prevention (CDC) for people who are pre-diabetic. The National DPP focuses on reducing calorie and fat intake and engaging in 150 minutes of moderate physical activity each week to achieve and maintain a 5-7 percent loss of body weight. The DPCP consults regularly with the New Mexico Department of Health Office of the Tribal Liaison, Native American Partnership for Diabetes Prevention and Control (NAP) and other tribal diabetes program representatives throughout New Mexico to support efforts to develop diabetes prevention and

management activities in their communities that reflect the DPCP goals and strategies. NAP's input as a stakeholder to New Mexico's diabetes prevention and management initiatives is crucial because Native American populations experience the highest diabetes related health disparities of all the state's racial and ethnic groups.

### Obesity

- Healthy Kids Healthy Communities (HKHC) Program. Healthy eating and physical activity are the two main lifestyle behaviors that can help prevent obesity and reduce the burden of chronic disease. ONAPA's HKHC program works closely with three tribal communities (Pueblos of San Ildefonso, Zuni, and Ohkay Owingeh,) to implement sustainable policy, systems, and environmental changes that support healthy eating and physical activity behaviors in a multi-sector community coalition-driven approach. Key strategies include schools/childcare (e.g., strengthening wellness policies), food system (e.g, increasing access to a healthy and affordable food supply), and built environment (e.g., creating safe and active outdoor space).

### Teen Pregnancy

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

### Substance Use (including non-ceremonial tobacco use)

- Tobacco Use Prevention and Control Program (TUPAC). There is extensive outreach, education, and engagement designed to reach Native Americans with a focus on secondhand smoke exposure. NMDOH TUPAC also engages youth in community awareness and policy development.
- Through contracts with Keres Consulting Inc., Albuquerque Indian Center, Oso Vista Ranch Project, and Rescue Social Change Group:
  - A total of 69 tribal communities received baseline assessment call (to assess readiness to take on tobacco control activities in the community and identify technical assistance needs);
  - A total of 41 tribal communities participated in community tobacco control meetings, presentations, and events; and,
  - A total of 6 public high schools (Shiprock, Kirtland, Jemez Valley, Gallup, Aztec, Newcomb) received technical assistance through Rescue Social Change Group to promote best practices in tobacco-free policies that take a comprehensive approach to controlling tobacco use and preventing nicotine addiction.
- Opioid Overdose Prevention Program. Legislation passed in 2016 (SB 262/ HB 277), Section 24-23-1 NMSA, allows licensed prescribers to prescribe, dispense, or distribute naloxone under a standing order. The NMDOH has issued statewide standing orders for naloxone for pharmacists, law enforcement agencies, public health offices, registered Overdose Prevention and Education

programs, and schools. The goal is to expand access to and increase the availability of naloxone, a life-saving opioid overdose reversal medication. All New Mexicans, including tribal members, can get naloxone from a pharmacy without having a written prescription from a medical provider.

- Naloxone information, drug overdose epidemiology data, and community based drug overdose prevention strategies have been provided to representatives from Ohkay Owingeh Pueblo, Kewa (Santo Domingo) Pueblo, Nambe Pueblo, Jemez Pueblo, Gallup Indian Medical Center, and the Executive Council of the Albuquerque Area Southwest Tribal Epidemiology Center, which serves all American Indian communities in New Mexico, except those served by the Navajo Tribal Epidemiology Center.

### **American Indian Health Data**

The Epidemiology and Response Division (ERD) has engaged diverse partners in dialogs about the presentation of race and ethnicity data as well as a recent meeting in June to discuss the state of American Indian health data and data sharing. Partners at the state of American Indian health data meeting included Navajo Nation Tribal Epidemiology Center, Albuquerque Area Indian Health Service, and Albuquerque Area Indian Health Board Southwest Tribal Epidemiology Center, and the NMDOH.

### **Food Deserts in Tribal Communities**

In 2015, New Mexico received a technical assistance award from the Aspen Institute's *TeamWork: Leadership for Healthy States* program. This program supported a health-in-all-policies approach to an identified public health issue of mutual interest among diverse government sectors. New Mexico's proposal focused on strategies for reducing tribal food deserts. The project was designed to focus on the relationship of food deserts, local food systems and food insecurity as factors that impact chronic disease risk reduction, prevention, and treatment.

Based on stakeholder feedback from tribal and tribal-serving organizations, the primary strategy to impact food deserts (a geographic area where affordable and nutritious food is hard to obtain, particularly for those without access to an automobile) is to focus on strengthening the business of tribal agriculture. The NMDOH Office of Tribal Liaison sponsored the tribal track for the New Mexico Farmers Marketing Association annual conference, coordinated a resource meeting with tribal farmers and ranchers, and sponsored a tribal roundtable on the launch of the first state agriculture plan coordinated by New Mexico First and New Mexico State University.

## SECTION II. AGENCY OVERVIEW/BACKGROUND/IMPLEMENTATION

### A. Mission Statement

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

The Department strives to succeed in its mission by committing to and practicing the following values: Accountability: honesty, integrity, and honor commitments made; Communication: promote trust through mutual, honest, and open dialogue; Teamwork: share expertise and ideas through creative collaboration to work towards common goals; Respect: appreciation for the dignity, knowledge, and contributions of all persons; Leadership: promote growth and lead by example throughout the organization and in communities; and, Customer Service: placing internal and external customers first, assure that their needs are met.

### B. Agency Overview

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

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

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

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

## C. Policy Applied

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

- 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.
- Through the Native American Partnership for Diabetes Prevention and Control (NAP), the Diabetes Prevention and Control Program (DPCP) consults regularly with diabetes program coordinators from pueblos, tribes, and nations and other state and federal entities to share resources, tools and strategies to improve the health of New Mexico's Native American communities. NAP provides at least four (4) meetings and workshops in cooperation with the DPCP and tribal community partners. Funding has been allocated for future meetings and trainings.
- NMDOH staff who work with tribal communities are required to take the cultural humility training which provides information on State Tribal Collaboration Act requirements; information that facilitates increased knowledge of historical events that shape tribal health care policies and tribal health care systems; and awareness and practice of culturally appropriate communication techniques when working with tribal communities. 301 NMDOH staff participated in this training known as *Working More Effectively with American Indian Tribes, Pueblos and Nations in New Mexico*,” from June 2017 to June 2018.
- The Tribal Epidemiologist is available to conduct trainings for community groups and other agencies. These trainings consist of accessing data through publicly available data sources, basic epidemiological research and concept overview, and provision of an analysis of tribal data within the state of New Mexico as requested.
- 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.

## SECTION III. CURRENT RESOURCES FOR AMERICAN INDIANS

# Public Health Division

### Office of Community Health Workers

(505) 827-0015

The OCHW Tribal Coordinator provides office updates to the NM/Southern Colorado Community Health Representative (CHR) Association meetings on a quarterly basis. The Tribal Coordinator also provides presentations on CHW certification, provides individual assistance in filling out the CHW certification application. The Tribal Coordinator also works to recruit the CHRs to become curriculum trainers, so they can train new CHRs (within their communities) for certification through the ten core competencies, and specialty areas of training for advanced certification. The CHR Association is interested in learning how Medicaid can reimburse their programs for the services that they provide to their community members. The Tribal Coordinator provided CHW certification information, CHW/R workforce development, and specialty track trainings information, at each quarterly meeting of the NM/So.CO CHR Association meetings.

The OCHW Tribal Coordinator:

- Attended a Native Youth Conference in Santa Fe where the coordinator provided CHW/CHR information on workforce development, core competency training and certification.
- Provided CHW certification application assistance to:
  - San Felipe Pueblo, Santa Clara Pueblo, Navajo Nation, Santo Domingo Pueblo, Mescalero Apache, Cochiti Pueblo, Laguna Pueblo, Nambe Pueblo, Pojoaque Pueblo, Tesuque Pueblo, Zia Pueblo. Sandia Pueblo, Mescalero Apache, San Ildefonso Pueblo, Ohkay Owingeh Pueblo, Jemez Pueblo, Santa Ana Pueblo, Sandia Pueblo
- Worked with the Community Outreach Patient Empowerment (COPE) Program of Gallup to provide core competency training in preparation for state CHW certification. As a result of the trainings, we trained 23 CHRs within Navajo Nation, all of whom are applying to become CHW certified. Their graduation ceremony was in Window Rock, AZ, on March 13<sup>th</sup>, 2018.
- Attended and provided CHW certification and oral health information at Health Fairs within the following Tribal Communities:
  - San Ildefonso Pueblo
  - Mescalero Apache
  - Tesuque Pueblo
  - Zia Pueblo
  - Alamo Reservation
  - Santa Fe Indian School, Native Senior Olympics

