State-Tribal Collaboration Act
July 31, 2026 Agency Report

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

Gina DeBlassie - Cabinet Secretary

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SECTION I. AGENCY: Executive Summary

The New Mexico Department of Health (NMDOH) is committed to improving the health and well-being of all New Mexicans through transformative partnerships, equitable services, and data-informed public health initiatives. Guided by the principles of accountability, transparency, and respect for Tribal sovereignty, NMDOH actively collaborates with Tribal Nations and other partners to expand access to care and address systemic health disparities across the state. NMDOH is a centralized system of health services with a Governor appointed Cabinet Secretary. NMDOH operates across 33 counties, out of 31 public health offices, 7 facilities, and in collaboration with the 24 Tribes, Nations, and Pueblos to provide direct care services to those who call New Mexico home.

In alignment with the State Tribal Collaboration Act (STCA), the NMDOH Office of the Tribal Liaison (OTL) plays a pivotal role in fostering enduring, government-to-government relationships with Tribal communities. OTL works within the Office of the Secretary to facilitate government-to-government communication, support Tribal access to state resources, elevate Tribal public health priorities and build & maintain relationships with Tribal leadership across the state. This includes encouraging NMDOH staff to engage meaningfully with Tribal partners in the design and delivery of culturally responsive health programs and services. OTL works across the entirety of NMDOH, this report shares about the purpose and work of the OTL and demonstrates our commitment to partnering with Nations, Pueblos, and Tribes (NPTs) in New Mexico.

Office of Tribal Liaison Report Highlights:

The Office of Tribal Liaison's (OTL) mission is to promote better health and wellness outcomes among the twenty-four sovereign Nations, Pueblos, and Tribes (NPTs) in New Mexico through on-going consultation, communication, and collaboration. Strategies the OTL utilizes to accomplish our mission and assist colleagues are to serve as an agency communication hub for government-to-government work and open channels of communication from the Office of the Secretary to Tribal Leadership regarding programs and services available through NMDOH. OTL serves as diplomat for NMDOH in working with Tribal Leadership and staff on issues of concern. OTL has been instrumental in the following initiatives helping Tribes access resources available through the NMDOH.

Examples of our daily activities include serving as a technical advisor and resource hub for NMDOH, providing cultural humility training for agency staff, and convening formal and informal consultations. OTL coordinates with Tribal Nations, IHS, and local partners to deliver a culturally respectful, rapid public health response. NMDOH programs listed here are intended for all Tribal Governments and Tribal citizens.

Senior Food Box Program

Over the past three years, OTL has addressed food insecurity by working in collaboration with NMDOH Seniors Farmers Market program to expand access to Senior Food boxes. Adriana Dominguez has successfully led the effort to ensure elders from Tribes are aware of this program and sign up. Every year since 2025 the number of participants from Tribal communities has nearly doubled. In FY25, over 500 food boxes were distributed, in FY 2026, over 1,000 boxes were distributed. More details about the Senior Food Box program can be found below in our report.

Primary Care Clinic - Ruidoso Public Health Office (575) 545-6789

Contact: Dr Cortland Lohff, Medical Director

Services: The Ruidoso Public Health Office continues to offer primary care services through its primary care clinic. That clinic, which began operations in 2025, was established in partnership with the Mescalero Apache Tribal Council in part to help improve access to primary care services to Tribal members. A second primary care clinic was established at the Southeast Heights Public Health Office in Albuquerque. Dr. Cortland Lohff, Medical Director for the Center for Access and Linkage to Health Care and Toney Johnson, project consultant and member of the Navajo Nation, provide medical and operational oversight, respectively, for both clinics. To help ensure Tribal Members have access to safe and high-quality primary care services, the Mescalero Primary Care Advisory Committee was established. This committee, led by Mr. Johnson, includes representatives from the following:

- NMDOH: Center for Access and Linkage to Health Care, Office of the Tribal Liaison, and Office of Primary Care and Rural Health
- Other state agencies: Indian Affairs Department and Health Care Authority
- Other healthcare partners: Presbyterian Healthcare Services – Lincoln County, Indian Health Services - Mescalero Service Unit, and Indian Health Services - Albuquerque Area ,
- Mescalero Tribe: Mescalero Apache Council, Mescalero Community Health Representative (CHR), and Mescalero Council members from the community services committee.

