



State-Tribal Collaboration Act July 31, 2022 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.

This year's executive summary reflects the agency's continued focus on COVID-19 pandemic response. Over the course of COVID spread and mitigation, NMDOH saw David R. Scrase, MD continue to serve as interim Secretary for NMDOH and Cabinet Secretary NM Human Services Department (NMHSD). We were also fortunate to have Dr. Laura Parajon, MD continuing her role as Deputy Cabinet Secretary for NMDOH.

Work during the pandemic is the story of essential collaboration among state, federal, and non-profit partners and donors in order to provide direct and immediate testing, shelter for quarantine, and vaccination services along with other humanitarian aid in the form food, water, supplies and other requests to indigenous nations located throughout the state and urban Indian populations.

Hit initially the hardest in terms of number of cases and mortality rates, tribal leadership has led the way in addressing spread and mitigation of the virus to its current low numbers through implementing sound prevention policies and advocating tirelessly in figuring out how to move together as sovereign nations on a government-to-government basis.

NM Indian Affairs Department (IAD) was engaged throughout the building and management of a complex system of COVID responses with Secretary Lynn Trujillo working closely with NMDOH staff and Secretary Scrase to assure evaluation and coordination of services. Crucial to our response was the coordination and interaction with various bureaus within NMDOH and as well as with our external partners.

From the beginning of the pandemic, NMDOH Infectious Disease Epidemiology Bureau (IDEB) established a group of epidemiologists/staff to assist with data sharing, testing, personal protective equipment and vaccination planning. NMDOH also established a COVID-19 case investigation and contact tracing unit to provide these functions or to work with the Indian Health Service and tribal authorities to assure case investigations and contact tracing was occurring throughout the state.

The Public Health Division (PHD) continued to offer to all tribes, pueblos, and nations interested in establishing their own community drive through test site models. At the heart of tribal testing and vaccination was the Indian Health Service (IHS) Albuquerque and Navajo Area. Efforts were made throughout to work with IHS in collaboration with NMDOH and healthcare providers such as Presbyterian Medical Services who offered intensive support for test site events.

PHD, Immunizations, Federal Emergency Management Agency (FEMA), and the National Guard vaccine worked together on vaccine access, with a focus on health equity by implementing the use of the Social Vulnerability Index (SVI) to ensure those most at risk populations receive the vaccine.

To this end, NMDOH directly supported three Pueblo communities who elected to seek the distribution and administration of the vaccine through a partnership with NMDOH, at the date of this report sees almost seventeen thousand(17,000) vaccines have been distributed/administered.

Albuquerque Area Indian Health Board, Southwest Tribal Epidemiology Center (AASTEC) was a key partner supporting contact tracing, case monitoring, overall communication about COVID-19, and tribally tailored educational materials circulated by the Health Department.

Other agencies to acknowledge in the public health response to the pandemic included HSD, Children, Youth, and Families (CYFD), Aging and Long-Term Services Department (ALTSD), Department of Homeland Security and Emergency Management (DHSEM), Department of Tourism, NM Environment Department, and the Public Education Department (PED) worked together to address complex inter-related challenges raised by the pandemic, especially as we saw students return to schools in the fall of 2021.

As the virus continues to evolve into new strains, the NMDOH Scientific Laboratory Division (SLD) has worked tirelessly to develop processes that support genetic sequencing of the virus and to provide education and communication to partners such as the Navajo Nation Unified Command Group and the tri-state partner lab divisions that share borders with the Nation.

To meet the challenges of the pandemic has meant finding ways to collaborate strategically in leveraging limited resources to their maximum effect and to more fully engage in understanding how to operationalize government-to-government work.

Other Health Status Priorities: Highlights

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

Substance Use

The Office of Tribal Liaison (OTL) and the Institute for American Indian Arts coordinated the first roundtable on tribal alcohol-related mortality on a virtual ZOOM platform in September 2020. Representatives from 11 tribes, pueblos, and nations participated in the first roundtable in which indigenous perspectives were shared from the spheres of both treatment and prevention of substance use. A second roundtable was held in September of 2021, with nine communities represented. A Call-to-Action document was produced as result of the second Roundtable, with emphasis on securing commitments from tribal governments, tribal partners, and tribal communities.

Nicotine Use Prevention

FY22 services to American Indian populations in New Mexico are provided through contracts and partnerships between NUPAC and Keres Consulting, Inc., Rescue Agency,

Alere Wellbeing, Inc., Southwest Tribal Tobacco Coalition, and the New Mexico Allied Council on Tobacco. These organizations provide outreach, education, and engagement designed to reach Native Americans to eliminate disparities related to secondhand smoke exposure by strengthening secondhand smoke protections. NUPAC also contracts with Rescue Social Change Group to engage youth in community awareness and policy development.

Chronic Disease Prevention and Risk Reduction

Native American Partnership for Health and Wellness Program (Diabetes, Heart Disease, and Stroke Program)

Due to COVID-19, the Native American Partnership (NAP) core committee held meetings virtually. The committee is made up of volunteers in the tribal community that want to bring health education and community engagement to their own tribes. Currently the committee represents eight different tribal communities including Taos, Jicarilla Apache, San Felipe, Pojoaque, To'Hajiilee, Laguna, Picuris, and Navajo Nation.

Food Insecurity and Food Deserts in Tribal Communities (Office of Tribal Liaison)

The Office of Tribal Liaison and Keres Consulting, Inc. held the 8th From Field and Range to Market gathering of tribal farmers and ranchers in the state on ZOOM. These gatherings are held to strengthen the business of tribal agriculture. Presenters share their experiences in farming and ranching and how they have addressed challenges as well as found success.

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

The US Department of Agriculture (USDA) provided funding in the form of a \$25.00 book of checks (up to \$50.00 per household) for income eligible adults 60 and older to spend on fresh fruit and vegetables at authorized Farmers' Markets throughout the state of New Mexico, during the summer growing season. 18,000 seniors spent \$356,140 at authorized New Mexico's Farmers' Markets. Participating Tribal, Pueblo, and Nation, Farmers' Markets include San Felipe Pueblo, Jemez Pueblo, Santo Domingo Pueblo, Taos Pueblo, Pojoaque Pueblo & Five Sandoval Indian Pueblos. Hasbidito Mobile Farmers' Market serving: Ojo Encino, Nageezi and Torreon. The Alamo and Shiprock Chapters of the Navajo Nation.

Suicide Prevention

The Native American workgroup has established their workgroup structure, are in process of writing their mission and goal statement and are developing a cohesive strategic plan to address suicide in native communities across the state.

SECTION II. AGENCY OVERVIEW/BACKGROUND/IMPLEMENTATION

A. Mission Statement

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

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

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

B. Agency Overview

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

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

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

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

C. Policy Applied

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

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

SECTION III. CURRENT RESOURCES FOR AMERICAN INDIANS

Public Health Division

Northwest Region

(505)841-4110

Services:

The NW region of the Public Health Division (PHD) provided extensive support to the pueblos and tribal communities in the area throughout FY22 in the form of COVID vaccinations in Bernalillo, Sandoval, Valencia, Cibola, McKinley, and San Juan Counties. Regional public health staff provided extensive COVID-19 testing and/or vaccination support or guidance to the Navajo Nation, and Zuni, San Felipe, Zia, Santo Domingo/Kewa, Laguna, Sandia, Santa Ana, Acoma, and Laguna Pueblos, as requested. PHD supported Jemez and Cochiti Pueblos by assisting them in getting connected to other contracted resources to manage their testing needs.

Only Laguna and Acoma Pueblos requested PHD support for Pfizer, Moderna, and/or Johnson & Johnson COVID-19 vaccinations. NW region staff provided and/or supported these pueblos with direct vaccination services, training, and other supports to assist them in ongoing vaccination efforts which are ongoing. All other tribes and pueblos in NW region received vaccination support from Indian Health Services.

Served FY22: All people desiring testing in the NW region, and all people in Laguna and Acoma eligible for vaccine and testing

FY22 estimated expenditures: Personnel, administrative and transportation cost.

Northeast Region

(505)476-2658

Services:

The Northeast Region Health Promotion staff collaborated with community tribal health councils by providing technical support and assistance with community health improvement strategies at the local level. San Ildefonso Pueblo and Tesuque Pueblo received a combined total of \$18,924 in FY21 addressing hypertension, diabetes, mental/spiritual health, substance abuse, and cultural activity classes in the Tewa language. Cultural evidence-based practice was incorporated emphasizing the following prevention strategies: strengthening protective factors (social skills, strong family bonds, attachment to school, and active involvement in the community) and religious organizations (culture and tradition) while reducing risk factors that increase vulnerability to diabetes, obesity, substance abuse, and other unhealthy choices.

Northeast Region PHD staff collaborated with tribal partners to test a total of 12,477 individuals at eight pueblos and one nation during the course of 60 testing events. This includes 4,480 people at Jicarilla Apache Nation, 975 people at Taos Pueblo, 500 people at Santa Clara Pueblo, 256 people

at Nambe Pueblo, 463 people at Picuris Pueblo, 600 people at Tesuque Pueblo, 350 people at San Ildefonso Pueblo, 4,006 people at Pueblo of Pojoaque, and 847 people at Ohkay Owingeh Pueblo.

Northeast region collaborated with tribal partners including Picuris Pueblo, San Ildefonso Pueblo, Tesuque Pueblo, and the Pueblo of Pojoaque to provide vaccinations at over 20 vaccination events. A total of 887 individuals were vaccinated at Picuris Pueblo (508) and the Pueblo of Pojoaque (379).

Served FY22: All people desiring testing in the NW region

FY22 estimated expenditures: Personnel, administrative and transportation cost.

Southeast Region

(505) 347-2409

Services:

COVID-19 Testing Efforts

The Southeast and Southwest regions collaborated with the Mescalero Apache to provide testing in the earlier months of the pandemic. Both regions offered up staff (nurses and support staff) who could meet in the middle to assist staff in Mescalero to test their community. Hundreds of community members were tested during a few different events, providing education to everyone to keep safe as the pandemic progressed.

Southwest Region

(575) 528-5148

Services:

For the SW Region we assisted with multiple testing events with both the Mescalero Apache Tribe and the Alamo Navajo Tribe. We did not assist with any vaccines as was covered by I.H.S. although had offered with both to assist.

Office of Community Health Workers

(505) 827-0015

The OCHW tribal coordinator collected food, clothing, craft and reading supplies and face masks donations for tribal members. The tribal coordinator arranged drop off and organizations of donated supplies through the Community Health Representative, (CHR) Program

Distribution efforts:

Cochiti Pueblo	Baby clothing, food and supplies	25 families
Taos Pueblo	Food, clothing, masks	30 families
Tesuque Pueblo	Food, craft supplies, and masks	40 families
Crownpoint	Food, masks, sanitizer, walkers	40 families
Vanderwagen	Food, books, sanitizer, paper goods	50 families
Acoma Pueblo	Food, masks, sanitizer, paper goods, fresh vegetables	35 families
Taos Pueblo	Food, masks, gloves	45 families
Crownpoint	5 wheelchairs, 10 walkers, 2 bedside commodes	17 families

Training and Technical Assistance opportunities:

CHW trainings	6 tribal members (Jemez, Tesuque, Zia, Cochiti, Santo Domingo Pueblos)	
Acoma Pueblo	Meeting to support CHRs with lack of services	7 CHRs
Jemez Pueblo	Community Health Worker, (CHW) certification & technical assist.	3 CHRs

Two CHR Association meetings: OCHW office updates/Medicaid reimbursement 23 tribal CHRs
 San Felipe Pueblo CHW certification support 5 CHRs
 Meeting with Tribal Health Council Coordinator Discuss tribal CHRs & trainings
 COPE Program (Community Outreach Patient Empowerment) Board Meeting Navajo Nation
 vaccine rates
 South Dakota CHW/R program shadowing NM CHR programs
 Attended Tribal Behavioral Health Conference 3 days

FY22 Estimated Expenditures: Program fees go to support the administration of the certification process.