- Presented at the NM Health Resources 26<sup>th</sup> Annual Health Provider Retreat held in Taos, NM. There were several CHW continuing education unit (CEUs) tracks. These CHRs obtained the necessary CEUs needed for CHW recertification. In attendance were several tribal CHRs from their respective tribes:
  - Jemez Pueblo
  - Tesuque Pueblo
  - Acoma Pueblo
  - Laguna Pueblo
  - Picuris Pueblo
- Provided in partnership with DOH Asthma program an asthma community education session, and a session to the CHRs and wellness staff at the Jicarilla Apache Nation.
- Partnered with COPE to provide the “clinical support skills” 2-day training in Zuni Pueblo, with 14 Wellness & CHR staff., and provided another clinical support skills training in ABQ, for several CHW/Rs. Participants came from Pojoaque Pueblo, Zia Pueblo, Laguna Pueblo, Jemez Pueblo, Pine Hill
- Met with the CHR supervisor at Pine Hill Clinic
- Presented at the Navajo Nation CHR Annual meeting, shared information on CHW certification, specialty track training, and overall technical support
- Met with Santa Clara Pueblo CHR Director-contracting with the asthma program to provide home assessments within the pueblo
- Met with NAPPR, (Native American Professional Parent Resources)-provided organization with CHW certification and training opportunities
- Participate in COPE’s Cancer Coalition conference calls-working on implementing the “Circle of Life” Training for Native Communities
- Met periodically with the ABQ Area I.H.S. CHR program Director-shared OCHW updates, tribal outreach and certification opportunities
- Attended UNM (CNAH), Center for Native American Health, “Tribal Workforce Development” workshop
- Attended “Indigenous Women’s Rising” meeting-working on Native women’s reproductive health
- Met and presented several times to Dine’ Community College-the college wants to start a training program
- Assisting Acoma Pueblo CHR program with Medicaid non-emergency medical transportation application for reimbursement
- Assisted Ohkay Owingeh CHR program with Medicaid non-emergency medical transportation application for reimbursement
- Presented CHW certification & training opportunities at a Pueblo wide meeting for all caregivers at Jemez Pueblo.
- Set-up & attended a meeting with Cochiti Pueblo CHR program director and COPE program’s director regarding a collaborative funding proposal

**FY18 Estimated Expenditures:** Program fees go to support the administration of the certification process.

## Office of Oral Health

(505) 827-2837

### Population and Community Health Bureau

**Services:** The Office of Oral Health (OOH) conducts a mobile prevention program (dental sealant, fluoride varnish, and oral health education) targeting pre-school and elementary school aged children statewide. During the FY18 school year, 324 American Indian students participated in our dental sealant and fluoride varnish program throughout the state. Students participated in the programs while attending public school and non-pueblo Head Start schools. Services included a dental assessment, application of a dental sealant or fluoride varnish (3 times a year), oral health education, incentives (tooth brush, tooth paste and dental floss) and dental case management.

OOH staff attended health fairs this past fiscal year at Santo Domingo, Isleta and Tesuque Pueblos. Staff provide oral health education and tooth brushes, tooth paste, and dental floss were given to the participants.

OOH partners with the Southwestern Indian Polytechnic Institutes (SIPI). The Institute is a member of the NM Oral Health Coalition. OOH contractors also provide treatment services at their facilities. SIPI staff provide oral health culturally appropriate education material to OOH, OOH staff distribute the material during health fairs.

OOH staff work in conjunction with the Office of Community Health Workers to promote oral health among the American Indian population.

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

<https://ibis.health.state.nm.us/topic/healthcare/utilization/OralHealth.html>

The Oral Health of American Indian and Alaska Native Children Ages 1-5 Years: Results of the 2014 IHS Oral Health Survey

[https://www.ihs.gov/doh/documents/IHS\\_Data\\_Brief\\_1-5\\_Year-Old.pdf](https://www.ihs.gov/doh/documents/IHS_Data_Brief_1-5_Year-Old.pdf)

**Served FY18:** 324

**FY18 Estimated Expenditure:** \$22,171 (clinical services).

**FY18 Estimated In Kind Expense:** Dental Sealant, Fluoride Varnish, dental clinical supplies, and incentives (e.g. tooth brushes, etc.). Additional cost includes vehicle and personnel costs.

# Cancer

Public Health Division

## Breast & 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 women residing in the state who meet program eligibility criteria. These services are available through Indian Health Service (IHS) clinics and hospitals (Albuquerque Area IHS Service Units and Navajo Area IHS Shiprock Service Unit), Alamo Navajo Health Center, Ramah Navajo Pine Hill Health Center, First Nations Community HealthSource, and at approximately 90 other federally qualified health centers and hospitals throughout the state. Women diagnosed with breast or cervical cancer through the BCC Program may be eligible for Medicaid coverage for treatment of their condition. Also available are public awareness activities, education and technical assistance to tribes interested in increasing community capacity for breast and cervical cancer control.

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

**Served FY18 (YTD):** 393 American Indian women 21 years of age or older, who live at or below 250 percent of the federal poverty level and are uninsured/underinsured. To date in FY18, no American Indian women have been diagnosed with invasive or in situ breast cancer. In addition, one (1) American Indian woman has been diagnosed with a pre-cancerous cervical condition, and no American Indian women have been diagnosed with invasive cervical cancer so far in FY18.

**FY18 Estimated Expenditure:** \$62,814.73 in federal grant, and state general and tobacco settlement funds.

## Comprehensive Cancer Program

(505) 222-8609

**Services:** Provide support for culturally tailored cancer prevention, risk reduction, and screening education programs in partnership with the Albuquerque Area Indian Health Board (AAIHB). In June 2018, AAIHB, in partnership with the Comprehensive Cancer Program and other stakeholders, will host an educational training for field health and ancillary staff (Community Health Representatives, health educators, medical assistants, and others) from the 23 Tribes, Nations and Pueblos in New Mexico. Additional FY18 activities included sessions conducted in Indian Health Service and tribal health facilities to educate providers on current cancer screening recommendations.

The Program also provided financial support to facilitate the creation of a culturally tailored section of the *New Mexico Cancer Plan* to guide cancer control and prevention activities within Native American communities. Input from community stakeholders, including the newly engaged New Mexico Cancer Council's Native American Workgroup, is being collected and will be incorporated into the new *Cancer Plan*. In addition, the Program provided administrative support for the Native American Workgroup.

The Comprehensive Cancer Program continues to respond to requests for support of community events from American Indian communities interested in conducting cancer prevention and survivorship activities. The Program provided an inflatable model of a colon, which is an innovative walk-through educational tool, for the Kewa Pueblo Health Corporation Health Fair.

**Served FY18:** Approximately 90 healthcare providers and 250 community members received information and/or education in programs supported by the Comprehensive Cancer Program; no community members received direct services through the 2018 meetings of the New Mexico Cancer Council's Native American Workgroup.

**FY18 Estimated Expenditures:** \$29,275.00, as well as approximately \$500 in DOH staff salaries.

## Diabetes & Chronic Disease Prevention and Management Initiatives

### Public Health Division

#### Native American Partnership for Diabetes Prevention and Control (505) 476-7613

**Services:** One of the Diabetes Prevention and Control Program's (DPCP) key strategies is to build capacity for evidence-based diabetes prevention and management interventions in New Mexico's Native American communities to reduce diabetes-related health disparities. A DPCP Tribal Outreach Coordinator was hired and assumed this position July 17, 2017. She communicates regularly with Native American Partnership for Diabetes Prevention and Control (NAP) members and provides logistical support to the group's leadership and its outreach and training workgroups. She also links programs, tribes, information and resources via NAP's list serve (31 emails this fiscal year). Long-time NAP members developed a new Strategic Plan (2017-2020) and it includes six strategic focus areas :1) organizing internally; 2) defining roles; 3) enhancing New Mexico Department of Health support; 4) prioritizing community needs; 5) growing membership; and 6) expanding partnerships. A group of tribal diabetes program leaders worked with the DPCP's Tribal Outreach Coordinator to establish a NAP Core Steering Committee whose in-kind duties included leading efforts to develop culturally appropriate diabetes prevention and management activities for New Mexico's Native American communities and supporting the DPCP goals and strategies. The Tribal Outreach Coordinator presented NAP's new strategic plan at the IHS Albuquerque Area Office Health Promotion-Disease Prevention Preventive Health Council October quarterly meeting.

**Served FY18:** Over 140 contacts have been documented this fiscal year for NAP meetings, calls, and activities. Based on needs expressed by NAP members for their programs and communities, the DPCP Tribal Outreach Coordinator collaborated with NAP's Core Committee and Acoma Pueblo Health and Wellness Department for a one-day series of educational sessions entitled, "Weaving Wellness into Native American Communities." Thirty tribal diabetes program managers and health and wellness staff from at least 11 New Mexico Pueblos and Tribes attended in addition to program coordinators from the Navajo Nation Special Diabetes Program for Indians and Albuquerque Area IHS. Topics included, *creating customized nutrition education to promote healthy lifestyles and prevent diabetes and how ancestral Native American foods help diabetes educators work with their communities to prevent diabetes*. Group conversations were facilitated by staff from the Albuquerque Area Southwest Tribal Epidemiology Center.

**FY18 Expenditure:** \$5,000

## **National Diabetes Prevention Program (505) 476-7613**

**Services:** Build capacity to offer an evidence-based lifestyle intervention for preventing type 2 diabetes to communities. The National Diabetes Prevention Program (National DPP) was developed by the CDC for people who have been diagnosed with prediabetes or are at risk based on the CDC risk test. This intensive lifestyle intervention has been adapted from the original Diabetes Prevention Program National Institutes of Health study. The National DPP focuses on assisting participants with the skills to lose 7% of their starting weight and to accumulate 150 minutes of moderate physical activity each week.

**Served FY18:** DPCP offered one National DPP lifestyle coach training and one refresher course for existing trained lifestyle coaches. Four individuals from Northern Navajo Medical Center participated in these trainings. In addition, six (6) technical assistance conference calls were offered to all trained coaches.

**Estimated FY18 Expenditure:** \$2,500

## **Kitchen Creations Cooking Schools for People with Diabetes (505) 476-7613**

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

**Served FY18:** DPCP sponsored a total of twenty-three (23) Kitchen Creations schools, reaching 61 American Indian participants. Five Kitchen Creations school were specifically taught for the Native American communities in New Mexico.

**Estimated FY18 Expenditure:** \$17,690 (average cost per person \$290. This is an estimate of FY18 for American Indian participants of Kitchen Creations Cooking Schools.)