To help promote the availability of primary care services, Mr. Johnson, along with staff from the primary care clinic, attended health fairs hosted by the Mescalero Tribe and by the Lincoln County Community Health Council. They also attended the Mescalero Child Find event. At these fairs/events, clinic flyers were

shared with Mescalero Tribal members as well as with other programs and services providing services to Tribal members.

Served in FY26: Mescalero Apache Tribal members and residents of the Ruidoso community.

Funding FY: $1.2M general fund allocation which supported both primary care clinics.

Data-Sharing Agreements

In a significant step toward improved health coordination, NMDOH OTL has been successful in conversations with Indian Health Service and Tribal Epidemiology Centers serving 24 Nations, Tribes, and Pueblos in New Mexico. The Data Sharing Agreements (DSAs) and Memorandums of Agreements (MOAs) reinforce transparency, mutual respect, and a shared commitment to Tribal sovereignty and health equity.

Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC)

In August 2025, OTL and Tribal Epidemiologist completed a new DSA between NMDOH and AASTEC. The agreement demonstrates NMDOH's continued partnership and support of AASTEC's efforts to improve the quality and availability of health data for the Indian Health Service Albuquerque Area American Indian/Alaska Native population. The data shared focuses on emergency department and hospitalization data.

Navajo Area Indian Health Service (NAIHS)

In June 2026 OTL and Tribal Epidemiologist facilitated coordination for a new MOA between Navajo Area Indian Health Service (NAIHS) and NMDOH to strengthen collaboration on public health initiatives. This agreement reinforces a shared commitment to advancing public health through strengthening partnership, coordinated action, and the responsible exchange of information while honoring Tribal priorities, Tribal data sovereignty, and Tribal values. The two parties will enhance public health surveillance, expand access to resources, strengthen emergency preparedness, and improve health outcomes for Tribal and surrounding communities through collaborative, culturally responsive, and data-informed approaches.

Tribal Roundtables and Policy Collaboration

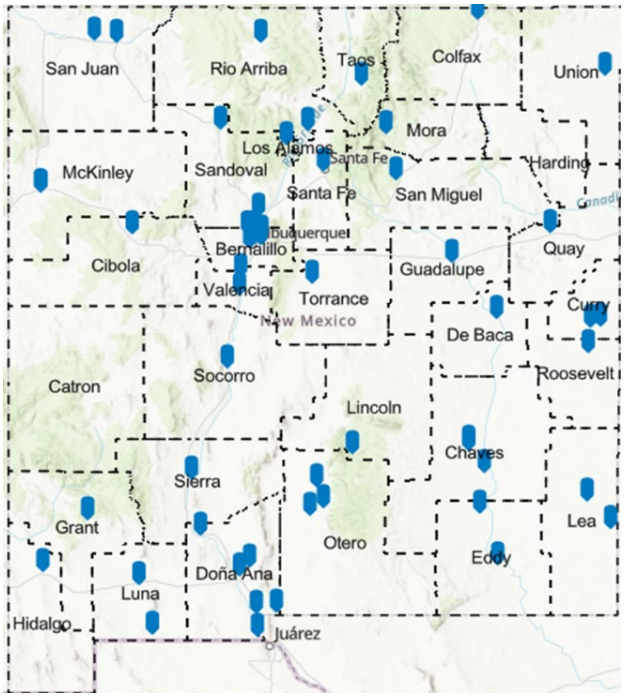
NMDOH, through the Office of the Tribal Liaison, regularly convenes Tribal Roundtables to support open, two-way dialogue with Tribal governments. These sessions foster mutual understanding, inform state policy development, address urgent community needs, and improve access to resources. Topics range from health equity and infrastructure to telehealth, education, and access to healthcare. By creating space for mutual exchange and direct input, these roundtables strengthen advocacy for Tribal priorities and deepen state-Tribal partnerships.