Office of Oral Health (OOH) (505) 827-0837

Population and Community Health Bureau

Each year New Mexico Department of Health (NMDOH), OOH, New Mexico Delta Dental, and the Hearst Corporation (KOAT TV Channel 7 Albuquerque) partner and promote oral health during Children's Oral Health Month in February through numerous media outlets. In February 2022, children's oral health month, NMDOH, KOAT TV and the Native American Professional Parent Resources Inc. (NAPPR) produced an additional public service announcement featuring Dr. Lisa Begay (Canoncito) to promote Native American oral health.

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

OOH and NAPPR partnered during November 2021 Diabetes Awareness Month. During the month several Webinar presentations were conducted promoting various health issues among tribal members throughout the state. OOH staff presented the connection between oral health and diabetes.

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

OOH staff have also provided oral health education at the annual Mescalero Child find event.

Services: OOH conducts a mobile prevention program targeting pre-school and elementary school aged children statewide. During the FY22 school year American Indian students participated in the program throughout the state. There were fewer participants in the program due to the impact of COVID19. Services were provided by state staff and state funded contractors. Students participated in the programs while attending public school and non-pueblo Head Start schools. Services included oral health education, a dental assessment/examination, application of a dental sealant or fluoride varnish (3 times a year), incentives (toothbrush, tooth paste and dental floss), dental examination, and dental case management. A total of 102 Native American students participated in the program.

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

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

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

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

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

Oral Health Surveillance Plan 2011 – 2020 Revision #2: 2022-2030 March 8, 2021
[IHS Oral Health Surveillance Plan 2022-2030](#)

Served FY22: 102 students enrolled in the prevention program.

FY22 Estimated Expenditure: \$19,823 General Fund expenditures for direct services and PSA.

FY22 In Kind Expenses: General Fund: dental clinical supplies, oral health education material, staff presentations, state vehicle and travel time to Native American events.

Cancer

Breast and Cervical Cancer Early Detection Program

(505) 841-5860

Services: Provide free breast and cervical cancer screening and related diagnostic follow-up care for American Indian individuals residing in the state who meet program eligibility criteria. These services are available through Indian Health Service Albuquerque Area, Navajo Area Indian Health Service, First Nations Community Health Source, and at approximately 80 other federally qualified health centers and hospitals throughout the state. Those diagnosed with breast or cervical cancer through the BCC Program may be eligible for Medicaid coverage for treatment of their condition. Also available are public awareness activities and education for tribes interested in increasing community capacity for breast and cervical cancer control.

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

Served FY22 (YTD): 165 American Indian women 21 years of age or older, who live at or below 250 percent of the federal poverty level and are uninsured. To date in FY22, no American Indian women have been diagnosed with invasive breast cancer and no American Indian women have been diagnosed with in situ breast cancer. In addition, no American Indian women have been diagnosed with a pre-cancerous cervical condition or invasive cervical cancer so far in FY22.

FY22 Estimated Expenditure: \$35,602 to date in federal grant and state funds.

Comprehensive Cancer Program

(505) 222-8609

Services: Provide support for culturally and linguistically tailored cancer prevention, risk reduction, and screening education programs in partnership with the Albuquerque Area Indian Health Board (AAIHB). In FY22, AAIHB, with funding from the Comprehensive Cancer Program provided a two-day Colorectal Health Workshop for Community Health Representatives from 13 Tribes, Nations and Pueblos in New Mexico. AAIHB also conducted follow-up with Community Health Representatives who received training by AAIHB during the previous year. In addition, AAIHB provided resources and materials to providers in all Indian Health Service and tribal health care facilities in New Mexico highlighting United States Preventive Services Task Force recommendations for breast, cervical and colorectal cancer screening.

The Program also provided financial support to develop a facilitation guide to support implementation of the New Mexico Cancer Plan in Native American communities. Input from community stakeholders from tribal communities and the New Mexico Cancer Council's Native American Workgroup was collected to create and develop the document and accompanying presentation. In addition, the Program provided administrative support for the Native American Workgroup.

Served FY22: Approximately 110 healthcare providers and approximately 100 community members received information and/or education via programs supported by the Comprehensive Cancer Program; no community members received direct services through the 2022 meetings of the New Mexico Cancer Council's Native American Workgroup.

FY22 Estimated Expenditure: \$39,500 to date in federal grant and state funds.

Estimated Expenditures: \$39,500.00 as well as approximately \$500 in DOH staff salaries.

Diabetes & Chronic Disease Prevention and Management Initiatives

Public Health Division

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

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

Served FY22:

The Native American Partnership conference was an immense success with 140 people attending an increase of 43% from previous years. Sixty-nine percent of the attendees were from rural tribal communities. There was a total of 16 speakers ranging in topics from Parenting and Family; Behavioral Health; and Nutrition and Wellness. According to the survey results, 89% of the attendees rated the overall content of the conference good/excellent and 87% said the conference met their expectations. In addition, two big partnerships were formed with Presbyterian and SIPI Community College to bring additional programs to our Native American and rural communities in 2022.

Estimated FY22 Expenditure: \$40,000 funds paid by DPCP General Funds

National Diabetes Prevention Program

(505) 850-0176

Services: Build capacity to offer an evidence-based lifestyle intervention for preventing type 2 diabetes to communities. The National Diabetes Prevention Program (National DPP) was developed by the CDC for people who have been diagnosed with prediabetes or are at risk based on the CDC risk test. This intensive lifestyle intervention has been adapted from the original Diabetes Prevention Program National Institutes of Health study. The National DPP focuses on assisting participants with the skills to lose 5-7 percent of their starting weight and to accumulate 150 minutes of moderate physical activity each week.

Kitchen Creations Cooking Schools for People with Diabetes

(575) 202-5065

Services: Provide 15 cooking schools in 15 or more counties for people with diabetes and their families/care givers. Instructors teach appropriate meal planning and address food selection, portion control, techniques of food preparation and new products available to improve the diet of people with diabetes. Recipes are appropriate for New Mexico's populations and cultures.

Served FY22: Many classes continued to be offered virtually for individuals across the state of New Mexico. A total of 180 participants attended Kitchen Creation cooking classes. Of the 180 participants in FY22, 16 or 9% were Native American. Plans to offer Kitchen Creations in Laguna and Sandia Pueblos fell through due to changes in staff and has continued to be a challenge as fewer Native Americans have been participating in Kitchen Creation cooking classes.

Estimated FY22 Expenditure: \$100,000 funds paid by DPCP Tobacco Settlement Funds

Chronic Disease Self-Management Education Programs

(505) 850-0176

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

Participants meet for 2-1/2 hours once a week for six weeks.

Served FY22: In FY22, there were no CDSMEP classes offered in tribal communities due to many transitions or changes in staff. There have been contacts made on the Alamo Navajo Indian Reservation and the Zuni Pueblo to expand programs into those areas.

Estimated FY22 Expenditure: \$180,000 funds paid by DPCP Tobacco Settlement Funds, which also includes funding for entire umbrella of Self-Management of Chronic Disease programs.

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

Services: In recognition of Heart Health month in February 2022, the American Heart Association collaborated with the Department of Health and the Chronic Disease Prevention Council to present the Annual Go Red for Native Women Day. The conference was held in person on Tuesday, April 19, 2022.

The American Heart Association's, Go Red for Women is a comprehensive platform designed to increase women's heart health awareness and aims to improve the lives of women.

Served FY22:

Estimated FY22 Expenditure: \$0 from HDSP for FY22

Obesity, Nutrition and Physical Activity Program Healthy Kids Healthy Communities (505) 476-7616

Services and Interventions:

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

HKHC coordinators in Zuni Pueblo conducted the following activities in FY22.

- Enhanced and expanded a 50-mile community trail system with new trailhead signage and mile markers designed by a local artist, trail maps, and trail counters to track community usage.
- Food Sovereignty team facilitated a comprehensive garden and rain harvest initiative to distribute rain barrels and home gardening kits to 80 Zuni families in addition to hosting regular family garden nights and community gardening workshops.
- Expanded the Shiwi Ts'ana Elementary greenhouse to include an aquaponics and rain harvesting system. At least 500 elementary students participate in regular planting, watering, harvesting, and seed saving activities and the Zuni Public School District incorporates the produce into cafeteria menus and the Summer Lunch Program.

The HKHC coordinator in the Pueblo de San Ildefonso conducted the following activities in FY22.

- The former HKHC coordinator left the position at the start of FY22 and Pueblo leadership worked actively to recruit a new coordinator, who started in March 2022.
- The new HKHC coordinator: partnered with the San Ildefonso Day School to celebrate Walk and Roll to School Day and planned nutrition education and physical activity sessions for the upcoming school year; and led nutrition education and physical activity in the San Ildefonso Learning Center, including hikes along the trail system, active play, and culturally-tailored food tastings.

In FY22 the ONAPA program conducted the following statewide efforts:

- Contracted with a Native American professional chef Lois Ellen Frank to provide professional development training to Food Distribution Programs on Indian Reservations (FDPIR) food program staff. Tribal communities reached include: Taos, Picuris, Nambe, Tesuque, Pojoaque, San Ildefonso, Ohkay Owingeh, and Santa Clara Pueblos, Santa Ana, Zia, Jemez, Cochiti, Santo Domingo, Isleta, San Felipe, and Sandia.
- Provided training to Women, Infants and Children (WIC) food program staff at Eight Northern Indian Pueblos Council (ENIPC).
- Partnered with the Aging and Long-Term Services Department and the Office of Indian Elder Affairs to plan professional development training for Tribal and senior center nutrition providers.
- Due to COVID-19 and closure of Tribal senior centers, ONAPA created 13 healthy meal preparation videos that are currently in production.
- Established a new statewide program, Farm to Preschool, in partnership with the Early Care and Education Department. Farm to Preschool activities include purchasing New Mexico grown produce for meals and snacks, hands-on gardening activities, nutrition education, and family engagement. Preschools piloting comprehensive Farm to Preschool receive \$9,000 and preschools participating in the mini-grant program receive \$500. Two out of eight pilot programs serve predominantly Native American children and families, as does 1 out of 13 Farm to Preschool mini-grant awardees.