## **Chronic Disease Self-Management Education Programs (505) 476-7613**

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

**Served FY18:** A total of 30 American Indians participated in a CDSMEP workshop.

**Estimated FY18 Expenditure:** \$ 10,500 (average cost per person \$350)

## **Heart Disease and Stroke Prevention (HDSP) Program (505) 476-7614**

### **American Heart Association's Go Red for Native American Women**

**Services:** The American Heart Association in partnership with the Department of Health's HDSP Program put on the 5<sup>th</sup> annual Go Red for Native American Women Heart Health Summit on Friday, February 2, 2018. The event was well attended with approximately 263 participants coming from all over the state including pueblos, tribes and nations throughout New Mexico, Arizona and Colorado. Go Red was developed to bring attention and research dollars to a neglected area: women's heart health. Heart disease is the #1 killer of women and the symptoms of heart attack in women can be more subtle than in men. Event speakers included Kirsten Concha-Moore, a medical student at the University of Arizona, who grew up in the Taos and Jemez pueblos here in New Mexico. She gave an educational session about women and heart disease. Elfeida Barton led an exercise session for participants called "Stay Strong with Movement." Samantha Smith, RD, presented on nutrition heart health facts for Native American women. Two individuals shared their personal stories of how they've been affected by heart disease. One of the women, Barbara, shared how the conference last year saved her life because a few days after the event she had a heart attack, but knew from the conference what the signs and symptoms were and didn't hesitate to call 911.

**Served FY18:** A total of 200 American Indians participated in the Go Red Event.

**Estimated FY18 Expenditure:** \$5,000

### **Million Hearts Workshops**

**Services:** Million Hearts is a national initiative launched in 2012 that successfully aligns national cardiovascular disease prevention efforts around a select set of evidence-based public health and clinical goals and strategies. The Million Hearts 2022 goal is to prevent 1 million heart attacks and strokes by 2022 through optimizing care by using healthcare teams and health information technology; keeping people healthy through promoting healthier levels of sodium consumption increased physical activity and decreased tobacco use; and improving outcomes for priority populations. The NMDOH HDSP Program in partnership with the New Mexico Chronic Disease Prevention Council and Indian Health Service (IHS) provides Million Hearts workshops to IHS service units, wellness centers and during pueblo health events to raise awareness about this initiative, discuss the importance of self-measured blood pressure monitoring, and demonstrate the proper technique to measure blood pressure at the clinic and at home.

**Served FY18:** A total of 350 American Indians participated in a Million Hearts workshop or heart health event.

**Estimated FY18 Expenditure:** \$30,000

### **Native-Controlling Hypertension and Risk through Technology (Native-CHART)**

**Services:** Native-CHART is a five-year grant funded by the National Institute for Minority Health and Health Disparities whose purpose is to acquire and disseminate knowledge about blood pressure control in an effort to prevent hypertension, cardiovascular disease, stroke and related risk factors among American Indians. Local participation is being co-led by the UNM Center for Native American Health (CNAH) and the UNM Department of Psychology and referred to as the N-CHART Southwest Satellite Center. The HDSP Program participated in and facilitated orientation meetings in September and December 2017 to identify gaps in knowledge about, or services for, prevention, diagnosis, and treatment of hypertension, cardiovascular disease, and diabetes as these contribute to the risk of heart attack and stroke among American Indians. HDSP also assisted in identifying topics in the planning and delivery of the Southwest Satellite Center's first annual symposium which was

held April 14, 2018 with tribal and community stakeholders.

**Served FY18:** A total of 75 American Indians participated in the Native-CHART symposiums.

**Estimated FY18 Expenditure:** \$0

## Obesity, Nutrition and Physical Activity Program

### Healthy Kids Healthy Communities

(505) 476-7616

**Services and Interventions:** Healthy eating and physical activity are the two main lifestyle behaviors that can help prevent obesity and reduce the burden of chronic disease. ONAPA's Healthy Kids Healthy Communities (HKHC) program works closely with five tribal communities (Pueblos of San Ildefonso, Zuni, and Ohkay Owingeh) to implement sustainable policy, systems, and environmental changes that support healthy eating and physical activity behaviors in a multi-sector community coalition-driven approach. Key strategies include:

- **Schools/Childcare:** Establishing and implementing wellness policies to include specific language around healthy eating, physical activity, and staff wellness; establishing edible gardens and providing gardening lessons; conducting fruit and vegetable tastings; implementing walk and roll to school programs and in-school walking clubs; establishing safe and active schoolyards that are open for community use; increasing elementary students' participation in the Healthy Kids 5.2.1.O Challenge (eat at least 5 fruits and vegetables a day, trim screen time to 2 hours or less a day, get at least 1 hour of physical activity a day, and drink lots of H<sub>2</sub>O every day for 21 consecutive days); working with preschools and Head Start programs to implement the four-week Healthy Kids Healthy Preschool Challenge to increase physical activity to 120 minutes per day and limit screen time to less than 30 minutes per week, and motivating parents/families with preschool-age children that participate in the five-week Family 5.2.1.O Challenge that motivates and encourages families to adopt healthy lifestyle behaviors at home.
- **Food System:** Increasing access to a healthy and affordable food supply by establishing farmers' markets, community gardens, and increasing selection of healthy food options at local grocery stores or establishing mobile grocery stores.
- **Built Environment:** Creating safe and active outdoor space and increasing the number of safe walking and biking routes that connect neighborhoods to schools and other every day destinations.

**Surveillance:** ONAPA established the NM childhood obesity surveillance system in 2010. Annual reports have been released each year since 2010 and include statewide obesity prevalence rates for American Indian children who attend public elementary schools selected for statewide surveillance. Rates of childhood obesity and overweight remain high in New Mexico; more than one-in-three (34.2 percent) third graders is either overweight or obese. In 2017, obesity among American Indian third grade students was 37.8 percent and 22.8 percent among kindergarten students. American Indian students continue to have the highest obesity prevalence rates among all racial and ethnic groups (55.6 percent of American Indian third graders are either overweight or obese). The BRFSS collects data on height and weight, providing population-based estimates of body mass index, overweight, and obesity for the adult population. Estimates are available via annual reports and NM-IBIS.

**Served FY18:** 10,578 tribal members across three communities.

**FY18 Expenditures:** Total FY17 budget: \$170,000. The three communities also leveraged a large amount of additional funding and resources to support HKHC implementation efforts

# Immunizations

## Public Health Division

### Immunization Advocacy

(505) 827-0219

**Services:** Provided immunization education and collaboration at a total of seven (7) outreach locations which serve both pediatric and adult populations, in addition to the annual Got Shots campaign, to address and identify strategies to improve immunization rates. Ongoing engagement in the Influenza and Pneumococcal Reduction initiative which included multiple site visits and meetings with pueblos and IHS/Tribal Health Service Units and clinics. Initiation of the development of the Community Health Worker (CHR) curricula to aid the CHRs in training and educating communities on immunizations, including identifying and implementation of best practices. Held a webinar to address immunization challenges and successes among American Indian/Alaska Native people. Provided to IHS facilities adult vaccinations for uninsured and underinsured adults.

**Served FY18:** All American Indian children ages birth through 18 years in New Mexico, and uninsured and underinsured adults at select IHS facilities.

**FY18 Estimated Expenditures:** \$8,748.00 Personnel and administrative costs only.

### Vaccines for Children

(505) 827-2898

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

**Served FY18:** Approximately 81,186 American Indian children ages birth through 18 years.

**FY18 Estimated Expenditures:** Approximately \$2,968,972.02.

# Family Planning Services

## Public Health Division

**Services:** Provide comprehensive family planning services, including clinical reproductive health services, community education and outreach. Provide technical assistance and funding for the Teen Outreach Program (TOP<sup>®</sup>), a positive youth development program for preventing teen pregnancy and increasing school success, at Laguna-Acoma Junior/Senior High School, an Aztec High School dormitory, and Navajo Preparatory School.

**Served FY18:** Clinical services for 345 females and 87 males (American Indian or Alaska Native); and educational programming for 69 teens.

**FY18 Estimated Expenditures:** \$386,885.30

Clinical services for 345 females and 87 males (American Indian or Alaska Native) - from FPAR

Educational programming for 69 teens - from Wyman Connect

#### Educational Contracts:

Capacity Builders, Inc. - \$80,000.00

Navajo Prep- \$51,150.00

UNM Department of Peds- \$107,926.50

Clinical Services:      \$147,808.80                      cost per client: \$342.15

# Infectious Diseases

## Public Health Division and Epidemiology and Response Division (ERD)

### Infectious Disease Epidemiology Bureau

(505) 827-0006

#### Epidemiology and Response Division (ERD)

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

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

**Served FY18:** All tribes in New Mexico.

**FY18 Estimated Expenditures:** Personnel and administrative costs only.

### HIV Services Program

(505) 476-3628

**Services:** Provides a comprehensive continuum of HIV support, care and medical services to persons living with HIV through contracts with multi-service HIV Service Provider (HSP) agencies in each region of New Mexico. First Nations Community HealthSource (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 a variety of parts of the state, including the Navajo Nation. The HIV Services Program also funds dental services using state funds and First Nations is also a dental services provider.

**Served FY18:** Unable to determine unduplicated count.

**FY18 estimated expenditures:** \$150,000 for HSP contract, \$9,000 for dental contract with First Nations Community HealthSource, and other expenditures for clients served across the HSP network.

### Healthcare-Associated Infections Program

(505) 476-3520

#### Epidemiology and Response Division (ERD)

**Services:** Continued collaboration including provision of subject matter expertise and written guidelines or tools with Indian Health Service (IHS) facilities as a part of the NMDOH Infectious Disease Epidemiology Bureau's (IDEB) Core Surveillance and on-call response activities which includes response to routine and emergent notifiable conditions and healthcare-associated outbreaks on tribal lands. IHS facilities are invited to participate in the NMDOH HAI program National Healthcare Safety Network (NHSN) quarterly best practice calls and voluntary reporting of healthcare personnel influenza vaccination rates, adult and pediatric intensive care unit (ICU) central line-associated bloodstream infections (CLABSIs), non-ICU CLABSIs and/or *Clostridium difficile* infections (CDI) and the antimicrobial stewardship teleECHO clinic.