Coordinated Measles Response with Tribal Nations, Indian Health Service (I.H.S.) and Tribal Epidemiology Centers (TECs)

In response to a multi-jurisdictional measles exposure, NMDOH worked in close coordination with Tribal governments, the Indian Health Service (IHS), Tribal Epidemiology Centers (Albuquerque Area Southwest Tribal Epidemiology Center and Navajo Nation Tribal Epidemiology Center) and local public health offices to launch a culturally respectful and timely public health response. This collaborative effort included rapid case identification, vaccination clinics, contact tracing, and community education tailored to the needs of Tribes. NMDOH leveraged longstanding relationships and interagency protocols to ensure Tribal sovereignty was honored throughout the response process. This effort demonstrated the value of trusted partnerships in delivering swift, equitable care and highlighted the effectiveness of coordinated emergency preparedness planning among Tribal, state, and federal partners.

Through these efforts, NMDOH continues to build a more inclusive, accessible, and culturally attuned health system that respects the sovereignty and voices of New Mexico's Tribal Nations. These partnerships serve as models for collaborative governance and shared responsibility in protecting and promoting public health for all.

Additionally, in furtherance of NMDOH's commitment to improving healthcare access for all New Mexicans, including the 24 Tribal nations, Public Health Offices are strategically located throughout the state, currently in 31 of 33 counties.



SECTION II. AGENCY OVERVIEW/BACKGROUND/IMPLEMENTATION

A. Mission Statement

The NMDOH Mission is to promote health and well-being and to ensure improved health outcomes for all New Mexicans.

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:

Public Health Division

- Center for Access & Linkage to Health Care
- Center for Health Protection
- Center for Healthy & Safe Communities
- Center for Medical Cannabis & Psilocybin
- Office of Community Engagement
- Scientific Laboratory

Facilities Management Division

- Los Lunas Community Program
- Fort Bayard Medical Center
- New Mexico Behavioral Health Institute
    - The Meadows
- New Mexico Rehabilitation Center
- New Mexico State Veterans' Home
- Sequoya Adolescent Treatment Center

- Turquoise Lodge Hospital

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 six (6) 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.

C. Policy Applied

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

- **Senior Food Box Program**
- **Primary Care Partnership with the Mescalero Apache Tribe**
- **Data-Sharing Agreement with Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) and Navajo Area Indian Health Service**
- **Measles Response with Nations, Tribes, and Pueblos**
  In response to a measles exposure, NMDOH coordinated with Tribal Nations, IHS, and local partners to deliver a culturally respectful, rapid public health response including vaccination, contact tracing, and education. The effort showcased the strength of trusted, interagency emergency collaboration.
- **Outreach to Tribes and Urban Indian Serving Organizations**
  Throughout the year, the OTL tables at various events including state and Tribal and community events, hosting Roundtables to hear directly of Tribal health priorities, information sessions on state resources available, and the OTL Tribal Health Bulletin.

NMDOH OTL Spring Outreach Event

Nizhoni Days Powwow 2026 OTL Outreach

On-going outreach and input opportunities are continually made available to the Tribes, Pueblos, and Nations and Tribal serving organizations. NMDOH's Tribal Liaison continues to facilitate these activities and opportunities, communicates identified Tribal needs and priorities to the Secretary and works collaboratively with NMDOH and Tribal Nations 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 to reduce identified health inequities. Face-to-face meetings, conference calls, emails, written documents in a variety of formats, interactive videoconferencing, and webinars are vehicles through which communication occurs.

SECTION III. CURRENT RESOURCES FOR AMERICAN INDIANS

Office of the Secretary

The Office of the Secretary provides executive leadership and strategic direction for the New Mexico Department of Health (NMDOH). It oversees department-wide initiatives, ensures alignment with state health priorities, and promotes collaboration across public health programs and agencies. To ensure coordinated delivery of health services and alignment of priorities, the Office includes direct reports such as the Deputy Secretary/Chief Operations Officer, Chief Medical Officer, and the Tribal Liaison.