Surveillance: Each year since 2010, ONAPA has conducted the NM childhood obesity surveillance system. In 2021, 42.8 percent of American Indian third grade students and 24.3 percent of kindergarten students were obese in non-metro parts of New Mexico. Obesity prevalence among American Indian students remains the highest among all racial and ethnic groups. This can be attributed to elevated chronic disease risk factors and limited access to healthy, affordable food and places to be physically active.

Served FY22:

- Reach through HKHC in Tribal communities: 7,804 individuals
- Reach through Farm to Preschool: 432 individuals
- 17 Tribal communities received food program training

ONAPA will have the following contracts in FY23 to support Tribal communities:

- Red Mesa Cuisine

- Pueblo de San Ildefonso (MOA)
- Zuni Youth Enrichment Project (MOA and PSC)

FY22 Expenditures:

- \$408,000 (54% state funds, 46% federal funds). Pueblo de San Ildefonso and Zuni Pueblo also leveraged additional funding and resources to support HKHC implementation efforts.

Immunizations

Public Health Division

Immunization Advocacy

(505) 827-2730

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

COVID-19 Vaccination rates from the New Mexico Statewide Immunization Information System (NMSIIS) is provided from the program to the Indian Health Services in partnership of improving rates. Along with data efforts, a contract is in place under the Albuquerque Area Indian Health Board Inc to provide an organization and facilitation services for a tribal data and health summit, one to two follow up meetings, and recommendations for future actions on data sharing between New Mexico tribes, Indian Health Services, Tribal Epidemiology Centers, and the state.

A project manager under ATA Inc. is funded to assist the Office of Tribal Liaison. This position supports coordination of meetings, marketing messages, webinars, and presentations focused on vaccine equity efforts in the state. The position attends vaccine and health equity meetings that include assisting where vaccine equity and access is needed at underserved populations in New Mexico.

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

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

As part of COVID-19 Vaccine Equity efforts, contracts to KERES and COPE have been generated to provide consulting services per Jicarilla Apache Nation, Mescalero Apache Nation, and Pueblo communities. Vaccine Equity Strategy-Work will be provided in tribal communities with the highest number of active Coronavirus Disease (COVID-19) cases, and tribal communities with lowest number of COVID-19 vaccine rates as directed and approved by tribal leadership under the

data sharing agreement. Community numbers/rates will fluctuate from week to week, depending on reported case numbers.

Ongoing collaboration in the COVID-19, Influenza and Pneumococcal Reduction initiative continues, and Epidemiology and Response Bureau leads the effort in facilitating meetings to ensure the activities outlined in the strategic plan are completed. Reminder-recall postcards are mailed monthly to increase flu and pneumococcal vaccinations. Due to COVID-19, not many outreach events were held due to state and federal mandates, but requests are coming in for collaboration efforts.

Served FY22: All American Indian children ages birth through 18 years in New Mexico; children and adults served at outreach sites.

FY22 Estimated Advocacy Federal Fund Expenditures: \$500,000.00

Vaccines for Children

(505) 827-2898

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

Served FY22: Due to COVID-19 this number is not available

FY22: Estimated Federal Fund Expenditures: Approximately \$3,000,000.00

Family Planning Services

Public Health Division

Family Planning Services

(505) 476-8882

This program provides comprehensive family planning services, including clinical reproductive health services, community education and outreach. Technical assistance and funding are 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 and at Isleta Pueblo.

Served FY 22: Clinical services for 221 American Indian or Alaska Native individuals; and educational programming for teens which included 51 American Indian or Alaska Native youth who successfully completed programming.

FY 22 Expenditures: Personnel and administrative costs only, including \$150,449.91 for the education contracts.

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 FY22: All tribes in New Mexico.

FY22 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 (PLWH) through contracts with multi-service HIV Service Provider (HSP) agencies in each region of New Mexico. First Nations Community Health Source (FNCH) is a funded HSP that specifically targets American Indians in both the Albuquerque metropolitan area and the northwestern part of the state. FNCH provides services from offices in Albuquerque, Farmington and Gallup to serve persons from tribal and urban areas statewide, including the Navajo Nation.

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

Served FY22: Approximately 140 persons living with HIV were served by First Nations HSP.

FY22 estimated expenditures: Provider agreement with First Nations for HSP services increased from \$325,000 in SFY 2020 to \$425,000 in SFY 2022. Additional Provider Agreement for dental services in the amount of \$9,000 per fiscal year. Additional expenditures for American Indians served across all providers in the HSP network.

HIV Prevention Program

(505)476-3624

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

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

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

Served FY22: Testing statewide decreased dramatically across all sites and populations in 2020 due to the COVID-19 pandemic. Unable to determine unduplicated count for participants reached by HIV prevention.

FY22 Estimated Expenditures: \$166,900 for First Nations Community HealthSource to deliver culturally specific prevention programs and HIV testing.

Infectious Disease Prevention Team – NW Region

(505) 722-4391

Services: Provide sexually transmitted disease (STD), HIV, adult viral hepatitis and harm reduction services to at-risk persons in the Northwest Region, with an emphasis on American Indians living on or near the Navajo Nation. Services include STD, HIV, hepatitis B and hepatitis C screening and testing; hepatitis A and B vaccines; HIV, STD, hepatitis and harm reduction prevention education; STD treatment, partner services, disease investigation and referrals; syringe exchange and overdose prevention services; and other disease investigation and follow-up services. **Served FY22:** Unable to determine unduplicated count.

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

Tuberculosis Program

(505) 827-2471

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

Served FY22: Services available for all tribes within New Mexico.

FY22 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.

FY22 Services: Caseload Monthly average 38,000

FY22 Estimated Expenditures:

- Federal Fund (Admin): \$14,063,112
- Federal Fund (food): \$15,615,608
- Total Federal Funds: \$29,678,720
- State General Fund: \$179,354

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.

FY22 served: 5,000 WIC clients spent \$89,868 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.

FY22 served: 18,000 seniors spent \$356,140 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 & . Five Sandoval Indian Pueblos. Hasbidito Mobile Farmers' Market serving: Ojo Encino, Nageezi and Torreon. The Alamo and Shiprock Chapters of the Navajo Nation.

Senior Farmers' Market Nutrition Program participating senior centers:

Ohkay Owingeh and San Ildefonso Pueblos.

Pregnancy Support

Public Health Division

Families First is now in ECECD.

School-Based Health Centers

Public Health Division

School-Based Health Centers (505) 487-0822

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

federal cultural and linguistic access standards to serve the target population.

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

Served FY22: 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.

FY22 Estimated Expenditure: \$1,275,000 (for sixteen sites listed above)

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

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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 2021-2022 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

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

Served FY21: Over 30 communities annually.
FY22 Estimated Expenditure: \$375,000

Screening Programs

Public Health Division

Newborn Genetic Screening Program

(505) 476-8868

Children’s Medical Services

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

Served FY22: All newborns are screened for genetic conditions prior to discharge from the hospital. This includes 3,200 American Indian children born in IHS Hospitals and those born in private or public hospitals.

FY22: Estimated Expenditures: \$350,000

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 FY22: Approximately 160 American Indian children required follow-up services.

FY22: Estimated Expenditures: \$50,000

Children's Medical Services

Public Health Division

Children's Medical Services (NMCMS)

(505) 476-8860

Services: CMS provides safety net services and care coordination to Native American children with special health care needs that meet program eligibility requirements to assist families in accessing health care. CMS social workers coordinate multidisciplinary pediatric specialty clinics serving the Native American population in Southeast, Northwest, Central and North Central areas of New Mexico. The clinics help families access specialty medical care for their children with special needs. Specialty care includes: Cleft Lip and Palate, Genetic, Metabolic, Nephrology, Cardiology, Dysmorphology, Endocrinology, Neurology, Pulmonary and Gastroenterology.

Served FY22: 400 American Indian youth and children with special health care needs statewide.

FY22 Estimated Expenditures: \$100,000. Estimated In Kind Contributions related to NMCMS care coordination for these three (3) programs listed above would be \$500,000.

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-based organizations such as Tewa Women United for PRAMS surveillance operations and Title V Maternal Child Health (MCH) Block Grant monitoring.

Since 2011, New Mexico MCHEP staff have worked in formal partnership with the TECs to improve survey participation and have sustained significant representation of Native women in New Mexico PRAMS. Together with the TECs, PRAMS staff continuously improve survey development, revision and data translation. The Pregnancy Risk Assessment Monitoring System (PRAMS) steering committee has statewide representation from tribal stakeholders, including American Indian/Alaska Native (AI/AN) populations. The Navajo Nation Maternal Child Health/PRAMS work group also convenes AZ and NM Title V and MCHEP staff, monthly. We work in a consensus-based manner to establish in-kind and compensated contributions from NEC and

AASTEC staff for data sharing and shared analysis products (e.g., Navajo PRAMS Surveillance report 2012-2018 births). We work across all three sites to develop media and data or policy applications with organizations serving Native American women, statewide and with staff of state and tribal WIC programs.

In 2017, the NM Tribal PRAMS Study began with a census of all NM Native American women giving birth, except Navajo women, of whom 50% are randomly selected. Native American women participating in the NM state PRAMS and in the NM Tribal PRAMS contribute to aggregated responses from both studies (using identical survey instruments) and can be reported in a unified data output. Results were shared at the Second Annual Tribal PRAMS Symposium in February 2020 which was planned by the Albuquerque Area Southwest Tribal Epidemiology Center with support from MCEHP PRAMS staff. Over 200 health and human services staff, CHRs, tribal serving organizations and MCH researchers participated in the 2018 and in the 2020 symposia. A 2021 Tribal PRAMS symposium has not been possible during the COVID-19 pandemic, but NMDOH and TEC surveillance staff are working together to plan a webinar series, which will feature PRAMS data, data to action and policy applications related to maternal and child health.

Title V Maternal Child Health Block Grant

MCHEP and other FHB staff conducted a five-year statewide maternal child health needs assessment in 2019-2020, which was completed and submitted to the Health Resources Service Administration (HRSA) in September 2020. Community and government-based tribal partners were consulted during the entire planning and implementation periods, and community input was gathered in a culminating survey with participation from residents in 17 tribal nations, bands or tribes. NM Title V/MCHEP staff coordinated with the AZ Title V, Dine College and Navajo Epidemiology Center staff in a comprehensive Navajo-area MCH needs assessment, which was completed in August 2020 and helped fulfill the NM Title V objectives to set priority areas for the next five years. The consulting agencies continue to meet monthly to share cross-jurisdictional data and assessments as well as opportunities for community input for the partnering Title V programs.

Maternal Morbidity and Mortality

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

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

Although only five years of NM maternal death data have been reviewed, national findings indicate that Black and Native American women experience two to three times higher prevalence of pregnancy-related deaths compared to Hispanic and non-Hispanic white women, and NM severe

maternal morbidity analysis reveals the same pattern among near-miss or acute medical hospitalizations during pregnancy or postpartum. New Mexico maternal mortality review analysts have been supporting a maternity safety bundle quality improvement initiative to address these disparities and to prevent pregnancy-related deaths among the NM birthing population.