**Served FY18:** All tribes in New Mexico.

**FY18 Estimated Expenditures:** Personnel and administrative costs only.

## HIV Prevention Program

(505)476-3624

### Services:

1. 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 HealthSource (FNCH) from their offices in Albuquerque and Gallup. 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.
2. Delivers culturally competent HIV testing services in the Northwest Region and Albuquerque metropolitan area to expand access via contracts with community-based organizations.
3. 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 FY18:** Unable to determine unduplicated count.

**FY18 Estimated Expenditures:** Over \$117,900 for contractor 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 FY18:** Unable to determine unduplicated count.

**FY18 Estimated Expenditures:** Personnel and administrative costs only.

## Tuberculosis Program

(505) 827-2473

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

**Served FY18:** Services available for all tribes within New Mexico.

**FY18 Estimated Expenditures:** Personnel and administrative costs only.

# Nutrition Services

## Public Health Division

### Women, Infants and Children Program

(505) 476-8800

**Services:** To safeguard the health of nutritionally at-risk, low-income, pregnant, postpartum and breastfeeding women, infants, children, and seniors, by providing nutritious foods to supplement their diets, provide healthy eating information, health counseling, breastfeeding support, cooking classes, and referrals to health care providers and social services. In New Mexico, WIC Programs are also available through Indian Tribal Organizations.

Native American families can choose services from either agencies, but not both.

#### FFY 18 Services:

Caseload –

- Monthly average 46,239

#### FFY18 Estimated Expenditures:

Federal Fund (Admin): \$13,883,000

Federal Fund (food): \$ 23,964,318

**Total: \$37,852,318 Federal Funds**

State General Fund: 268,3000

### Farmers' Market Nutrition Program (FMNP)

(505) 476-8816

**Services:** Provides USDA funding in the form of a \$30 book of checks (\$30.00 maximum per household) for income-eligible WIC participants to spend on fresh fruit and vegetables at authorized Farmers' Markets throughout the state of New Mexico during the summer growing season.

**FY18 served:** 8,400 WIC clients spent \$135,000 at Farmers' Markets in New Mexico.

### Senior Farmers' Market Nutrition (SFMNP) (FMNEP)

#### Program and Farmers' Market Nutrition

#### Enhancement Program

(505) 476-8816

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

**FY18 served:** 16,973 seniors spent \$329,180 at authorized New Mexico's Farmers' Markets.

**Participating Tribal, Pueblo, and Nation, Farmers' Markets:** San Felipe Pueblo, Jemez Pueblo, Santo Domingo Pueblo, Taos Pueblo, Pojoaque Pueblo, Zia Pueblo and the Hasbidito Mobile Farmers' Market serving: Ojo Encino, Nageezi and Torreon Chapters of the Navajo Nation, & Five Sandoval Indian Pueblos.

# Pregnancy Support

## Public Health Division

### Families FIRST

(877) 842-4152

**Services:** Provides case management services to Medicaid-eligible pregnant women and children 0-3 years. Among the services provided is assistance with the application process for Medicaid eligibility, screening for possible lead exposure, providing developmental screening, and providing education and educational materials related to pregnancy, and child development and safety. Services are provided in the home, in the local public health office and in other community settings.

**Served FY18:** Services provided to approximately 55 American Indian families statewide.

**FY18: Estimated Expenditures:** \$27,500.

# School-Based Health Centers

## Public Health Division

### School-Based Health Centers

(505) 222-8682

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

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

**Served FY18: There were Sixteen (16)** sites that served a high number (some 100 percent) of American Indian youth: Ruidoso High School, Bernalillo High School, Highland High School, Wilson Middle School, Van Buren Middle School, Native American Charter Academy, Taos High School, Taos Middle School, Mescalero Apache School, Española High School, Carlos Vigil Middle School, Quemado School District, Cobre Schools, Cuba Middle School, Pojoaque High School, and Gallup High School.

**FY18 Estimated Expenditure:** \$950,000 (for sixteen sites listed above)

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

behavioral health provider.

# Screening Programs

## Public Health Division

### Newborn Genetic Screening Program

(505) 476-8868

#### Children's Medical Services

**Services:** New Mexico requires that all newborns receive screening for certain genetic, metabolic, hemoglobin and endocrine disorders. The New Mexico Newborn Screening Program oversees the bloodspot screening for 27 disorders performed in birthing hospitals. Newborns are also required to be screened for congenital heart defects prior to discharge as well. The program has a nurse consultant who assists with follow-up and access to critical medical care and treatment for newborns identified with a congenital condition.

**Served FY18:** All newborns are screened for genetic conditions prior to discharge from the hospital. This includes 3,000 American Indian children born in IHS Hospitals and those born in private or public hospitals.

**FY18 Estimated Expenditures:** \$342,000

### Newborn Hearing Screening Program

(505) 476-8868

#### Children's Medical Services

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

**Served FY18:** Approximately 200 American Indian children required follow-up services.

**FY18: Estimated Expenditures:** \$48,730

# Children's Medical Services

## Public Health Division

### Children's Medical Services (NMCMS)

(505) 476-8868

**Services:** CMS provides safety net health care services and care coordination to Native American children with special health care needs to assist families in accessing health care in their communities. CMS social workers coordinate multidisciplinary pediatric specialty clinics with the University of New Mexico Health Services Center 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 chronic medical conditions and disabilities. Specialty care includes: Cleft Lip and Palate, Genetics, Metabolic, Nephrology, Cardiology, Dysmorphology, Endocrinology, Neurology, Pulmonary and Gastroenterology.

**Served FY18:** 400 American Indian youth and children with special health care needs statewide.

**FY18 Estimated Expenditures:** \$75,000. Estimated In Kind Contributions related to NMCMS care coordination for these three (3) programs listed above would be \$1,074,000.

# Maternal and Child Health

## Public Health Division

### Maternal Child Health Epidemiology

(505) 476-8895

**Services:** The Maternal Child Health Epidemiology Program (MCHEP) within the Family Health Bureau, Public Health Division, regularly collaborates with the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC), Navajo Nation Epidemiology Center (NEC), tribal WIC programs and community organizations such as Tewa Women United for PRAMS surveillance operations and Title V MCH Block Grant monitoring. In addition, these partners work actively on health equity initiatives to improve reproductive health indicators and reporting in NM. For example, we developed new metrics and adopted validated survey questions on health discrimination to learn more about unequal treatment in perinatal healthcare, and the impact of these experiences on maternal and infant health outcomes. The Pregnancy Risk Assessment Monitoring System (PRAMS) steering committee has statewide representation from stakeholders, including American Indian/Alaska Native (AI/AN) populations. The Navajo Nation Maternal Child Health/ PRAMS work group also convenes MCHEP staff, monthly.

Starting in 2011, New Mexico MCHEP staff worked with the TECs to improve survey participation and significantly increased representation of Native women in New Mexico PRAMS surveillance. Together with the TECs, PRAMS staff improved survey development, revision and input, and enhanced surveillance methodologies to improve survey participation and reporting. We worked 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 2000-2005). We worked across all three entities to inform media development to encourage PRAMS participation among American Indian women, statewide and with NEC and Navajo WIC programs. From 2012-2015 NM PRAMS and Navajo PRAMS staff worked with AASTEC to oversample Native American participation in the state surveillance. This had a significant impact on our ability to provide data specific to AI/AN women in NM but not at the tribe level for most communities.

Through ongoing communication and development of multi-jurisdictional data sharing agreements, NMDOH MCH Epidemiology helped lead efforts for a NM Tribe-specific PRAMS-like surveillance. We worked together with AZ and UT to provide the Navajo Nation Epidemiology Center with technical assistance and agreements for their application to the CDC PRAMS cooperative agreement. Although the Navajo Nation did not obtain a cooperative agreement with the CDC to conduct PRAMS, the Navajo Epidemiology Center (NEC) staff worked with NM PRAMS and AASTEC to develop a NM statewide all Tribes PRAMS surveillance program. In FY17 MCH Epidemiology staff collaborated with AASTEC to apply for private foundation revenue to operationalize the sampling design, data collection procedures and IRB approvals to include surveillance across all AASTEC NM service area tribes and Navajo Nation. We established a communications contract and implemented the first stages and pilot-beta testing for the first birth year. This included a data collection training and a shared media strategic plans for the three entities (NMDOH, AASTEC, NEC) in June 2017. The three agencies convened in August 2017 to develop a three-year surveillance strategy and to discuss additional coordination plan for client survey outreach among UT, AZ and NM PRAMS projects.

DOH MCH Epidemiology, NEC and AASTEC designed trainings, protocols and operations materials to assure continuity in the original state and Navajo surveillance for NM and transfer of knowledge to the new All-tribes surveillance starting in 2018. A NM Tribal PRAMS surveillance database was completed by AASTEC and staff were trained in data collection procedures from December 2017-February 2018. Live data collection began in May 2018. The three agencies are in the process of planning a Maternal Child Health Tribal data symposium for October, 2018.

*Title V partnerships and WIC-STATE tribal data sharing*

Representatives from DOH-MCHEP, AASTEC, NEC, AZ PRAMS, UT PRAMS, and Navajo WIC joined in a collaborative meeting in May 2018 to discuss project updates and partnership opportunities. A main topic of discussion was improving data sharing and data reporting or linkages between tribal WIC programs and state PRAMS databases. In follow-up to that meeting we are also addressing the need for more routine partnership with Navajo WIC sites to encourage and providing another source of advertisement for PRAMS. Action items for state-WIC and tribe partnerships included pooling Title V needs assessments efforts and resources, and including one another in strategies to increase survey participation across all jurisdictions. Navajo Epidemiology Center will continue to lead that process through the monthly MCH-PRAMS workgroup.