The Office of the Secretary is committed to upholding the tenets of the State Tribal Collaboration Act (STCA), by fostering respectful and effective government-to-government relationships with New Mexico's sovereign Tribal Nations. Together, these efforts support the Department's mission to advance the health and well-being of all New Mexicans through effective policy, leadership, and cross-sector collaboration. Secretary DeBlassie's commitment to Nations, Pueblos, and Tribes is underscored by supporting Office of Tribal Liaison priorities. Secretary DeBlassie regularly participates in site visits to Tribal communities to share information about DOH programs and services as well as attends information sessions convened specifically for Tribal government and citizen access.

The Office of the Tribal Liaison (OTL) provides leadership in coordinating more effective leveraging of NMDOH resources dedicated to promotion of equity and reduction of health disparities among American Indian populations through participation in quality improvement, public health accreditation, development of the state health improvement plan, and other strategic initiatives undertaken by NMDOH.

- Serve as a central resource exchange mechanism between Tribal and staff NMDOH staff in regard to integration of western science best practices in public health, evidence-based models, and evaluation methods that complement indigenous knowledge and Tribal health systems development and improvement.
- Facilitate training to NMDOH staff regarding the State-Tribal Consultation Act (STCA).
- Provide technical assistance to NMDOH staff and programs in the development and implementation of policies, agreements, and programs that directly affect American Indian populations.
- **Communications** Over the past fiscal year (July 2025-June 2026) NMDOH's Communications Department has worked closely with the Office of the Tribal Liaison to understand and promote its role in working with, and respecting, Tribal Nations and Tribal serving entities around the state. The Communications Department assisted OTL and reviewed many presentations and reports created by Tribal Liaison Johnson. In addition to support of reports and presentations the Communications Department has assisted with the following in FY 26:

- The communications office facilitated the delivery of NMDOH's 10-year suicide prevention plan, completed late in 2025, to Janet Johnson of the Office of Tribal Liaison, for review and approval.

- The communications office, working in tandem with the agency's Tribal liaison Janet Johnson, created and issued a news release in July 2025 announcing the memorandum of agreement between the New Mexico Department of Health and the Navajo Nation to share data and strengthen public health access and analysis.

- The communications office scheduled state veterinarian Erin Phipps to appear on Native America Calling in May 2026 to discuss hantavirus and its potential threat to Tribal communities in the Southwest. (Note: Janet Johnson was not available to do the show, but she recommended Dr. Phipps in her absence.)

In addition, communications director Robert Nott continues to meet regularly with Janet Johnson for updates on what her program is doing for the agency and the Tribal community at large.

Tribal Liaison Janet Johnson Presenting at the Partners in Preparedness Conference Spring 2026

Policy and Performance: We serve as the primary liaison between the New Mexico Legislature and NMDOH. Our role is to provide support to the programs and senior leadership in the development and implementation of key policy initiatives and reporting on their status to the legislature.

- Legislative Engagement - During the interim we work closely with committees to ensure the Legislature is educated and well informed on the work we do. During the session we work to analyze the impact of legislation on both NMDOH as an agency and the overall public health of New Mexico

- Local Government Engagement – Our program serves as a conduit between local governments and our agency. We seek to gather input and work with our local governmental partners to improve New Mexico's overall health. We seek to align our

priorities with the diverse range of needs within our state by working directly with local officials to align key health priorities.

- Strategic Planning – Policy and Performance also manages strategic performance, quality improvement, and public health accreditation. Through these programs we help ensure NMDOH is meeting the needs of our state and is consistently improving and responsive to the needs of New Mexicans.