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

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

COVID-19 and Pregnancy Case Tracking

MCHEP analysts developed pregnancy monitoring and follow up protocols to standardize data collection for COVID-19 cases where the case was pregnant or postpartum. The TEC and MCHEP staff modified the CDC COVID-19 pregnancy supplement and the CSTE PRAMS COVID-19 supplement to ascertain pregnancy experiences, birth outcomes and postpartum health status of women who had COVID-19 during pregnancy. The protocols require that cases under non-Navajo tribal jurisdiction are handled by AASTEC epidemiologists and that Navajo area cases are handled by MCHEP staff, including a Navajo Epidemiology Center project director, who work together in close communication. Over 1700 families have been supported by referrals and connections to services, when requested. A presentation of provisional data was shared for the New Mexico Perinatal ECHO session in March 2022. An abstract was accepted with the Council of State and Territorial Epidemiologists to present in June 2022, but contract delays and IRB approval processes meant the results could not be shared until FY23. Aggregate summaries will be shared with health providers, birth workers, and policy makers to inform future emergency preparedness and to improve access to perinatal services.

Data translation

A Title V Maternal Child Health website features data and results from NM and Tribal PRAMS and national datasets pertaining to the NM birth and early childhood populations. The website has been developed to make reports and data queries from NMDOH and TECs consolidated and more accessible. Policy and service resource directories related to perinatal services, maternity safety programming, pregnancy accommodations, lactation support, home visiting and primary care provision highlight data to action with direct service impact.

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

Workforce Development

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

Served FY22: All federally recognized U.S. tribes for NM residents.

FY22 Estimated Expenditures: \$95,000 for communication, technical assistance-capacity building, collaborative media development and intern training with both Tribal Epidemiology Centers and with the UNM College of Population Health.

Maternal Health Program

(505)476-8866

Services: The Maternal Health Program is responsible for leadership on maternal and infant health domains and the distribution of funds under the Title V MCH Block Grant; administrative leadership of the state Maternal Mortality Review Committee, including management of a CDC ERASE Maternal Mortality grant to enhance committee operations; leadership and collaboration to promote perinatal quality improvement initiatives; and licensure and support for the practice of midwives.

Title V Block Grant

A portion of Title V funding is distributed annually through contracts with healthcare providers that provide perinatal services to uninsured individuals experiencing high risk for complications. One of these provider agreements is established with First Nations Community Healthsource, New Mexico's urban Indian health center and a Federally Qualified Health Center located in Albuquerque.

FY23 Title V objectives will be enhanced through an evaluation of the current portfolio of High-Risk Fund contracts with the goal of assuring that a diverse and accessible array of providers is under contract to provide perinatal services. We are specifically looking for opportunities to contract with Indigenous midwives and services that are designed to provide culturally congruent and respectful care to Indigenous families.

FY23 MMRC objectives include ongoing work to diversify MMRC operational staff, including abstractors and key informant interviewers to reflect the population of the state and community-based expertise. We also have a specific goal to increase partnerships with Tribal public health authorities to assure that they have access to MMRC data and analysis that is relevant to tribal communities.

Perinatal Quality Improvement

This work is described above in the MCHEP section above.

FY23 Perinatal Quality Improvement objectives include ongoing work to support the implementation of a maternal safety bundle focused on perinatal substance use disorder that includes respectful care as a core domain. Specific objectives also include increasing engagement of community midwives and birthing centers in perinatal quality improvement, and deepening support for rural providers and hospitals, including IHS facilities through the NM Perinatal Collaborative outreach team to perform emergency drills and simulations in low volume care settings.

Midwifery Licensure

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

FY23 Midwifery Licensure objectives include updates to guidelines consistent with developments in the field and incorporating input from midwives and community members, including Indigenous midwives, birthing families and organizations. We also plan to initiate a pilot program that will make hearing screening equipment available to community midwives so that they may be able to perform this mandated screening in clients' homes. This pilot has the potential to increase access to this service for rural Indigenous families.

Served FY22: Three IHS facilities participated in perinatal quality improvement programming: Gallup Indian Medical Center, Northern Navajo Medical Center, and Zuni Comprehensive Health Center. Indigenous birthing families that delivered at 24 additional enrolled NM birthing hospitals may have benefitted from direct engagement with quality improvement programming. Families served by Indigenous midwives have had access to culturally congruent care in hospital and home settings.

FY22 Estimated Expenditures: Contract with First Nations Community Healthsource for Title V Provider Agreement to provide risk-appropriate prenatal and delivery services for high-risk pregnant people who do not have insurance and are not eligible for Medicaid; \$40,000. Contract with NM Perinatal Collaborative for quality improvement programming that reaches perinatal care providers and hospitals serving Indigenous birthing families (percentage based on population) \$40,000.

Tobacco

Public Health Division

Nicotine Use Prevention and Control Program

(505) 382-2175

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

Surveillance: The NM Behavioral Risk Factor Surveillance System (BRFSS) continues to collect data on tobacco use on an annual basis. Estimates are available via annual reports and NM-IBIS indicators. The Youth Risk and Resiliency Survey (YRRS) collects data on cigarette and other tobacco use among middle and high school students biennially, most recently in Fall 2019 and with plans underway for the next administration in Fall 2022. NUPAC did not provide funding in FY22 since the epidemiologist has retired and new management was not aware that NUPAC had been supporting both the BRFSS and YRRS. Utilization, satisfaction, and quit rates of QUIT NOW enrollees are also collected by NUPAC and its cessation and evaluation contractors on an ongoing basis. The BRFSS, YRRS, and QUIT NOW all include a race/ethnicity demographic question that includes an American Indian category, and data can be analyzed and reported out accordingly.

NUPAC Anti-Oppression Framework

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

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

In FY2, NUPAC funded the annual anti-oppression training and examined how other mitigating racial equity allow for one to recognize health disparities and mental and behavioral health in communities that typically go unnoticed. A toolkit was developed as a resource for attendees on racial equity.

FY22 Services

FY22 services to American Indian populations in New Mexico are provided through contracts and partnerships between NUPAC and Keres Consulting, Inc., Rescue Agency, Alere Wellbeing, Inc., Southwest Tribal Tobacco Coalition, and the New Mexico Allied Council on Tobacco. These organizations provide outreach, education, and engagement

designed to reach Native Americans to eliminate disparities related to secondhand smoke exposure by strengthening secondhand smoke protections. NUPAC also contracts with Rescue Social Change Group to engage youth in community awareness and policy development.

Keres Consulting, Inc.

The New Mexico Department of Health's Nicotine Use Prevention and Control (NUPAC) Program contracts with Keres Consulting, Inc. to manage 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 quality or legislated policy.

In FY22, *Smoke Free Signals* granted 3 Community Health Leader (CHL) awards to tribal community champions to work toward a range of secondhand smoke policy initiatives to protect people from exposure to secondhand smoke. FY 22 award recipients include:

1. Jemez Pueblo
2. Jicarilla Apache Nation
3. Pueblo Action Alliance - A Native-Serving organization in NM

The Community Health Leader orientation delivers a comprehensive including education about the dangers of secondhand and thirdhand smoke and aerosol, the value of smoke- and vape-free homes and vehicles, and examples of successful commercial tobacco-free policies implemented in NM indigenous communities through the CHL program in the past. This training helps guide the CHLs to identify a policy for their community and developing a policy action plan to achieve the corresponding goals.

A third-year awarded Community Health Leader from the Pueblo of Jemez shared that after years of grassroots efforts within the Pueblo, Tribal and Spiritual leaders had adopted a smoke-free policy within their kivas and ceremonies (June 2022). It is not a policy that will be marketed in the community newspaper, or written down as a resolution. But for a traditional leader to tell the community at its first in-person cultural gathering since March 2020 that use of tobacco is not permitted indoors or near other vulnerable community members is not permitted carries great significance in tribal communities and will protect all from the dangerous exposure to secondhand smoke. This work was made possible through the CHL's efforts, and Smoke Free Signals staff speaking to Jemez Governors in 2019.

In FY22, Smoke Free Signals presented the Secondhand Smoke Protections presentation to the following communities. All presentations begin with introduction of dangers of nicotine products with emphasis on combustible and e-cigarettes, then transition into smoke- and vape-free spaces with emphasis on voluntary policies that people can enact in their own spaces while waiting for a more top-down policy from tribal government. Note that COVID-19 continued to impact ability to present in person, so the following presentations were a combination of virtual and in person.

1. Youth summer program, Breadsprings Chapter, Navajo Nation, 7/27/21
2. Youth Coalition, Tesuque Pueblo, 8/21/22
1. Community Health Leadership Program orientation meeting, 10/04/21
2. Community Health Leadership Program orientation meeting, 10/12/21 (different attendee)
3. Community Health Leadership Program orientation meeting, 11/11/21 (different attendee)
4. Santa Fe Indian School, 12/10/21
5. Santa Fe Indian School, 01/14/22 (different set of students)
6. Santa Fe Indian School, 01/28/22 (different set of students)
7. Santa Fe Indian School, 02/04/22 (different set of students)
8. Santa Fe Indian School, 02/22/22 (different set of students)
9. Santa Fe Indian School, 02/25/22 (different set of students)
10. Santa Fe Indian School, 02/25/22, second presentation of day (different set of students)
11. Santa Fe Indian School, 03/25/22 (different set of students)
12. Santa Fe Indian School, 04/01/22 (different set of students)
13. National Tribal Tobacco Conference, 05/17/22

In FY22, Smoke Free Signals provided smoke-free car and smoke-free home signs to the following communities:

- Northern Navajo Medical Center (Kirtland, NM)
- Zuni Recovery Center
- Espanola, NM – personal request

On October 20, 2021, Josiah Concho participated in the nationwide smoke free casino webinar initiative: exploring new trends in tobacco policy use in Indian Country. Josiah served as a spokesperson for the Smoke Free Signals program and shared information about the CHLP program and grassroots policy change.

In Spring 2022, Smoke Free Signals conducted the Kids for Smoke Free Air Challenge with the Pueblo of Isleta Behavioral Health youth program. The program concluded on June 1st. Throughout the program, students collected a total of 157 signatures from adults pledging to keep their homes and vehicles smoke-free.

Additionally, Smoke Free Signals publishes a bi-weekly newsletter published as part of the NUPAC contract with Keres Consulting, Inc. that supports the work of strengthening secondhand smoke protections in Native American communities. The newsletter is currently distributed to 383 recipients.

Rescue Agency

The NUPAC Program contracts with Rescue Agency to support youth engagement through [Evolverment](#), 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. Evolverment partners with students at:

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

Youth from Newcomb, Navajo Preparatory Schools, and Grants made up of 11% of Evolverment New Mexico Leadership Team in FY22.