**Served FY18:** All federally recognized U.S. tribes.

**FY18 Estimated Expenditures:** \$73,000 for communication, technical assistance-capacity building, collaborative media development and staff training for both Tribal Epidemiology Centers.

## Suicide Prevention

### Public Health Division

#### Suicide Prevention

(505) 222-8683

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

- Thirty (30) Natural Helpers Peer-to-Peer Programs were funded including the following predominately NA-serving schools in the 2017-2018 school year:
  1. Jemez Valley School District Natural Helpers Program serving nine (9) communities, including Seven Springs, La Cueva, Sierra Los Pinos, Jemez Springs, Ponderosa, Cañon, Jemez Pueblo, San Ysidro and Zia Pueblo.
  2. Aztec
  3. Kirtland
  4. Espanola
  5. Pojoaque
  6. Farmington
  7. Native American Community Academy (NACA)
  8. Nambe Pueblo
  9. Ruidoso
  10. Santa Fe Schools

- QPR Suicide Prevention Program Gatekeeper Program was presented to:

1. University of New Mexico:
  - Women’s Resource Center
  - Dean of Students
  - Cancer Center
  - Lobo Village RAs
  - Communication & Journalism Department
  - Psychology Clinic
  - Department of Psychology
  - Graduate Students
  - Pre-Med Society
2. Central New Mexico Community College (and satellite campus locations)
3. Highlands University (and satellite locations)
4. Lovelace Medical Center
5. Serenity Mesa
6. Southwest Mesa Clinic
7. Transgender Resource Center
8. MANAS girls group
9. Healthy Families Counseling
10. National Association of Social Workers NM
11. City of Albuquerque
12. Public Allies of New Mexico
13. Girl Scouts of New Mexico
14. Gallup High School
15. Moriarty Middle School
16. FACES for the Future
17. Native American Community Academy
18. South Valley Academy
19. Manzano High School
20. ACE Leadership High School
21. Health Leadership High School
22. Corrales International School
23. Alice King Community School
24. National Dance Institute of New Mexico
25. La Cueva High School

- Early identification, referral and follow-up system that includes screening every student at Navajo Preparatory School (NPS) and referrals for students identified as at-risk of suicide to behavioral health provider. NPS also implemented Native Life Health Education program through the after-school dorm activities. NPS teachers, staff and administrators have been trained in QPR and have received intensive training on the PREpARE curriculum for crisis intervention and response.

**Served FY18:** Over 30 communities annually.

**FY18 Estimated Expenditure:** \$150,000

# Tobacco

## Public Health Division

### Tobacco Use Prevention and Control Program

(505) 222-8618

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

**Surveillance:** The NM Behavioral Risk Factor Surveillance System (BRFSS) continues to collect data on tobacco use on an annual basis. Estimates are available via annual reports and NM-IBIS. Every third year, the NM BRFSS includes an expanded section on tobacco use. Estimates from this expanded section are available via the Tobacco Use Prevention and Control Program (TUPAC). The Youth Risk and Resiliency Survey (YRRS) collects data on cigarette and other tobacco use among middle and high school students biannually. Utilization, satisfaction, and quit rates of QUIT NOW enrollees are also collected by TUPAC and its cessation and evaluation contractors on an ongoing basis. The BRFSS, YRRS, and QUIT NOW all include a race/ethnicity demographic question that includes an American Indian category, and data can be analyzed and reported out accordingly.

**Served in FY18:** Services to American Indian populations in New Mexico are provided through contracts and partnerships between TUPAC and Keres Consulting, Inc., Rescue, Oso Vista Ranch Project, Southwest Tribal Tobacco Coalition, and Four Directions Treatment & Recovery Center of Mescalero. These organizations provide outreach, education, and engagement designed to reach Native Americans to eliminate disparities related to secondhand smoke exposure by strengthening secondhand smoke protections. TUPAC also contracts with Rescue Social Change Group to engage youth in community awareness and policy development.

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

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

Keres Consulting, Inc. maintains a Baseline Assessment with the following communities:

1. Alamo
2. BAAHAALI
3. Baca/Prewitt
4. Becenti
5. Beclabito
6. Casamero Lake
7. Chichiltah
8. Churchrock
9. Counselor

10. Coyote Canyon
11. Crownpoint
12. Crystal
13. Gadii ahi/To'Koi
14. Hogback/Tse'Daa Kaan
15. Iyanbito
16. Jicarilla Apache Nation
17. Juerfano
18. Lake Valley
19. Little Water
20. Manuelito
21. Mariano Lake
22. Mescalero Apache Tribe
23. Mexican Springs
24. Nageezi
25. Nahodishgish
26. Nenahnesad
27. Newcomb/Tiis Nideeshgish
28. Ohkay Owingeh
29. Ojo Encino
30. Pinedale
31. Pueblo of Acoma
32. Pueblo of Cochiti
33. Pueblo of Isleta
34. Pueblo of Jemez
35. Pueblo of Laguna
36. Pueblo of Nambe
37. Pueblo of Picuris
38. Pueblo of Pojoaque
39. Pueblo of San Felipe
40. Pueblo of San Ildefonso
41. Pueblo of Sandia
42. Pueblo of Santa Ana
43. Pueblo of Santa Clara
44. Pueblo of Santo Domingo (Kewa)
45. Pueblo of Taos
46. Pueblo of Tesuque
47. Pueblo of Zia
48. Pueblo of Zuni
49. Pueblo Pintado
50. Ramah
51. Red Rock
52. Rock Springs
53. San Juan
54. Sanostee/Tsealnaozt'ii
55. Sheep springs
56. Shiprock
57. Smith Lake

58. Standing Rock
59. T'iistoh Sikaad/Burnham
60. Thoreau
61. Toadlena/Two Grey Hills
62. Tohajilee
63. Tohatchi
64. Torreon/Star Lake
65. Tsayatoh
66. Twin Lakes
67. Upper Fruitland
68. Whitehorse Lake
69. White Rock

In FY18, *Smoke Free Signals* granted eight Community Health Leader awards to tribal community champions to work toward a range of secondhand smoke policy initiatives to protect people from exposure to secondhand smoke. FY18 award recipients include:

1. San Felipe
2. Santo Domingo
3. Zia Pueblo
4. Acoma Pueblo
5. Cochiti Pueblo
6. Albuquerque Urban American Indians
7. Navajo Nation Shiprock Chapter
8. Northeastern Navajo Nation

The Community Health Leader orientation delivers the training, “Empowering Policy Change,” to assist Community Health Leaders with identifying a policy for their community and developing a policy action plan to achieve that policy. In FY18, “Empowering Policy Change,” was presented by *Smoke Free Signals* to the following communities.

1. Pueblo of Acoma
2. Pueblo de Cochiti
3. Pueblo of Isleta
4. Pueblo of Laguna
5. Pueblo of Nambe
6. Pueblo of San Felipe
7. Pueblo of San Ildefonso
8. Pueblo of Santa Clara
9. Pueblo of Santo Domingo (Kewa)
10. Pueblo of Zia
11. Pueblo of Zuni
12. Ramah Chapter, Navajo Nation
13. Sanostee Chapter, Navajo Nation
14. Shiprock Chapter, Navajo Nation
15. Southwest Indian Polytechnic Institute (SIPI) – SIPI is an Albuquerque-based college with students from all NM tribes

## 16. First Nations Community Health Source (Albuquerque Urban AI population)

This contractor participated in tribal events to provide education on secondhand smoke protections through environmental policies, including:

1. Ohkay Owingeh
2. Pueblo of Acoma
3. Pueblo de Cochiti
4. Pueblo of Laguna
5. Pueblo of Nambe
6. Pueblo of Picuris
7. Pueblo of Pojoaque
8. Pueblo of San Ildefonso
9. Pueblo of Santa Clara
10. Pueblo of Santa Ana
11. Pueblo of Santo Domingo (Kewa)
12. Pueblo of Tesuque
13. Pueblo of Zia
14. Pueblo of Zuni
15. Mescalero Apache Tribe
16. Indian Health Service / National Native Network Presentation (~70 people, nationwide)
17. New Mexico Tribal Homeownership Coalition (~20 people, statewide)
18. American Indian Day at the Legislature – spoke with tribal leaders statewide about free programs available for secondhand smoke protections
19. Southwest Indian Polytechnic Institute (SIPI) – SIPI is an Albuquerque-based college with students from all NM tribes
20. Rio Rancho PowWow – open to all; attended by various tribal community members
21. Albuquerque Area Southwest Tribal Epidemiology Center
22. Albuquerque Indian Center
23. First Nations Community HealthSource
24. Capacity Builders

Additionally, *Smoke Free Signals* publishes a bi-monthly newsletter published as part of the TUPAC contract with Keres Consulting, Inc., that supports the work of strengthening secondhand smoke protections in Native American communities. The newsletter is currently distributed to 387 subscribed recipients, with over 100 new subscriptions in FY18.