Office of Training and Development

- The Office of Training and Development (OTD) supports the New Mexico Department of Health's (NMDOH) commitment to the State Tribal Collaboration Act (STCA) by ensuring that staff are equipped with the foundational knowledge and training necessary to engage respectfully and effectively with Tribes, Pueblos, and Nations. While OTD does not directly collaborate with external Tribal partners, it plays a critical internal role in preparing NMDOH staff to meet STCA requirements through coordinated training, onboarding, and learning support.
- A key component of this effort is the integration of State-Tribal Collaboration Act content into New Employee Orientation (NEO). During NEO, the NMDOH Tribal Liaison provides a dedicated presentation that introduces new staff to the purpose and requirements of STCA, outlines the services and support provided by the Office of Tribal Liaison (OTL), and emphasizes the importance of culturally responsive practices in public health. This session ensures that all new employees receive a consistent and foundational understanding of NMDOH's responsibilities in working with Tribes, Pueblos, and Nations.
- The NEO presentation also introduces the required cultural competency training, Working More Effectively with American Indians Pueblos, Tribes, and Nations in New Mexico (WMET), and reinforces its importance in supporting respectful, informed, and effective engagement with Tribal communities. Through this early exposure, staff are better prepared to understand their individual roles in supporting the Department's government-to-government relationships and collaboration efforts.
    - OTD has trained **479** DOH employees since July 1, 2025.
- In addition to onboarding, OTD provides administrative support for the Department's required STCA-related training, Working More Effectively with American Indians Pueblos, Tribes, and Nations in New Mexico (WMET), which is developed and facilitated through the Office of Tribal Liaison. OTD supports the operational aspects of training access and documentation for this course through the Department's learning management system, TrainNM.
    - 193 participants complete the online version of WMET as of 6/16/2026 with an additional eight attendees for an in-person training. Another in-person training is scheduled at the end of June 2026.
- This support includes coordinating course registration, maintaining training records, verifying attendance, issuing completion certificates, and generating training reports. OTD provides these reports to the Office of Tribal Liaison to

support their oversight of training participation. OTD serves in a supportive, administrative role to ensure accurate tracking and accessibility of training information for this course.

- OTD also engages in ongoing collaboration with OTL to review and provide input on newly developed trainings, ensuring that appropriate Tribal considerations are incorporated where applicable. This internal partnership strengthens the Department's ability to deliver training that is aligned with STCA principles and responsive to the needs of Tribal communities.
- Through these coordinated efforts, the Office of Training and Development contributes to NMDOH's broader mission of fostering respectful, informed, and effective engagement with Tribes, Pueblos, and Nations by building staff capacity and supporting compliance with the State Tribal Collaboration Act.

Public Health Division

Center for Access and Linkage to Healthcare

The Center for Linkage and Access to Healthcare offers public health offices throughout the State of New Mexico offering multiple public health programs. Services include: Children's Medical Services, (CMS), Clinical Health Services (immunizations, family planning, Tuberculosis, breast and cervical cancer screening, harm reduction, etc.) Disease Prevention Services (DPS), Sexually Transmitted disease (STD) and HIV Testing, tracking and treatment, harm reduction, etc.) epidemiology (surveillance, investigation, and treatment of reportable diseases), Health Promotion, School Health and Emergency Planning and Preparedness and Medicated Opioid Use Disorder Treatment.

Northwest Region **(505) 841-4110**

Dominic Rodriguez, Director

Services: The Northwest Region Health Promotion team collaborated with community Tribal Health Councils by providing technical support and assistance with community health improvement strategies to align with their community health improvement plans. Technical assistance of regular check-ins, ongoing education and training was provided to Pueblo of Acoma, To'hajiilee/Canoncito Band of Navajos, Pueblo de Cochiti, Santo Domingo Pueblo and Santa Ana Pueblo. The FY26 Tribal Health Council contracts totaled $538,945 and was 100% State funded.

The Health Promotion team provided education and awareness of Public Health Office services and access to these services in collaboration with all Tribal Health Councils for Tribal communities. The Health Promotion team also provided support to Tribal Health Councils in their respective community priority areas such as suicide prevention, harm reduction, access to behavioral health services, 988, distribution of gunlocks, Paths to Health, SBIRT, emergency preparedness, medication for opioid use disorder and mobile units engagement to provide clinic preventive services, immunizations, and vital records within their tribal communities.