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

- Newcomb St. Patrick's Day Lunch Table Event
- Newcomb Take Down Tobacco Day Event
- Grants Take Down Tobacco Day Event
- Navajo Prep student participation in Farmington Board Meeting
- Grants-Cibola Board Meeting
- Grants-Cibola High School Principal Meeting
- Navajo Prep student presentations at National Tribal Tobacco Conference

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

- Southwest Tribal Tobacco Coalition Presentation
- Navajo Prep student presentation at National Tribal Tobacco Conference

Consumer Wellness Solutions, Inc. ("Optum")

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

To date in FY22, QUIT NOW Cessation Services has provided individual services to 72 Native Americans in New Mexico. The Health Systems Change Training and Outreach Program offers free consultation, technical assistance, and training for tobacco treatment health systems change. The program provides training and outreach curriculum, including pre/post treatment surveys, Brief Tobacco Intervention training for staff and providers, Cessation Services and Referral training for staff and providers. In FY21, fourteen (14) organizations that specifically serve Native Americans participated in the Health Systems Change Training and Outreach Program including:

1. Albuquerque Area Southwest Tribal Epidemiology Center
2. Albuquerque Indian Dental Clinic
3. Albuquerque Indian Health Center
4. Albuquerque India Health Center – Pharmacy Department
5. Jemez Comprehensive Health Center

6. Native American Training Institute
7. Pueblo of Acoma
8. Pueblo of Pojoaque – CHR
9. Santo Domingo Pueblo
10. Santa Fe Indian School
11. Zuni Recovery Center

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

Black Hills Center for American Indian Health

The New Mexico Department of Health's Nicotine Use Prevention and Control (NUPAC) Program partnered with Black Hills for American Indian Health, a subcontractor, to create a training for the Navajo Nation Youth providing education on tobacco prevention and will include Navajo Elders who will talk about this subject to the Navajo Youth. The purpose of this project is to prevent Navajo youth on the Navajo Nation to not to smoke commercial tobacco. This will be an ongoing partnership to partner with Black Hills Center for American Indian Health.

Estimated Expenditures: \$543,200 – NM Tobacco Settlement Funds – 100%

Epidemiology and Response Division

Birth and Death Certificates | Epidemiology and Response Division

Served: All tribes

Bureau of Vital Records and Health Statistics

(505) 827-0121

Services: The Bureau of Vital Records and Health Statistics (BVRHS) registers about 2,665 births and 1,617 deaths of American Indians each year. The bureau issues certified copies of birth and death certificates to American Indian families and executes amendments, acknowledgments of paternity, and delayed registration of births to assist American Indians in collaboration with tribal registrars to address issues with record registrations for their administrative and legal needs. Our major initiatives continue to focus on conducting registration and issuance assistance to tribal members, especially in obtaining a Real ID driver's license. Although the COVID-19 pandemic suspended in-person outreach events to tribal members, BVRHS worked to provide support and assistance virtually throughout the pandemic with the anticipation of continuing in-person assistance and events when allowed to host live events again. Although the need for birth certificates has decreased a little throughout the pandemic, the BVRHS has been working with funeral homes and various tribal affiliates to ensure timely death records are entered and certified death certificates are issued or easily accessible for individuals. Furthermore, as Pueblo leadership officials and tribal enrollment staff continue, the transition and adjustment from paper to electronic registration procedures, BVRHS continue to assist with training, registration issues, and help-desk ticket issues to resolve problems efficiently and effectively.

Served FY22: All tribes in New Mexico.

FY22: Estimated Expenditures: Personnel and administrative costs were approximately \$162,518. Personnel costs were approximately \$159,521, which include fringe benefits, and costs of supplies for were approximately \$2,997.

Data and Epidemiology Services | Epidemiology and Response Division

Served: All tribes

The Epidemiology and Response Division (ERD), as well as other epidemiologists within DOH are committed to serving tribal communities. Bureaus within ERD conduct epidemiological

surveillance within tribal communities and use these data to assess health related trends and disparities within the State of New Mexico. DOH's Tribal Epidemiologist works with other epidemiologists to monitor and track the health status of tribal communities in New Mexico. Tribes may access specific data through the Tribal Epidemiologist. The DOH maintains close partnerships with New Mexico's two Federally funded tribal epidemiology centers: the Albuquerque Area Southwest Tribal Epidemiology Center and the Navajo Nation Epidemiology Center.

DOH maintains 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.

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

Contacts: Amber Dukes - (505) 476-3569; Dan Green - (505)476-1779

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

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

The NM BRFSS has over-sampled American Indian adults since 2004. Each year, the BRFSS Epidemiologist works closely with a CDC sampling statistician to develop a plan to over-sample American Indian adults, thereby providing a more robust sample resulting in improved estimates for this population. The BRFSS collects data on health risk behaviors, health conditions, and height and weight on an annual basis. The BRFSS also provides population-based estimates of body mass index, overweight, and obesity for the adult population. Estimates are available via annual reports and NM-IBIS (New Mexico-Indicator-based Information System). The planning group for the 2023

BRFSS includes representatives from AASTEC and the Navajo Epidemiology Center.

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

Served FY22: All tribes in New Mexico.

FY22 Estimated Expenditures: Personnel and administrative costs only.

Community Health Assessment Program (CHAP)

(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 is available through the CHAP staff and DOH regional epidemiologists. Data that identifies a specific- tribe is not publicly available, but this information is available to tribes through the IBIS secure tribal query for birth, death, and population data. In FY22, IBIS was upgraded to version 3.0. This upgrade significantly improves ease of use and performance. Additionally, the Tribal Epidemiologist can provide technical assistance to tribes in providing tribe-specific health data. The Tribal Epidemiologist position is supervised by CHAP.

Served FY22: All tribes in New Mexico.

FY22 Estimated Expenditures: Personnel and administrative costs only.

Tribal Epidemiologist

(505) 476-3654

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

Served FY22: All tribes in New Mexico.

FY22 Estimated Expenditures: In-kind services with Tribal Epidemiologist staff salary.

AIAN COVID Epidemiology Team**(505) 660-8486**

During FY22, the AIAN COVID Epidemiology Team collaborated with IDEB case investigation and contract tracing staff, tribes, and tribal entities throughout the state to assure that all American Indian COVID cases and contacts were investigated and provided with isolation and quarantine guidance according to the appropriate Tribal Public Health Authority. NMDOH provided case, hospitalization, and death data to tribes on a daily basis, assisted tribes with outbreak response efforts, and reported vaccine breakthrough and variant of concern cases to Tribal Jurisdictions to inform their community public health responses. NMDOH is thankful for our partnership with American Indian populations and their sovereign governments during the pandemic.

Served FY22: All tribes in New Mexico.

FY22 Expenditures: Personnel and administrative costs only.

Health Systems Epidemiology Program**(505) 827-2642**

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) collects tribal affiliation in the state of New Mexico. The HIDD also integrates IHS hospitalizations (from Navajo Nation and Albuquerque Service Units) into the state-wide dataset.

Served FY22: All tribes in New Mexico.

FY22 Expenditures: Personnel and administrative costs only.

Asthma Control Program**(505) 841-5894**

Services: Provided Asthma Specialty Track Training to Community Health Representatives and Community Health Workers, some of whom serve Tribal communities across New Mexico. Training was offered virtually, from February 10, 2022, through February 24, 2022. Class was capped at 25 participants to provide a meaningful learning environment to gain specialized knowledge and skills in working with families affected by asthma. Participants received continuing education unit credits.

FY22 Estimated Expenditures: Personnel and administrative costs only.

Occupational Health:**(505) 827-0006**

Services: The Environmental Health Epidemiology Bureau (EHEB) Occupational Health Surveillance Program has been involved in collecting and cleaning data relating to the industry and occupation of COVID-19 cases in New Mexico, including tribal members. A new grant was received for fiscal year 2022 that includes a plan to work with the Office of the Tribal Liaison on a comprehensive outreach program to include tribal concerns in Occupational Health Surveillance Program in a way that is inclusive and culturally sensitive. Unfortunately, due to staffing issues work was limited to addressing the COVID-19 cases at workplaces.

Served FY22: All tribal communities within New Mexico.

FY22 Estimated Expenditures: Personnel and administrative costs only.

NM Environmental Public Health Tracking Program:**(505) 827-0006**

Services: The New Mexico Environmental Public Health Tracking Program (NMEPHT), within the Environmental Health Epidemiology Bureau (EHEB), Epidemiology and Response Division, has continued to provide environmental health data on the NMEPHT portal available for all the residents of New Mexico. NMEPHT sponsored a UNM Project ECHO Climate and Health telehealth series

titled [Climate Change in Indigenous Communities](#). In addition, the NMEPHT has added race/ethnicity data elements to its health datasets to better understand health inequities in our state. We also added a health equity page on our data portal that displays a map of superfund sites and the CDC Social Vulnerability Index which can be found here [NMTracking Environmental Health Equity](#).
Served FY22: All tribal communities within New Mexico.

FY22 Estimated Expenditures: Personnel and administrative costs; \$50,000 ECHO speaker sponsorship.

Tribal Cancer Concerns:

(505) 827-0006

Services: Cancer Concerns Work Group (CCW), was formed as a cross-agency collaboration in partnership with the Epidemiology and response division and Public Health Division of NMDOH and the NM Tumor Registry. The CCW is comprised of experienced public health professionals with complementary expertise in the areas of epidemiology, environmental and occupational health, toxicology, and health promotion. The group created standardized protocols to govern investigations, communications, and report templates. Activities have been promoted via online and public meetings. When requested, the CCW has provided tribes, nations, and pueblos with reports about the incidence of cancer in their communities. An inquiry was received from Santa Ana pueblo, but the Indian Health Service has only recently provided access to the needed data to address their request. The CCW plans to provide a report to the pueblo this year. Information about how to submit an inquiry to the CCW can be found at

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

FY22 Estimated Expenditures: Personnel and administrative costs only.

Safe Water (formerly Private Wells) Program

(505) 841-5894

Services: Free well water testing events, a partnership with NMED Ground Water Quality Bureau, were provided for people with private wells serving homes not connected to a public water utility in 6 communities throughout the state. These events served at least 200 NM residents. Participants included residents of Jemez Pueblo, Isleta. The Safe Water Program has continued to support private well water quality data and health information provided on the NMEPHT portal available for all the residents of New Mexico.

Served FY22: All tribal communities within New Mexico.

FY22 Estimated Expenditures: Personnel and administrative costs only.

Infectious Disease Epidemiology Bureau

(505) 827-0006

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

From March 2020, NMDOH IDEB established a group of epidemiologists/staff to assist with data sharing, testing, personal protective equipment and vaccination planning. NMDOH also established a COVID-19 case investigation and contact tracing unit to provide these functions or to work with the Indian Health Service and tribal authorities to assure case investigations and contact tracing was occurring throughout the state. NMDOH has also worked with many of the American Indian populations to assist in the development of their COVID-19 response plans including infection control policies, and isolation and quarantine efforts. NMDOH is thankful for our partnership with the American Indian populations and their sovereign governments during the pandemic.

There was one American Indian hantavirus patient whose specimens was tested and handled at the NMDOH Scientific Laboratory Division. Our Zoonotic Disease staff assisted as needed in the coordination of the investigation. The investigation was primarily handled by the tribal investigators in Arizona.

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

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

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

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

Served FY22: All tribes in New Mexico.

FY23 Estimated Expenditures: In-kind services with staff salaries from epidemiologists.