## **Rescue**

The TUPAC Program contracts with Rescue to support youth engagement through Evolvment, which activates the power of local youth leaders to contribute to behavior change through policy change and health education, while providing leadership and skill-building to youth members. Evolvment groups representing tribal populations are located at:

1. Navajo Preparatory School
2. Miyamura High School
3. Newcomb High School.

## **Oso Vista Ranch Project**

Oso Vista Ranch Project provides outreach and technical support for the adoption of smoke-free protections to Navajo Nation. In FY18, Oso Vista Ranch Project has partnered with:

1. Navajo Nation Department of Health
2. Navajo Nation Epidemiology Center
3. Ramah Navajo Community health partners
4. Diné Presenters Group
5. Southwest Tribal Tobacco Coalition
6. New Mexico Indian Affairs Department

## **Southwest Tribal Tobacco Coalition - Albuquerque Area Indian Health Board**

The TUPAC Program provides support to the Southwest Tribal Tobacco Coalition. The coalition works to acknowledge and collaborate with tribal communities in honoring and respecting the sacred use of tobacco by educating people about the differences between traditional and commercial tobacco use. Established in 2006, the Southwest Tribal Tobacco Coalition has a truly statewide reach, bringing together partners from the diverse American Indian cultures in the region. The coalition currently has about 60 members who share activities they do in their representative communities about commercial tobacco prevention and cessation. Their work provides support for the estimated 31,000 American Indian adults in New Mexico who smoke cigarettes, as well as an estimated 4,600 American Indian youth who smoke cigarettes, and people who use other types of commercial tobacco.

## **Four Directions Treatment & Recovery Center of Mescalero**

The TUPAC Program supports the “Have a Heart” campaign, which educates people on the dangers of secondhand smoke for people living with diabetes and asks friends and family to support and respect people living with diabetes by doing their part to keep the air clear of secondhand cigarette smoke. The campaign features heart-shaped pins that are attached to cards which feature artwork by various Native artists from the communities where the cards are being distributed. For each of the past eight years, the Program has supported a different tribal community to promote this important health message. This year, TUPAC partnered with the Four Directions Treatment and Recovery Center to promote the message of the “Have a Heart” campaign to the people of the Mescalero Apache Tribe. **FY18 Estimated Expenditures:** \$543,200

# Epidemiology and Response Division

## Data and Epidemiology Services

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

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

## Birth and Death Certificates

### Epidemiology and Response Division

#### **New Mexico Bureau of Vital Records & Health Statistics (505) 827-0121**

**Services:** New Mexico Vital Records and Health Statistics registers about 2,783 births and 1,612 deaths of American Indians each year. The bureau issues certified copies of birth and death certificates to American Indian families and executes amendments, affidavits of paternity and delayed registration of births to assist American Indians in collaboration with tribal registrars to address issues with record registrations for their administrative and legal needs. This year, the major initiatives were to conduct five regional delayed birth registration events to assist tribal members in obtaining a Real ID driver's license. Additionally, the New Mexico Bureau of Vital Records and Health Statistics participated in a regional event to issue birth certificates to one of the pueblos. Vital Records also partnered with the tribal epidemiologist at the New Mexico Department of Health to improve the quality of tribally identified vital records data through geospatial analysis.

**Served FY18:** All tribes in New Mexico.

**FY18 Estimated Expenditures:** Personnel and administrative costs only.

## **Youth Risk and Resiliency Survey & Behavioral Risk Factor Surveillance System Survey**

**(505) 476-3569**

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

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

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).

**Served FY18:** All tribes in New Mexico.

**FY18 Estimated Expenditures:** Personnel and administrative costs only.

## **Community Health Assessment Program**

**(505) 827-5274**

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

**Served FY18** All tribes in New Mexico.

**FY18 Estimated Expenditures:** In-kind services with Tribal Epidemiologist staff salary.

### **Tribal Epidemiologist**

**(505) 476-1788**

**Services:** The job of the Tribal Epidemiologist at the NM DOH is to leverage DOH epidemiology resources to analyze and disseminate health data, provide training in epidemiology and public health assessment, improve disease and injury surveillance and reporting systems, and advocate for utilization of American Indian health data. 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. In May 2018 the Tribal Epidemiologist, in collaboration with AASTEC and NEC, applied and was awarded funding to hold a tribal partners data sharing meeting. NMDOH and other tribal health agencies will hold a two-day meeting in June to discuss the state of American Indian health data and how to improve upon it.

**Served FY18** All tribes in New Mexico.

**FY18 Estimated Expenditures:** In-kind services with Tribal Epidemiologist staff salary.

### **National Tribal Epidemiology Activities**

**(505) 476-3575**

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

**Served FY18:** All federally recognized U.S. tribes.

**FY18 Estimated Expenditures:** In-kind services with Staff salaries from epidemiologists.

### **Data Sharing Agreements**

**(505) 476-1788**

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

**Served FY18:** All tribes in New Mexico.

**FY18 Estimated Expenditures:** In-kind services with staff salary.

### **Health Systems Epidemiology Program**

**(505) 476-3572**

**Services:** The Health Systems Epidemiology Program (HSEP) collects data from hospitals as well as other types of healthcare related data within New Mexico. The Hospital Inpatient Discharge Database, or (HIDD) is one of the newest datasets to collect tribal affiliation in the state of New Mexico. The HSEP has been working on combining HIDD with IHS data to create a more population-based hospitalization dataset. This activity will help to improve surveillance of health conditions throughout the state. The HSEP plans on making this population-based hospitalization dataset publicly available through NM-IBIS.

**Served FY18:** All tribes in New Mexico.

**FY18 Expenditures:** Personnel and administrative costs only.

### **Substance Abuse Epidemiology Unit**

In FY18, the Alcohol Epidemiologist, the Tribal Epidemiologist the Albuquerque Area Southwest Tribal Epidemiology Center, and the Mescalero Apache Tribe met to plan an alcohol-related health study specific to the Mescalero Apache Tribe.

**Served FY18:** Several tribes in New Mexico. These tribes are not identified here to protect their confidentiality.

**FY18 Estimated Expenditures:** Personnel and administrative costs only.

### **New Mexico Indicator-Based Information System (505 ) 827-5274**

**Services:** The NMIBIS website provides access to public health datasets and information on New Mexico's priority health issues. This website publishes data from the New Mexico Department of Health online for public use, and allows users to calculate rates of disease, health events, risk and protective factors for American Indians within New Mexico. The NMIBIS website is the premier resource for health data in New Mexico. Additionally, the NMIBIS website includes a secure portal where tribes may access tribe specific data through a password protected portal. New Mexico is the first state to offer tribe specific data in this way.

**Served FY18:** All tribes in New Mexico.

**FY18 Estimated Expenditures:** In-kind services from epidemiologist staff salaries

### **Tribal Cancer Concerns (505) 827-0006**

**Services:** The Department of Health's Environmental Public Health Tracking Program and the NM Tumor Registry convened the Cancer Concerns Work Group (CCW), a cross-agency collaboration. 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 CCW established a formal protocol to address public inquiries about cancer clusters based on recommendations from the Centers for Disease Control and Prevention. The group created standardized protocols to govern investigations, communications, and report templates. Activities have been promoted via online and public meetings. When requested, the CCW has provided tribes, nations, and pueblos with reports about the incidence of cancer in their communities.

**Served FY18:** Three tribal communities within New Mexico.

**FY18 Estimated Expenditures:** Personnel and administrative costs only

### **Infectious Disease Epidemiology Bureau (505) 827-0006**

**Services:** IDEB (Infectious Disease Epidemiology Bureau) and CHAP (Community Health Assessment Program) staff travelled to Window Rock, AZ in January to provide training to the Navajo Epidemiology Center (NEC) and Gallup Indian Medical Center (GIMC) staff on infectious disease reporting in New Mexico and the use of the NM-EDSS system. NEC and GIMC staff now have access to infectious disease surveillance information for residents of the Navajo Nation and will be able to use the system to conduct investigations and monitor the health of their communities. *In the future, other IHS medical center staff will be provided with direct access to the NM-EDSS system.*

IDEB staff participated in the planning and execution of the 3rd Annual Tribal Public Health & Emergency Preparedness Workshop in Albuquerque in March of 2018. IDEB staff conducted an influenza outbreak scenario with the goal of establishing connections and sharing resources amongst tribal entities and state partners. This exercise ultimately resulted in better communication

pathways between stakeholders for a rapid and efficient response to infectious disease outbreak situations.

As part of the data sharing agreement between NMDOH and Navajo Nation Epidemiology Center, NMDOH Emerging Infections program's Active Bacterial Core surveillance system provides record level data for American Indian cases that meet the EIP case definition for surveillance. This data assists NEC in their ongoing surveillance efforts and/or collaborations with other entities.

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

**Served FY18:** All tribes in New Mexico.

**FY18 Estimated Expenditures:** In-kind services with staff salaries from epidemiologists.

### **Healthcare-Associated Infections (HAI) Program (505) 476-3520**

**Services:** Continued collaboration including provision of subject matter expertise and written guidelines or tools with Indian Health Service (IHS) facilities as a part of the NMDOH Infectious Disease Epidemiology Bureau's (IDEB) Core Surveillance and on-call response activities which includes response to routine and emergent notifiable conditions and healthcare-associated outbreaks on tribal lands. IHS facilities are invited to participate in the NMDOH HAI program National Healthcare Safety Network (NHSN) quarterly best practice calls and voluntary reporting of healthcare personnel influenza vaccination rates, adult and pediatric intensive care unit (ICU) central line-associated bloodstream infections (CLABSIs), non-ICU CLABSIs and/or *Clostridium difficile* infections (CDI) and the antimicrobial stewardship teleECHO clinic.

**Served FY18:** All tribes in New Mexico.

**FY18 Estimated Expenditures:** In-kind services from epidemiologist staff salaries

## **Bureau of Health Emergency Management & Emergency Preparedness Efforts**

### **Epidemiology and Response Division**

#### **Cities Readiness Initiative for Medical Countermeasures Dispensing and Public Health Preparedness for Albuquerque/Bernalillo County Metro Area**

**(505) 476-8292**

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

**Served FY18:** Pueblos of Cochiti, Isleta, Jemez, Santa Ana, Santo Domingo, Sandia, and Zia.

## **Preparedness Program**

**(505) 476-8333**

**Services:** BHEM is federally funded through the Assistant Secretary for Preparedness and Response (ASPR) and the Centers for Disease Control and Prevention (CDC). BHEM works with local and state public safety and public health officials along with our Tribal partners to respond to public health emergencies, natural disasters or acts of terrorism.