As for Violence Prevention, the NW Region Health Promotion staff provided information on the Extreme Risk Protection Order education and awareness as requested and provided distribution of gunlocks for all 5 Tribal communities in the region. Narcan distribution and promotional supplies were provided to Tribal communities as requested in collaboration with other DOH programs such as Overdose Prevention Program, Nicotine Use, Prevention and Control and Alcohol Misuse Prevention efforts were supported by the Health Promotion team.

FY26 estimated expenditures: Personnel, administrative and transportation costs.

Northeast Region (505) 476-2675

Alexis Avery, MPH, PhD, Director

Services: The Northeast Region Health Promotion Team supported the work of five Tribal Health Councils with their respective Community Health Improvement Plans. Four Health Promotion Specialists, a Community Epidemiologist, a Health Promotion Coordinator, and the Manager provided regular education, training, and technical assistance with each of the Councils' contracted deliverables for their local constituents. Nambe, Picuris, San Ildefonso, Tesuque, and Santa Clara Pueblos received a combined total of over $550,000 – the full amount of FY26 funds allotted to these five councils.

In FY26 work was completed to prepare for the upcoming FY 2027 beginning July 1, 2026. Councils' priorities for FY27 will continue to address issues such as harm reduction, access to opioid use disorder services, mental/spiritual health, suicide prevention, gun safety, chronic disease self-management, diabetes prevention, and access to care. Councils each incorporate their own culturally appropriate and evidence-based practices into their initiatives, emphasizing prevention strategies that strengthen protective factors, such as active involvement in school, family, and community, as well as their traditional beliefs and practices. These strategies also reduce risk factors that increase vulnerability to mental/spiritual unwellness, diabetes, obesity, substance abuse, violence, and other poor health outcomes. In addition to regular activities, for FY27, Health Promotion is working to increase awareness of the Radiation Exposure Compensation Act (RECA) benefits that Tribal members may be eligible for.

FY26 estimated expenditures: Personnel, administrative, training, and transportation cost.

Southeast Region (505) 222-4620

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

Southwest Region (575) 528-5174

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

FY26: Mescalero Apache Tribe

FY26: estimated expenditures: Personnel, administrative, training, and transportation cost.

Center for Healthy and Safe Communities

The Center for Healthy and Safe Communities is made up of four Bureaus and 30 programs that serve New Mexicans statewide in a variety of ways with the goal of improving the health of the population. Bureau staff write and report on grants; develop and monitor contracts; create and oversee budgets, finance, and staffing; develop program policies and procedures; collaborate with partners and other stakeholders; and provide overall guidance for program staff across the state. Many of the Bureau programs, such as WIC, Children's Medical Services, Harm Reduction, Comprehensive Addiction and Recovery Act (CARA), and Family Planning have staff working in the public health offices around the state. Others work with contractors and other partners on topics such as infectious disease, chronic disease, cancer prevention, and tobacco cessation.

Comprehensive Addiction and Recovery Act (CARA) Program
The CARA Program engaged in ongoing relationship building and systems coordination with Tribal stakeholders, Indian Health Service (IHS) facilities, Tribal social service agencies, behavioral health providers, Early Childhood Education and Care Department (ECECD) partners, and hospital systems serving Native American communities throughout New Mexico.

Program activities emphasized culturally responsive and trauma informed approaches while recognizing Tribal sovereignty, government-to-government relationships, and the importance of Tribal self-determination in family service coordination and Plans of Safe Care (POSC) implementation.

- **CARA Key Activities and Accomplishments**
    - Developed and implemented Tribal-informed operational guidance and workflow practices related to Plans of Safe Care involving Native American infants and families.
    - Established internal guidance supporting early identification of potential Tribal affiliation or Tribal involvement when infants or parents reside on Tribal lands, identify with a Tribe, receive Tribal services, or when one parent may have Tribal affiliation.
    - Supported collaboration with Tribal social service programs, Indian Child Welfare Act (ICWA) representatives, behavioral health entities, and Tribal health systems to improve communication and continuity of care for substance exposed infants and families.
    - Coordinated with the Early Childhood Education and Care Department (ECECD) regarding home visiting and supportive service access for Tribal families, including considerations related to service provision on Tribal lands.