Emergency Preparedness | Epidemiology and Response Division

Served: All tribes

Cities Readiness Initiative for Medical Countermeasures Dispensing and Public Health Preparedness for

Albuquerque/Bernalillo-Sandoval Counties Metro Area

(505) 476-8292

Services: The Bureau of Health Emergency Management (BHEM) and Public Health Regions collaborate with the Tribal Partners within the Albuquerque Metropolitan Statistical Area (the Pueblos of Cochiti, San Felipe, Isleta, Jemez, Sandia, Santa Ana, Santa Domingo, and Zia) with the Centers for Disease Control and Prevention (CDC) Cities Readiness Initiative (CRI). This includes emergency preparedness planning, training, drills, and exercises. Federal funding was provided to CRI Tribal Partners, through Intergovernmental Agreements, to support emergency preparedness and resiliency activities. Due to the focus on the COVID -19 pandemic and the burden it caused for tribal partners, only two of the eight pueblos were able to participate in the FY22 activities.

Served FY22: The Pueblos of Jemez and Santa Ana

BHEM 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 staff collaborate with local and state public safety and public health officials along with Tribal partners to respond to public health emergencies, natural disasters, or acts of terrorism.

Served FY21: All New Mexico Pueblos, Tribes, and Nations

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.

Served FY22: All New Mexico Pueblos, Tribes, and Nations

The Department Operations Center (DOC)

(505) 469-6464

The DOC has been activated since March 9, 2021 in response to the COVID-19 pandemic, in support of the State Emergency Operations Center (SEOC). This includes the allocation, delivery, and management of COVID-19 testing kits and other medical related missions. The DOC Tribal Liaison also provided updates and participated in the COVID-19 Tribal Leaders/IAD, IHS/Clinical Partners, and the Albuquerque Area Indian Health Service (HIS) COVID-19 conference calls.

Served FY21: All New Mexico Pueblos, Tribes, and Nations

Tribal Public Health Emergency Preparedness Conference

(505) 476-8292

Services: Unfortunately, due to the COVID-19 pandemic, the conference did not take place this year. Planning has started for the 2023 conference and the 23 New Mexico Pueblos, Tribes, and Nations will be invited as attendees.

Injury Prevention

**Epidemiology and
Response Division**

Served Several Tribes and Pueblos

Substance Use Epidemiology Section

(505) 476-1726

Services: The Substance Abuse Epidemiology Section collects and analyzes data on substance use in New Mexico and shares the results with community groups, policy makers, and other stakeholders. The Section assesses negative health consequences of the use of alcohol, prescription drugs, and illicit substances, and promotes the use of effective interventions to address public health issues resulting from substance misuse. American Indians bear a disproportionate burden of alcohol-related harm in New Mexico. The Alcohol Epidemiologist in the Substance Use Epidemiology Section collaborates with the Tribal epidemiologists, the Office of Tribal Liaison, and sovereign partners to assure that reporting on analyses involving American Indians is done in a culturally sensitive manner.

Served FY 22: 23 tribes, pueblos, and nations.

FY 22 Estimated Expenditures: personnel and administrative costs.

Drug Overdose Prevention Program

(505) 827- 6870

Services: The goals of the program are to decrease the number and rate of drug overdose deaths occurring in New Mexico, in part by conducting outreach to Tribes, Pueblos, and Nations. The Program includes a Tribal Overdose Prevention Coordinator position, which supports tribal-based initiatives to change prescriber and patient behaviors, as well as increase access to naloxone and Medication-Assisted Treatment and support patient and prescriber education in collaboration with regional public health offices, the Indian Health Service, clinical facilities, and pharmacies in Tribes and Pueblos throughout the state. For most of FY22 the Tribal Overdose Prevention Coordinator position was vacant, however the Northern Overdose Prevention Coordinator was invited to provide training opportunities to members of the Pueblo of Zia in fall 2021 and that relationship is ongoing. As of May 2022, a new Tribal Overdose Prevention Coordinator has been hired. They have begun engaging with and providing resources to tribal partners interested in exploring collaboration with NMDOH around overdose prevention which can be supported with resources and funding.

Served FY22: Pueblo of Zia

FY22 Estimated Expenditures: Personnel and administrative costs, funded under the CDC's Overdose Data to Action grant.

Childhood Injury Prevention

(505) 827- 6816

Services: This position was vacant during FY 21 and 22 and no services were provided to tribal communities as a result.

Served FY22: no tribal communities.

FY22 Estimated Expenditures:

Suicide Prevention Program

(505) 827-2488

Services:

Suicide Prevention Program staff continue their efforts to reduce the rate of suicide in New Mexico. The New Mexico Suicide Prevention Coalition, which includes several Native American individuals, met four times in FY 22 to network, share information and resources, and to hear suicide-related data and resource presentations. Approximately twelve members of the statewide coalition represent New Mexico's tribal groups and three sovereign nations as well as Native American service agencies involved in suicide prevention initiatives. These individuals established a Native American population-focused workgroup in 2021 which continues as a standing workgroup of the Coalition. Although the individual leading this group relocated to another state, and meetings have been held less frequently during the past quarter, the group did convene to elect two new members as co-leads. Activities in which the members are involved are shared back to the larger Coalition membership at the statewide quarterly meetings.

The Native American workgroup members continue to refine their workgroup structure and are in the process of finalizing their mission and goal statements. Members also continue to work on a cohesive strategic plan to address suicide in native communities across the state, including plans to host a statewide Native American Suicide Prevention Conference in a future year. In addition, Native American workgroup members who are trainers for the Question, Persuade, Refer, suicide gatekeeper training program are involved in exploring options for refining content in this widely used program to adapt the training to make it more culturally appropriate to New Mexico's Native American experience. Toward this end, trainers are working with the program's developers.

Served in FY 22: Coalition members and workgroup representatives include individuals from the Albuquerque Area Indian Health Service, the University of New Mexico's (UNM) *Honoring Native Life Program*, UNM Department of Psychiatry, the Albuquerque Area Southwest Tribal Epidemiology Center, Zuni Youth Enrichment Program, Thoreau Community Center, Mescalero Apache Nation / Prevention Program, Institute of American Indian Arts, Tribal Tech LLC, Cañoncito Band of Navajo Health Care, Navajo Nation, NM Office of Substance Abuse Prevention, Sandoval Regional Medical Center, Eight Northern Indian Pueblos Council, and individual members from Acoma, Kewa, Ohkay Owingeh, Picuris, and Santa Clara Pueblos as well as tribal liaisons and representatives from various New Mexico state agencies and departments such as the Department of Veteran Services, the Indian Affairs Department, and the Department of Health.

FY 22 Estimated Expenditures: Personnel and Administrative costs

Adult Falls Prevention

(505) 476-3042

Services:

The program trained medical providers, community health workers, and other medical workers to use the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) Falls Prevention Toolkit. These trainings were conducted via Zoom, and some of these trainees will serve American Indians. The STEADI training that was held on February 16, 2022, was in partnership with the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) and aimed at training health professionals who work with American Indian populations. The program participated in the Tribal Injury Prevention Coalition and New Mexico Adult Falls Prevention Coalition meeting that focused on home safety and modification tips to prevent older adults from falling. The program attended the

National Council on Aging joint call with tribal organizations to discuss services and implementation of falls prevention for American Indian populations. The program conducted a presentation, *Older Adult Falls Prevention Among American Indian/Alaskan Native Elders*, at the New Mexico Conference on Aging. The presentation was in partnership with the Office of Indian Elder Affairs for American Indian older adults and programs who serve diverse populations. It was held via Zoom on November 17, 2021. The program partnered with the Inter-Tribal Council of Arizona and AASTEC to make A Matter of Balance (MOB), evidence-based falls prevention intervention, more culturally appropriate for American Indians/Alaskan Native older adults. Recommendations were made to the MOB coaches handbook and educational materials that focused on effective communication and encouraged cultural competency. The goal is to submit to Maine Health, program creator, for approval. Roxanne Thomas with the Inter-Tribal Council of Arizona presented recommendations at a webinar, *What Evidence-Based Health Promotion Programs Work with Native Elders*, hosted by the Society for Public Health Education (SOPHE) program and National Council on Aging (NCOA) via Zoom on November 30, 2021. In addition, the NCOA referred work to the Evidence-Based Leadership Collaborative program, and recommendations will be featured in an article regarding how to effectively improve evidence-based programs.

Served FY22: Trainers who provided training statewide for all racial-ethnic groups, including American Indians. Statewide and national partners who work with American Indian older adults regarding effective engagement and encouraged implementation of evidence-based programming within communities and existing structures. Provided educational information to American Indian older adults and senior center staff working directly with this population regarding falls risk and preventative steps.

FY 22 Estimated Expenditures: Personnel and administrative costs only that consist of 50% State and 50% Federal funds.

**Sexual Violence Prevention
Services:**

(505) 827-2725

The program contracts with community-based organizations throughout New Mexico to reduce incidence of sexual violence. This includes conducting evidence-based/informed sexual violence primary prevention programming to elementary, middle, and high school youth, youth tribal councils, parents, and community members. Community level prevention such as policy and procedure reviews and recommendations are provided to agencies, organizations, and groups through contracts with La Pinon Sexual Assault Recovery Services (Las Cruces), Tewa Women United (Espanola), Sexual Assault Services of Northwest New Mexico (Farmington), and other statewide agencies serving the Tribal population. Youth led community mobilization prevention strategies are delivered to Tribal communities in Espanola, through educating and training to decrease general tolerance of sexual violence within the community.

Served FY22: Tribal members within the service areas of the above listed agencies.

FY 22 Estimated Expenditures: \$132,000.00
34% federal funds, 66% state funds expended

Division of Health Improvement

Division of Health Improvement

(505)476-9093

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

In New Mexico, DHI licenses and certifies four healthcare facilities that receive Medicare or Medicaid funding including: Laguna Nursing Center, Mescalero Care Center, Mescalero Family Center Dialysis Center, and Jicarilla Apache Nation Dialysis Center. DHI also provides oversight to three HCBW community providers Coyote Canyon Rehabilitation Center, Tohatchi Area of Opportunity and Services and Zuni Entrepreneurial Enterprises/Empowerment Inc.

Currently there are 377 Native Americans receiving services in various HCBW community programs throughout the state, as well as an undetermined number of Native Americans who are accessing health care at other licensed and certified health facilities around the state.

DHI is committed to providing cultural competent services and requires its surveyors and investigators to complete the State Personnel Office training "Working More Effectively with Tribes". This training has also been provided exclusively for DHI staff. Due to COVID-19, this training was not provided this year.

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

FY 22 Estimated Expenditures: Personnel and administrative costs

Developmental Disabilities Supports Division

Developmental Disabilities Waiver

877-696-1472

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.

Estimated Served FY22: 328 American Indian clients served (Based on Omnicaid Claims paid through June 15, 2022– New Mexico Department of Health, Developmental Disabilities Supports Division).

FY22 Estimated Expenditures: \$36,003,709.00 (Based on Omnicaid Claims paid through June 15, 2022– New Mexico Department of Health, Developmental Disabilities Supports Division).

Medically Fragile Waiver Services

877-696-1472

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

Estimated Served FY22: 21 American Indian clients received services under the Medically Fragile Waiver. (Based on Omnicaid Claims paid through June 15, 2022– New Mexico Department of Health, Developmental Disabilities Supports Division).

FY21 Estimated Expenditures: \$389,665.00 (Based on Omnicaid Claims paid through June 15, 2022– New Mexico Department of Health, Developmental Disabilities Supports Division).

Mi Via Waiver

877-696-1472

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.