Public health emergencies such as pandemics, terrorist attacks, and natural disasters are unpredictable. Taking steps to protect the health and safety of our New Mexico communities is our number one priority. Our role in disaster response is to maintain overall situational awareness and support community response, to provide guidance to local jurisdictions, and to coordinate the securing and deployment of federal and other resources if available when state and local assets are insufficient to meet the needs.

## **Emergency Operations Center Representative (EOCR)**

**(505) 231-5506**

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

- The NMDOH BHEM presented the 2018 New Mexico Partners in Preparedness Annual Conference (NMPIP) to nearly 500 participants.
- Tanya Allen, Emergency Operations Manager for the Pueblo of Sandia, presented on the Southwest Inter-Tribal Emergency Managers' Coalition (SW I-TEMC). The SW I-TEMC was formed in 2017 to assist member tribes in developing comprehensive and sustainable all-hazards emergency management programs emphasizing inter-tribal cooperation to maximize resources during emergency response and recovery efforts.
- On May 1, 2018 the NMDOH BHEM conducted Emergency Public Health Information and Communication (EPHIC) Training aimed towards hospital public information officers, and public health communicators. The event was attended by representatives of Indian Health Services (IHS).

**Served FY18:** All New Mexico tribes

## **Tribal Collaborative Planning**

**Services:** BHEM has been engaged in collaborative planning with the Navajo Nation Division of Health. The purpose of this collaborative planning effort is to ensure efficient use of available resources, avoid duplication of effort, identify gaps in existing response plans, and develop communication pathways for support and coordination in the event of a public health emergency that requires medical countermeasure operations. The collaborative has brought together representatives from the jurisdictions that will be involved in the distribution and dispensing of medical countermeasures to the Navajo Nation population in New Mexico. These include the New Mexico Department of Health, the Navajo Nation Division of Health, the Arizona Department of Health Services, The Indian Health Service, The McKinley County Office of Emergency Management, and the San Juan County Office of Emergency Management. FEMA's National Exercise Division is currently working with the Navajo Nation Department of Health to plan and facilitate a progressive exercise program that will culminate into a full-scale, multi-jurisdictional exercise in 2019 that will include NMDOH/BHEM staff.

**Served FY18:** Sandia, Nambe, Santa Ana, Zia, and Santo Domingo

## **Tribal Public Health and Emergency Preparedness Workshop**

The NMDOH BHEM, New Mexico Indian Affairs Department, and Indian Health Services conducted the Second Annual Tribal Public Health & Emergency Preparedness Workshop open to the 23 New Mexico Tribes, Pueblos, and Nations. After the previous year's workshop, attendees expressed the desire to gather on an annual basis to share information, experiences, and lessons learned from the prior year in public health and emergency preparedness.

**Services:** The BHEM Bureau Chief and NM Indian Affairs Department Acting Cabinet Secretary gave a presentation on Cultural Sensitivities in Tribal Public Health & Emergency Preparedness. The IDEB staff led an interactive panel that provided an Overview, Discussion, and Lessons Learned from the 2017-2018 Pertussis cases in the Acoma and Laguna area from detection to response. The BHEM Bureau Chief participated in an interactive panel discussion on resources that can be provided during a health/medical emergency should a Tribe, Pueblo, or Nation choose to request federal assistance. BHEM Program Manager led an open discussion on developing and sharing a personnel resource list for all partners and identifying Tribal public health education and training needs for 2018.

**Served FY18:** All New Mexico tribes

## **Injury Prevention Education and Training Emergency and Response Division**

### **Prescription Drug Overdose Prevention Program (505) 827-6870**

**Services:** Two types of presentations have been developed specific to American Indians in New Mexico pursuant to the goals of increasing education about, increasing awareness of, and prevention of opioid overdose. Both are culturally competent and designed to maximize participation from audience members and facilitate dialogue. The first presentation was designed for mental health providers and substance abuse counselors serving native communities and focused on: 1. Data about on the opioid crisis both nationally and in New Mexico among NM American Indians to raise awareness about, and to define the scope of the problem; 2. Diminishing stigma via enhanced understanding of addiction as a brain disease demanding compassionate care; 3. the natural history of Opioid Use Disorder (OUD); 4. Treatment modalities; and, 5. Public health efforts. The second presentation was designed for adult American Indian community members, parents and tribal leadership and based on the first presentation described above. DOH has facilitated naloxone training for lay first responders and provided free naloxone via collaboration with the SAMSHA-funded NM Behavioral Health Services Division overdose prevention contractor.

**Served FY18:** Cochiti, Jemez, Sandia, Santa Ana, Zia, Santa Clara, Nambe, San Ildefonso, Pojoaque, Tesuque, Santo Domingo, Picuris, and Taos Pueblos

**FY18 Estimated Expenditures:** Personnel and administrative costs only.

### **Childhood Injury Prevention (505) 827- 2582**

**Services:** Provided home/vehicle/personal safety workshops for home daycare providers, home visitors, EMS technicians and paramedics, parents and grandparents in American Indian nations, tribes, and pueblos across the state. Also provided technical consulting for planning and promoting local bicycle assembly and repair operations, in addition to safety programs, including helmet use.

**Served FY18:** Served three (3) tribal communities, including Navajo Nation, Tesuque Pueblo and San Domingo Pueblo within New Mexico, in addition to tribal members working for and/or served by nonprofits in urban areas.

**FY18 Estimated Expenditures:** Personnel and administrative costs only.

### **Adult Falls Prevention**

**(505) 827-5146**

**Services:** Provide Falls Prevention by instructors who work with evidence-based programs: “Tai Ji Quan: Moving for Better Balance,” “A Matter of Balance,” and “Tai Chi for Arthritis”. Instructors provide education and exercise programs to older adults.

**Served FY18:** Served and trained instructors: Southwest Tribal Epidemiology Center; Pueblos of Ohkay Owingeh, Sandia; Santa Ana, Zuni, Acoma, Zia, Picuris, Tesuque, Nambe, Santa Clara, San Ildefonso, Zia, Jemez; Acoma Canoncito Laguna (IHS); Ute Mountain; Navajo Nation; Ramah Navajo; Tohajiilee.

**FY 18 Estimated Expenditures:** Personnel and administrative costs only.

### **Sexual Violence Prevention**

**(505) 827-2725**

**Services:** Provide acute short-term services for people in crisis resulting from sexual violence; complete community outreach and education events about sexual assault; work with middle and high school students by providing peer support groups and referral services; conduct evidence-supported sexual violence primary prevention program trainings to elementary, middle, and high school youth; parents and coaches through a contract with Tewa Women United And Sexual Assault Services of Northwest New Mexico (SASNWNM). Tewa Women United is located in Espanola and serves other locations, providing culturally appropriate group healing modalities to survivors of sexual assaults and uses a culturally appropriate curriculum in primary prevention trainings for children, adolescents, and adults. SASNWNM is located in Farmington and serves others locations, working with tribal children and youth in primary prevention.

**Served FY18:** All tribes in New Mexico.

**FY 18 Estimated Expenditures:** \$41,100.00

# Division of Health Improvement

## Health Facility Licensing

### Incident Management Bureau

(505) 476-9012

**Services:** A statewide incident management that investigates allegations of abuse, neglect, exploitation, suspicious injury, hazardous conditions and death for vulnerable people receiving Medicaid waiver services in New Mexico.

**Served FY18:** Developmental Disabilities Waiver-288 American Indian adults, Medically Fragile waiver-20 Native American clients.

**FY 18 Estimated Expenditures:** \$72,000

### Quality Management Bureau

(505) 222-8633

**Services:** Conducts statewide community-based oversight and compliance surveys of NMDOH contracted providers serving vulnerable people receiving Medicaid waiver services in New Mexico.

**Served FY18:** Developmental Disabilities Waiver-288 American Indian adults, Medically Fragile waiver-20 Native American clients.

**FY 18 Estimated Expenditures:** \$105,000

### Health Facility Licensing and Certification/DHI

(505) 476-9025

**Services:** License health care facilities and conduct surveys for facilities that receive Medicare or Medicaid funding that evaluate facility compliance and the quality of services provided. Investigate allegations of abuse, neglect, and exploitation in licensed and certified facilities.

**Served FY18:** Laguna Nursing Center, Mescalero Care Center, Mescalero Family Center Dialysis Center, Jicarilla Apache Nation Dialysis Center.

**FY18 Estimated Expenditures:** \$72,000.

# Developmental Disabilities Supports Division

## Developmental Disabilities Waiver

(505) 476-8973

**Services:** Serve individuals with intellectual disabilities or a related condition and a developmental disability occurring before the individual reaches the age of 22. The program provides an array of residential, habilitation, employment, therapeutic, respite and family support services.

**Served FY18:** 357 American Indian clients served (source: communication from HSD, Exempt Services)

**FY18 Estimated Expenditures:** \$27,365,121 (Estimate based on average cost per DDW participant in 2017 of \$76,653, HSD/MAD, 3/13/18)

## Family Infant Toddler Program (FIT)

(877) 696-1472

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

**Served FY18:** 1,305 American Indian children

**FY18 Estimated Expenditures:** \$3,675,669.60. Estimates based on 10 months of billed services (July 2016-May 2017). Source: DDSD/FIT, 6/6/17.

## Medically Fragile Waiver Services

(877) 696-1472

Serve individuals, diagnosed before age 22, with a medically fragile condition and who are at risk for, or are diagnosed with, a developmental delay. This program provides nursing case management which coordinates private duty nursing, home health aides, physical, speech, and occupational therapy, psychosocial and nutritional counseling and respite care. Individuals are served in their homes.