- Participated in meetings and coordination efforts with hospital systems and Indian Health Service facilities serving Native American communities regarding CARA implementation, referral processes, and Plans of Safe Care workflows.
- Conducted outreach and relationship development with Tribal and IHS partners to support culturally appropriate referrals, reduce barriers to services, and strengthen collaborative systems of care.
- Assisted with development of formal communication templates and procedures related to:
    - Tribal jurisdiction inquiries
    - Tribal case coordination
    - Voluntary service engagement
    - Case closure communication
    - Ongoing offers of support and collaboration with Tribal partners

- Promoted approaches recognizing that Tribal enrollment status alone should not delay supportive outreach or coordination efforts when Tribal affiliation or involvement may be present.

- Supported multidisciplinary coordination between hospitals, behavioral health providers, child welfare entities, Tribal partners, and community-based organizations to improve outcomes for families impacted by prenatal substance exposure.
- Collaborated with internal and external stakeholders to improve statewide consistency regarding Tribal engagement practices within CARA service coordination.

Systems Development and Technical Assistance

CARA program activities included ongoing systems development and technical assistance intended to improve equitable access to services for Native American families. Efforts focused on improving communication pathways between state and Tribal partners while supporting family-centered and culturally responsive care coordination practices.

Technical assistance and systems coordination activities included:

- Consultation regarding Tribal engagement practices
- Review and development of operational workflows
- Support for interagency coordination
- Planning discussions regarding Tribal service referrals
- Coordination with hospital discharge planning teams
- Strengthening communication pathways between agencies serving Tribal families

Partnerships and Collaborative Engagement
Collaborative activities included engagement with:

- Indian Health Service facilities
- Tribal health and social service agencies
- Tribal ICWA representatives
- Early Childhood Education and Care Department (ECECD)
- Behavioral health providers
- Hospital systems
- Home visiting programs
- Community-based service organizations

The program also engaged in discussions regarding secure referral processes, continuity of care, and culturally responsive service delivery for Native American infants and caregivers.

Goals and Ongoing Priorities
Ongoing priorities for the CARA Program include:

- Continued strengthening of Tribal relationships and partnerships
- Expansion of culturally responsive Plans of Safe Care coordination
- Increased collaboration with Tribal health and social service agencies
- Improved referral pathways and service accessibility
- Development of sustainable cross-system coordination practices
- Enhancement of family-centered and trauma informed approaches
- Support for Tribal sovereignty and government-to-government engagement principles in CARA implementation

The NMDOH CARA Program remains committed to collaborative partnership with Nations, Tribes, and Pueblos to support the health, safety, and wellbeing of Native American infants, children, and families impacted by substance exposure and related behavioral health challenges.

Harm Reduction Services Program – Tribal Partnerships

Contacts:

Mattee Jim **(505) 372-8365**

Teresa Tureitta **(505) 372-9759**

Services:
Transforming Lives for Healthier Communities. The Harm Reduction Section works to reduce substance-related harm while enhancing individual, family, and community wellness. We strive to accomplish this work by providing individuals who use substances services in a culturally respectful and responsive manner.
Referrals and information about all statewide services for Harm Reduction can be found on the searchable website: www.nmharmreduction.org.

Served FY26: Below are the five funded Tribal Communities and the Deliverables for the program.
Taos Pueblo, Santo Domingo Pueblo, Zuni Pueblo, To'Hajiillee Tribal Community, Alamo Tribal Community
Deliverables:

1. Provide MAT/MOUD services to Tribal members
2. Provide opioid overdose prevention education and Naloxone distribution
3. Conduct community events providing information about opioids, overdose, and other substance use issues
4. Conduct community workshops providing cultural teachings and values that also incorporate opioid awareness/education and how to overcome stigma

FY26 Estimated Expenditures: $156,000 to each Tribal Community listed above for this Fiscal year. This will be a four-year funded cycle with FY26 being the first year.