Estimated Served FY22: 267 American Indian clients served. (Based on Omnicaid Claims paid through June 15, 2022– New Mexico Department of Health, Developmental Disabilities Supports Division).

FY22 Estimated Expenditures: \$8,310,014.00 (Based on Omnicaid Claims paid through June 15, 2022– New Mexico Department of Health, Developmental Disabilities Supports Division).

Scientific Laboratories Division

Environmental Analysis

(505)383-9023

Analyze drinking water for chemicals, biological, and radiological testing under Federal Safe Drinking Water Act. Total number of samples was 63 for Total Coliform MMO-MUG and 32 samples for chemical analyses

Served FY 21: ABO Ruins Salinas Pueblo Mission, Cochiti Elementary School, Gran Quivira – Salinas Pueblo Missions, Jemez Pueblo Dept of Resource Protection, Manuelito Navajo Children's Home and Manuelito Rest Area

FY 21 Estimated Expenditures: \$9,856

Implied Consent Training and Support

(505)383-9094

Services: Provided classes to certify 118 tribal law enforcement personnel in-person/online as "Operators" and "Key Operators" under the State Implied Consent Act. Certification for Operators is two years, certification for Key Operators is one year. Also, provided certification for breath alcohol test devices (Intoxilyzer 8000) used by tribal law enforcement of DWI/DUID programs. Certification of breath alcohol test devices is one year.

Agencies Served FY 22: Acoma Police Dept., Aztec Police Dept., BIA Southern Pueblos, BIA Northern Pueblos, Crown point Department of Public Safety, Isleta Tribal Police Dept., Jemez Pueblo, Jicarilla Apache Police Dept., Jicarilla Apache Department of Corrections, Laguna Pueblo Tribal Police Dept., Mescalero BIA, Na'Nizhoozi Center (NCI), Ohkay Owingeh, Pojoaque Tribal Police Dept., Ramah Navajo Department of Public Safety, Sandia Pueblo Tribal Police Dept., Santa Ana Tribal Police Dept., Santa Clara Tribal Police Dept., Shiprock Police Department – Navajo Nation, Taos Pueblo Police Dept., Tesuque Tribal Police Dept., Zia Pueblo Tribal Police Dept., and Zuni Police Dept.

FY 22 Estimated Expenditures: Training, instrument certifications and repairs totaled: \$9,841.25.

Implied Consent Sample Analysis

(505) 383-9086

Services: Analyze blood samples for alcohol and drugs of abuse for impairment testing. Total number of 18 cases.

Served FY 22: BIA Mescalero, Isleta Tribal PD, Jicarilla Apache Tribal Police, Laguna Pueblo Tribal Police, Crownpoint DPS, Shiprock PD, Jicarilla Apache Tribal PD, Zia Pueblo Tribal PD, Acoma PD

Facilities Management

Fort Bayard Medical Center (FBMC)

(575) 537-3302

Todd Winder, Administrator

Services:

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

Served FY 22: Through FY 22, 1 tribal member was served.

New Mexico Behavioral Health Institute (NMBHI)

(505) 454-2100

The Meadows @ NMBHI

Tim Shields, Administrator

Services:

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

Adult Psychiatric Division is an acute inpatient hospital accredited by The Joint Commission and provides voluntary, involuntary, and court-ordered behavioral health treatment to individuals, ages 18 and older, suffering from a major mental illness that severely impairs their functioning, their ability to be maintained in the community, and who present as an imminent danger to self and/or others. The governing body of the New Mexico Behavioral Health Institute assumes overall responsibility for the Adult Psychiatric Division's operation. **(9 Tribal Members Served)**

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

functioning. The severity of these disturbances requires 24-hour supervision within a structured positive and motivational, therapeutic setting. CARE is a secure locked facility.

Community-based Services (CBS): Offers adult outpatient psychiatric treatment, Psychosocial Rehabilitation Services, Comprehensive Community Support Services and rehabilitation services. **(19 Tribal Members Served)**

Forensic Division of NMBHI is a 116-licensed bed facility that is fully accredited by the Joint Commission. The primary mission of the Forensic Division is to provide competency restoration services to individuals referred by District Courts across the state. Additional services include providing risk assessments to referring District Courts all pursuant to statutory mandates. The Forensic Division is made up of four, inpatient psychiatric care units that are staffed 24 hours per day. The residential units are the Acute Care Unit, the Continuing Care Unit, and the Women's Unit. There is also a Maximum-Security Unit. **(27 Tribal Members Served)**

The Meadows is a 162-bed long-term care community located on the campus of the New Mexico Behavioral Health Institute. Clinical services offered include short-term rehabilitation, 36-bed secure memory unit, palliative, and long-term care. **(6 Tribal Members Served)**

Served FY22: Through FY22, 61 tribal members from several tribal communities.

Turquoise Lodge Hospital (TLH)
Shauna Hartley, Administrator
Services:

(505) 841-8978

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

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

Served FY 22: Through 6/10/22, 33 tribal members, representing 12 New Mexico tribal communities.

New Mexico Rehabilitation Center (NMRC)

(575) 347-3400

Derek Wheeler, Interim Administrator

Services:

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

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

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

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

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

Served FY 22: Through FY 22, 11 tribal members from several tribal communities.

Sequoyah Adolescent Treatment Center (SATC)

(505) 222-0355

Carmela Sandoval, Administrator

Services:

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

Served FY 22: Through FY 22, 2 tribal members were served from two New Mexico tribal communities.

Los Lunas Community Program (LLCP)

(505) 506-7614

Michael Gemme, Administrator

Services:

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

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

Served FY22: Through FY 22: 5 tribal members were served from three New Mexico tribal communities.

New Mexico State Veteran Home (NMSVH)

(575) 894-4200

Angela York, Administrator

Services:

NMSVH licensed and certified, 135-bed, long-term intermediate and skilled care facility with assisted living. Clinical services offered include short-term rehabilitation, secure memory unit, palliative, and long-term care to honorably discharged veterans with 90 days or more of service and their spouses as well as Gold Star Parents, who have lost children in the service of their country. In addition to full nursing care and in-house physicians, NMSVH also offers social services, activity therapy, physical, occupational, speech/language and restorative care therapies, case management, laboratory services, pharmacy, and transportation services.

Served FY22: Through 6/17/22, 0 tribal members were in our care.

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	David Scrase, MD Cabinet Secretary	David.Scrase@state.nm.us	(505) 827-2613
Office of the Secretary	Laura Parajon, MD Deputy Secretary	Laura.Parajon.state.nm.us	(505) 827-2613
Office of the Secretary	Lea Harrison Deputy Secretary	Lea.Harrison@state.nm.us	(505) 827-2613
Office of the Secretary	Billy Jimenez General Counsel Deputy Secretary	Billy.Jimenez@state.nm.us	(505) 827-2913
Office of Tribal Liaison	Janet R. Johnson Acting Tribal Liaison	Janet.Johnson@state.nm.us	(505) 827-0636
Office of Policy and Accountability	Aryan Showers, Director	Aryan.Showers@state.nm.us	(505) 827-2270
	Martin Brown, Deputy Director	Martin.Brown@state.nm.us	(505) 476-3656
Office of Health Equity	Justin Garoutte Director	Justin.Garoutte@state.nm.us	(505) 946-7313
Public Health Division	Jeff Lara Division Director (Interim)	Jeffrey.Lara1@state.nm.us	(505) 827-2691
Public Health Division	Britt Levine Deputy Director, Programs	Britt.Levine@state.nm.us	(505) 841-5869
Public Health Division	Chris Novak, MD, MPH Medical Director	Christopher.Novak@state.nm.us	(505) 827-2389

Division	Name/Title	Email	Phone
Public Health Division	Heather Black, RN, BSN, BSW Chief Nurse	Heather.Black@state.nm.us	(505)476-3668
Public Health Division, NW Region	Jared Rounselle Region Director	Jared.Rounselle@state.nm.us	(505)841-4110
Public Health Division, NE Region	Nick Boukas Region Director	Nick.Boukas@state.nm.us	(505)476-2659
Public Health Division, SW Region	Dawn Sanchez Region Director	Dawn.Sanchez@state.nm.us	(575)528-5148
Public Health Division, SE Region	Jimmy Masters Director	James.Masters@state.nm.us	(505)347-2409 Ext. 6227
Public Health Division, Population and Community Health Bureau	Tim Lopez Deputy Director	Timothy.Lopez@state.nm.us	(505) 412-2643
Public Health Division, Family Health Bureau	Sarah Flores-Sievers MPH, Bureau Chief	Sarah.Flores-Sievers@state.nm.us	(505)469-0679
Public Health Division, Infectious Disease Bureau	Dan Burke Bureau Chief	Daniel.Burke@state.nm.us	(505)827-2412
Public Health Division, Office of Oral Health	Rudy Blea, BA Program Manager	Rudy.Blea@state.nm.us	(505)827-0837
Public Health Division, Office of Obesity, Nutrition, Physical Activity	Rita Condon, Program Director	Rita.Condon@state.nm.us	(505)476-7623
Public Health Division, Diabetes Prevention and Control Program	Vacant Diabetes Prevention and Control Manager		
Public Health Division, Diabetes Prevention and Control Program	Vacant		

Division	Name/Title	Email	Phone
	Tribal Outreach Coordinator, Diabetes Program		
Public Health Division, Heart Disease and Stroke Prevention Program	Ryan Sanchez, Acting Program Manager	Ryan.Sanchez@state.nm.us	(505)841-5889
Public Health Division, Tobacco Use Prevention and Control	David Tompkins, Manager, Community Health Initiatives	David.Tompkins@state.nm.us	(505)841-5874
Public Health Division, Tobacco Use Prevention and Control	Monica Patten Tribal Outreach Coordinator, TUPAC Program	Monica.Patten@state.nm.us	(505)841-5844
Public Health Division, Office of Community Health Workers	Diana Abeyta Statewide Coordinator, Tribal Coordinator	Diana.Abeyta@state.nm.us	(505)827-0015
Public Health Division, WIC Program	Sarah Flores-Sievers, Director	Sarah.Flores-Sievers@state.nm.us	(505)476-8801
Public Health Division, Farmer's Market Nutrition Programs	Veronica Griego Program Manager	Veronica.Griego@state.nm.us	(505)476-8816
Public Health Division, Children's Medical Services	Susan Chacon, Program Manager	Susan.Chacon@state.nm.us	(505)476-8860
Public Health Division, Newborn Genetic and Hearing Screening Programs	Carla Ortiz Program Manager	Carla.Ortiz@state.nm.us	(505)476-8858
Public Health Division, Family Planning Program	Kate Daniel Title X Director	Kate.Daniel@state.nm.us	(505)476-8879
Public Health Division, Office of	Jim Farmer, Director	Jim.Farmer@state.nm.us	(505)222-8682