**Served FY18:** 15 American Indian clients received services under the Medically Fragile Waiver. Updated information for FY18 is not available. (source: communication from HSD, Exempt Services)

**FY18 Estimated Expenditures:** \$97,290. Estimates based on HSD annual Tribal Consultation letter and average cost per participate for 10 months of services of \$6,486 (average cost, HSD/MAD, 5/5/17).

## Mi Via Waiver

(505)841-5511

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

**Served FY18:** 106 American Indian clients served. (source: communication from HSD, Exempt Services)

**FY18 Estimated Expenditures:** \$6,369,858 (Estimate based on average cost per Mi Via participant in 2017 of \$60,093, HSD/MAD, 3/13/18)

# Scientific Laboratories Division

## Environmental Testing, Bureau of Indian Affairs & Navajo Tribal Utility Authority

(505)383-9023

**Services:** Test drinking water for chemicals, biological, and radiological testing under Federal Safe Drinking Water Act. Total number of samples was 142 for Total Coliform MMO-MUG and 127 samples for chemical analyses.

**Served FY17:** Pueblos of Alamo, Tohajiilee, Salinas, Jemez, and Navajo Nation

**FY17 Estimated Expenditures:** \$19,797 (Time period July 2017 – June 2018)

## Implied Consent Training and Support

(505)383-9086

**Services:** Provide classes to certify 106 tribal law enforcement personnel as “operators” and “key operators” under the State Implied Consent Act. Certification for operators is two years, certification for key operators is one year. Also, provide certification for breath alcohol test devices used by tribal law enforcement of DWI/DUID programs. Certification of breath alcohol test devices is one year.

**Served FY17:** Navajo (Shiprock) and Ramah Navajo, Pueblos of Laguna, Jemez, Isleta, Sandia, Santa Ana, Taos, Zuni, Jicarilla Apache Nation, Crownpoint, Ohkay Owingeh, Acoma, Nizhooshi Center, BIA Southern Pueblos, Mescalero BIA, Tesuque and Pojoaque.

**FY 17 Estimated Expenditures: Training and instrument certification/repair** \$9,382.50. This service does not include costs that are not chargeable due to tribal entities being contributors to the Administrative Office of the Courts.

# Facilities Management

## **Fort Bayard Medical Center (FBMC)**

**(575) 537-3302**

**Services:** FBMC is a licensed long-term, intermediate, and skilled care facility. FBMC provides services to elders, veterans, and their spouses and families who can no longer care for themselves. Clinical services offered include short-term rehabilitation, secure memory unit, palliative, and long-term care.

**Served FY18:** Through FY18 Quarter 3, 12 tribal members from several tribal communities.

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

**(505) 454-2100**

**Services:** NMBHI has five divisions:

- Center for Adolescent Relationship Exploration (CARE): Offers residential treatment for young men 13-17 who have caused sexual harm and have a mental health diagnosis. (Served 6 YTD)
- Long Term Services Division (LTSD): Offers nursing home care, including skilled nursing services and VA services. (Served 29 YTD)
- Community-based Services (CBS): Offers adult outpatient psychiatric treatment, Psychosocial Rehabilitation Services, Comprehensive Community Support Services and rehabilitation services. (Served 42 YTD)
- Adult Psychiatric Division (APD)-a licensed psychiatric hospital: Offers acute hospitalization, treatment, and assessment for individuals experiencing an exacerbation of symptoms due to a mental illness. (Served 80 YTD)
- The Forensic Division-a licensed psychiatric hospital and the only secure locked forensic hospital: Offers competency restoration through basic medical, psychological, social work, psycho-social rehabilitation and nursing services. (Served 27 YTD)

**Served FY18:** Through FY18 Quarter 3, 184 tribal members from several tribal communities.

## **Turquoise Lodge Hospital (TLH)**

**(505) 841-8978**

**Services:** TLH is a substance use treatment hospital for adults aged 18 and over. TLH currently offers inpatient medical detoxification and social rehabilitation services, and Intensive Outpatient (IOP) Services.

**Served FY18:** Through 5/10/18, 96 admissions representing 15 New Mexico tribal communities.

## **New Mexico Rehabilitation Center (NMRC)**

**(575) 347-3400**

**Services:** NMRC is a specialty hospital that offers medical rehabilitation to patients with spinal cord injuries, traumatic brain injuries, strokes, orthopedic issues including hip or knee replacement and various other medical conditions that require intensive therapy services. NMRC also offers services to clients with addiction problems to various drugs and alcohol.

**Served FY18:** Through FY18 Quarter 3, 6 tribal members from several tribal communities.

## **Sequoyah Adolescent Treatment Center (SATC)**

**(505) 222-0355**

**Services:** SATC offers residential treatment to adolescent males from the ages of 13 -17. The adolescent must be violent or have history of violence, have a mental disorder or diagnosis, and be amenable to treatment. The adolescent must have the cognitive capacity to benefit from verbal therapies and milieu programming offered at SATC. Normally, this would mean intellectual functioning at least within the borderline range. SATC does not accept admission of adolescents with a diagnosis of a developmental intellectual disability. SATC has an education department which provides education and credit recovery for the adolescents.

**Served FY18:** Through 5/16/18, 2 tribal members from unknown tribal communities have been served.

### **Los Lunas Community Program (LLCP)**

**(505) 222-0901**

**Services:** Customized Community Supports: Based on the preferences and choices of those served, the LLCP assists adults with developmental and intellectual disabilities to increase 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 informed choice of those served, the LLCP assists adults with developmental and intellectual disabilities to become employed in the community in jobs that increase economic independence, self- reliance, social connections, and career development.

Living Supports: In the community of choice, the LLCP assists those served to live as independently as possible providing supports designed to assist, encourage, and empower those served to grow and develop, gain autonomy, become self-governing, and pursue personal interests and goals.

Dental: As a provider of choice, the LLCP operates a full dental clinic in Albuquerque specializing in dental services and supports for those with developmental and intellectual disabilities.

LLCP operates an Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IDD). ICF/IDD is an intermediate care facility that provides food, shelter, health or rehabilitative and active treatment for individuals with a developmental or intellectual disability or persons with related conditions whose mental or physical condition require services on a regular basis that are above the level of a residential or room and board setting and can only be provided in a facility which is equipped and staffed to provide the appropriate services. The individuals residing in the LLCP ICF/IDD facility are court ordered there for rehabilitation..

**Served FY18:** Through FY 18 Quarter 3: 6 individuals residing at Los Lunas Community Program representing 3 New Mexico tribal communities.

## Section IV. Key Names and Contact Information

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

Division	Name/Title	Email	Phone
Office of the Secretary	Lynn Gallagher Cabinet Secretary	Lynn.Gallagher@state.nm.us	(505)827-2613
Office of the Secretary	Gabrielle Sanchez-Sandoval, Deputy Secretary	Gabrielle.SanchezSandoval@state.nm.us	(505)827-2613
Office of the Secretary	Dawn Hunter, Deputy Secretary	Dawn.Hunter@state.nm.us	
Office of Tribal Liaison	Aiko Allen Tribal Liaison	Aiko.Allen@state.nm.us	(505)827-2627
Office of Policy and Accountability	Martin Brown, Deputy Director Joaquin Baca, Director	Martin.Brown@state.nm.us Joaquin.Baca@state.nm.us	(505)476-3656
Office of Health Equity	Joaquin Baca Director	Joaquin.Baca@state.nm.us	(505)827-2358
Public Health Division	Lynn Carroll Division Director	Lynn.Carroll@state.nm.us	(505)827-2389
Public Health Division	Jeff Lara, BS, Deputy Director, Regions	Jeffrey.Lara1@state.nm.us	(505)827-2691
Public Health Division	Cathy Rocke, MBA Deputy Director, Programs	Cathy.Rocke@state.nm.us	(505)827-2334
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<b>Sequoia Adolescent Treatment Center</b>	<b>Carmela Sandoval, Administrator</b>	<b>Carmela.Sandoval@state.nm.us</b>	<b>(505)222-0375</b>
<b>Turquoise Lodge Hospital</b>	<b>Shauna Hartley, LISW, Administrator</b>	<b>Shauna.Hartley@state.nm.us</b>	<b>(505)841-8978</b>
<b>Los Lunas Community Program</b>	<b>Shauna Hartley, Acting Administrator</b>	<b>Shauna.Hartley@state.nm.us</b>	<b>(505)252-1053</b>

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## **SECTION V. APPENDICES**

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

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

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

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

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

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

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

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

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

#### **PROGRAM AREA: SCIENTIFIC LABORATORY**

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

## **PROGRAM AREA: FACILITIES MANAGEMENT**

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

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

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

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

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

## **PROGRAM AREA: MEDICAL CANNABIS**

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

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

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

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

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

3. Promotes cultural competence in providing effective services to American Indians; and,
4. Establishes a method for notifying employees of the agency of the provisions of the SB196 and the Policy that the agency adopts.

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

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

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

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

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

Tribe	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
Cherokee Nation	MOSAIC (EBT/MIS) WIC Support/Services	NMDOH – CNO MOA	In effect	Sarah Flores-Sievers	(505) 476-8801
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 until June 30, 2018	Julie Maes	505-476-8881
Navajo Area Indian Health Service	Receipt, Storage and Staging site for the Strategic National Stockpile program	MOA	In Effect	John Miller	(505) 476-8258
IHS ABQ Area	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847
IHS Navajo Area	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847 541-5847
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	Public and professional education on breast, cervical and colorectal	Request for Proposal (RFP)	In Effect	Beth Pinkerton	505-841-5847

Health Board (AAIHB) cancer screening.

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

## **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.

**Retta Ward, MPH**  
**Cabinet Secretary**  
**Department of Health**  
**Date of Signature: 07/31/2015**

## ATTACHMENT A

### Sample Procedures for State-Tribal Work Groups

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

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

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

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

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

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