Division	Name/Title	Email	Phone
School and Adolescent Health			
Public Health Division, Cancer Prevention and Control Program	Beth Pinkerton, Section Head	Beth.Pinkerton@state.nm.us	(505)841-5847
Public Health Division, Breast and Cervical Cancer Early Detection Program	Kristin Hansen, Education and Outreach Manager	Kristine.Hansen@state.nm.us	(505)841-5836
Public Health Division, Hepatitis Program	Vacant		
Public Health Division, HIV, STD and Hepatitis Section	Andrew Gans, MPH Section Manager	Andrew.Gans@state.nm.us	(505)476-3624
Public Health Division, Maternal Child Health Epidemiology	Eirian Coronado, Maternal Health Epidemiologist	Eirian.Coronado@state.nm.us	(505) 476-8895
Public Health Division, Maternal Health Program	Abigail Reese, PhD, CNM Maternal Health Program Manager	Abigail.Reese@state.nm.us	(505) 476-8866
Public Health Division, Tuberculosis Program	Diana Fortune, RN Manager	Diana.Fortune@state.nm.us	(505)827-2473
Public Health Division, Immunizations Program	Andrea Romero Program Manager	<u>Andrea.Romero@state.nm.us</u>	(505)827-2463
Epidemiology and Response Division	Laura Parajon, M.D. Acting Director	Laura.Parajon@state.nm.us	(505)827-2613
Epidemiology and Response Division	Tierney Murphy, M.D. Acting Tribal Epidemiologist	Tierney.Murphy@state.nm.us	(505)476-3654
Epidemiology and Response Division,	Chad Smelser, Bureau Chief	Chad.Smelser@state.nm.us	(505) 476-3019

Division	Name/Title	Email	Phone
Infectious Disease Epidemiology Division			
Epidemiology and Response Division, Environment Health Epidemiology	Srikanth Paladugu	Srikanth.Paladugu@state.nm.us	(505) 476-3549
Epidemiology and Response Division, Bureau of Health Emergency Management	Christopher Emory, Bureau Chief	Christopher.Emory@state.nm.us	(505) 476-8333
Epidemiology and Response Division, Bureau of Vital Records and Health Statistics	Michael Padilla, Bureau Chief	MichealA.Padilla@state.nm.us	(505)827-0167
Division of Health Improvement	Christopher Burmeister, Director	Christopher.Burmeister@state.nm.us	(505)476-8804
Division of Health Improvement Policy, Planning, Performance	Danny Maxwell, Deputy Director	Danny.Maxwell@state.nm.us	505) 841-5829
Division of Health Improvement Community Programs	Shadee Brown, Deputy Director	Shadee.Brown@state.nm.us	(505) 699-0714
Developmental Disabilities Supports Division	Jason Cornwell Director	Jason.Cornwell@state.nm.us	(505)660-3453
Developmental Disabilities Supports Division	Marc Kolman, Deputy Director	Marc.Kolman@state.nm.us	(505)476-8954
Developmental Disabilities Supports Division	Debbie Bering, Deputy Director	Debbie.Bering@state.nm.us	(505)476-4584
Scientific Laboratory Division	Michael Edwards, Director	Michael.Edwards@state.nm.us	(505)383-9001

Division	Name/Title	Email	Phone
Scientific Laboratory Division	Erica Pierce, Deputy Director	Erica.Pierce2@state.nm.us	(505)383-9003
Scientific Laboratory Division, Environmental Testing	Dr. Phillip Adams, Chemistry Bureau Chief	Phillip.Adams@state.nm.us	(505)383-9023
Scientific Laboratory Division – DWI	Dr. Samuel Kleinman, Toxicology Bureau Chief	Samuel.Kleinman@state.nm.us	(505)383-9086
Scientific Laboratory Division – Infectious Disease Testing	Adam Aragon, Biology Bureau Chief	Adam.Aragon@state.nm.us	(505) 383-9122
Fort Bayard Medical Center	Todd Winder, Administrator	Todd.Winder@state.nm.us	(505)537-8600
New Mexico Behavioral Health Institute	Timothy Shields, Administrator	Timothy.Shields@state.nm.us	(505)454-2100
New Mexico State Veterans Home	Derek Wheeler, Administrator	Derek.Wheeler@state.nm.us	(575)894-4205
New Mexico Rehabilitation Center	Jose Gurrola, Administrator	Jose.Gurrola@state.nm.us	(575)347-3400
Sequoia Adolescent Treatment Center	Carmela Sandoval, Administrator	Carmela.Sandoval@state.nm.us	(505)222-0375
Turquoise Lodge Hospital	Shauna Hartley, LISW, Administrator	Shauna.Hartley@state.nm.us	(505)841-8978
Los Lunas Community Program	Michael Gemme, Administrator	Michael.Gemme@state.nm.us	(505)252-1053

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

SECTION V. APPENDICES

A. Brief Description of the Department's Program Areas

PROGRAM AREA: ADMINISTRATIVE SERVICES

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

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

PROGRAM AREA: PUBLIC HEALTH

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

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

PROGRAM AREA: EPIDEMIOLOGY AND RESPONSE

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

PROGRAM AREA: SCIENTIFIC LABORATORY

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

PROGRAM AREA: FACILITIES MANAGEMENT

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

PROGRAM AREA: DEVELOPMENTAL DISABILITIES SUPPORTS

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

PROGRAM AREA: HEALTH CERTIFICATION, LICENSING AND OVERSIGHT

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

PROGRAM AREA: MEDICAL CANNABIS

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

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	41
Alamo Navajo School Board	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847	
Jemez Pueblo	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847	
Ramah Navajo School Board/Pine Hill Health Center	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847	
First Nations Community HealthSource	Breast and Cervical Cancer Screening and DX	PA	In Effect	Beth Pinkerton	505-841-5847	
Albuquerque Area Indian Health Board (AAIHB)	Public and professional education on breast, cervical and colorectal cancer screening.	Request for Proposal (RFP)	In Effect	Christine Brown	505-222-8609	
Jicarilla Apache Health Care Facility	Influenza Surveillance	PA	In Effect	Diane Holzem	(505) 759-7233	
Taos-Picuris Indian Health Center	Influenza Surveillance	PA	In Effect	Ben Patrick	(505) 758-6922	
Acoma-Canoncito-Laguna (ACL) Hospital	Influenza Surveillance	PA	In Effect	Tammy Martinez	(505) 552-5355	
Connie Garcia	Develop Native American section of NM Cancer Plan; support Cancer Council Native American Workgroup	PSC	In Effect	Christine Brown	(505) 222-8609	

E. NMDOH's Tribal Collaboration and Communication Policy

New Mexico Department of Health

State-Tribal Consultation, Collaboration and Communication Policy

Section I. Background

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

4. Establish a method for notifying employees of the Agency of the provisions of the STCA and the Policy that the Agency adopts.

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

Section II. Purpose

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

Section III. Principles

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

isolation, and health disparities. The Agency's objective is to work collaboratively with Tribes to ensure adequate and quality health service delivery in all tribal communities, as well as with individual American Indians/Alaska Natives in urban areas or otherwise outside tribal communities.

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

Section IV. Definitions

A. The following definitions shall apply to this Policy:

- 1. **American Indian/Alaska Native** – Pursuant the STCA, this means:
 - a) Individuals who are members of any federally recognized Indian tribe, nation or pueblo;
 - b) Individuals who would meet the definition of "Indian" pursuant to 18 USC 1153; or
 - c) Individuals who have been deemed eligible for services and programs provided to American Indians and Alaska Natives by the United States public health service, the bureau of Indian affairs or other federal programs.
- 2. **Collaboration** – Collaboration is a recursive process in which two or more parties work together to achieve a common set of goals. Collaboration may occur between the Agency and

Tribes, their respective agencies or departments, and may involve Indian organizations, if needed. Collaboration is the timely communication and joint effort that lays the groundwork for mutually beneficial relations, including identifying issues and problems, generating improvements and solutions, and providing follow-up as needed.

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

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

Section V. General Provisions

A. Collaboration and Communication

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

1. **The Role of Tribal Liaisons.** To promote State-Tribe interactions, enhance communication and resolve potential issues concerning the delivery of Agency services to Americans

Indians/Alaska Natives, Tribal Liaisons shall work with Tribal Officials and Agency staff and their programs to develop policies or implement program changes. Tribal Liaisons communicate with Tribal Officials through both formal and informal methods of communication to assess:

- a) issues or areas of tribal interest relating to the Agency's programmatic actions;
- b) Tribal interest in pursuing collaborative or cooperative opportunities with the Agency; and
- c) the Agency's promotion of cultural competence in its programmatic actions.

2. **The Role of Tribal Advisory Bodies.** The Agency may solicit advice and recommendations from Tribal Advisory Bodies to collaborate with Tribes in matters of policy development prior to engaging in consultation, as contained in this Policy. The Agency may convene Tribal Advisory Bodies to provide advice and recommendations on departmental programmatic actions that have tribal implications. Input derived from such activities is not defined as this Policy's consultation process.

3. **The Role of Work Groups.** The Agency Head may collaborate with Tribal Officials to appoint an agency-tribal work group to develop recommendations and provide input on Agency programmatic actions as they might impact Tribes or American Indians/Alaska Natives. The Agency or the Work Group may develop procedures for the organization and implementation of work group functions. (See, e.g., the sample procedures at Attachment A.)

4. **Informal Communication.**

a) **Informal Communication with Tribes.** The Agency recognizes that consultation meetings may not be required in all situations or interactions involving State-Tribal relations. The Agency recognizes that Tribal Officials may communicate with appropriate Agency employees outside the consultation process, including with Tribal Liaisons and Program Managers, in order to ensure programs and services are delivered to their constituents. While less formal mechanisms of communication may be more effective at times, this does not negate the Agency's or the Tribe's ability to pursue formal consultation on a particular issue or policy.

b) **Informal Communication with Indian Organizations.** The State-Tribal relationship is based on a government-to-government relationship. However, in certain instances, communicating with Indian Organizations can benefit and assist the Agency, as well. Through this Policy, the Agency recognizes that it may solicit recommendations, or otherwise collaborate and communicate with these organizations.

B. Consultation

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

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

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

Section VI. Dissemination of Policy

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

Section VII. Amendments and Review of Policy

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

Section VIII. Effective Date

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

Section IX. Sovereign Immunity

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

Section X. Closing Statement/ Signatures

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

David Scrase, M.D.
Acting Cabinet Secretary
Department of Health

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

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

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

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

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

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

Acknowledgements

This report is, itself, a product of collaboration among NMDOH programs and administration. I want to acknowledge Aiko Allen for all of her work, commitment, energy, and dedication over the past years when she served as Tribal Liaison for NMDOH. It is because of Aiko's tireless efforts that we are able to see the Office of Tribal Liaison grow and develop and continue to best serve our 23 Sovereign Nations. Another person who needs to be recognized is Dr. Tierney Murphy, for taking on the additional duties of Tribal Epidemiologist and for her role of assisting in the coordination of the Epidemiology and Response Division's submissions.

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

Thank you to the talented André Walker, NMDOH graphics designer who contributed the cover page graphic design elements and layout. I would also like to recognize Ms. Andrea Cunningham, ERD, for her winning photograph in our 2022 Land Acknowledgement photo contest. Ms. Cunningham's picture is a shot of Los Alamos Main Hill Overlook, we are pleased to feature Ms. Cunningham's photo as the cover of this year's Annual Report.

Kun'da woha,

Janet R. Johnson
Acting Tribal Liaison
Department of Health



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