Office of Community Health Workers

Contact: **Comm.HealthWorker@doh.nm.gov**

Cliffton Webb **(505) 627-8565**

During the reporting period, community outreach activities were carried out by the Office of Community Health Workers (OCHW)'s Tribal & Northern Coordinator from July 1, 2025 to May 8, 2026. As of this report, this position is currently vacant, and outreach efforts are being carried out by the OCHW team. The OCHW continues to maintain continuity in engagement, ensuring effective collaboration, consultation, and technical assistance with Tribal communities and Indigenous Nations across New Mexico. Key community outreach and support activities included:

- Monthly OCHW Tribal and Statewide Collaborative Meetings: Held on the second Tuesday of each month from July 2025 through June 2026. These professional development sessions consistently engaged 30–35 participants representing approximately 15–18 Tribal communities.
- Quarterly Community Health Representative (CHR) Association Engagement: Collective participation in two New Mexico & Southern Colorado (NMSC) Community Health Representative (CHR) Association meetings in December 2025 and March 2026. Presentations focused on the New Mexico Community Health Worker (CHW) model, CHW training opportunities, certification pathways, and tailored technical assistance. These sessions included participation from up to 20 Tribal communities.
- September 2025-October 2025: Successfully completed the required 40-hour Medical Interpreter Training in the Kewa language. The Tribal & Northern Coordinator's participation strengthened NMDOH's capacity to provide meaningful, accurate and culturally responsive language access and to better serve New Mexico's tribal communities.

- September 2025: Hosted CHW Certification tables at Gallup Public Safety Fair (27 CHR attendees), NM Aging and Long-Term Services Department Annual Conference (19 CHR attendees), UNM World Health Fair (11 CHR attendees).
- October 2025: Requested by NM Aging and Long-Term Services Department's Office of Indian Elder Affairs – Indian Area Agency to present about CHW Certification at their Monthly Meeting. Hosted CHW Certification table at Pine Hill Health Center (16 CHR attendees).
- February 2026 and May 2026: Invited to attend Molina Healthcare's Q1 2026 Native American Advisory Board Meeting. Molina Healthcare provides additional information about their progress as one of the Turquoise Care Medicaid managed care organizations. Their Office of Native American Affairs supports and advocates for Native American Medicaid members in a respectful and culturally appropriate manner.
- March 2026: Collaborated with DOH's Office of Community Engagement to recruit five (5) CHRs to participate in DOH's Qualified Medical Interpreter Training. The Tribal & Northern Coordinator ensured language compatibility among participants so they could fully engage in assignments that required communication in the same language. Participants' languages were Navajo and Keres.
- March 2026: Requested by the Albuquerque Area Southwest Tribal Epidemiology Center's Tribal CHW Public Health Preparedness Coordinator to attend the Healthy Native Babies Program session.

Training & Technical Assistance || Certification Outreach and Assistance:

July 2025 – May 2026: Conducted on a regular basis virtual one on one technical assistance sessions through MS Teams to various CHRs on their certification applications.

Site Visits:
- September 2025: Santa Ana Pueblo
- October 2025: Santa Ana Pueblo and Pine Hill Navajo Nation
- December 2025: Cochiti Pueblo
- February 2026: Isleta Pueblo
- March 2026: Acoma Pueblo
- May 2026: Ysleta del Sur Pueblo

Training & Technical Assistance Efforts || New Mexico CHW/R Medicaid Reimbursement Model:
- December 2025 - Albuquerque Area Southwest Tribal Epidemiology Center Meeting
- March 2026 - New Mexico & Southern Colorado (NMSC) CHR Association Meeting

CHW Academic Career Pipeline Program

Santa Fe Indian School (SFIS): OCHW proudly supports a training endorsement partnership with Santa Fe Community College (SFCC) to strengthen the CHW academic and career pipeline. Through this collaboration, students at SFIS participating in Health Career Programs can become certified CHWs. This pathway serves as a bridge to higher education and careers in Community Health, Public Health, and related health or social service fields. The program directly supports workforce development and addresses provider shortages in Tribal and underserved communities across New Mexico. Twenty-one (21) students were enrolled for the 2025-26 SFIS academic year. The Tribal & Northern Coordinator presented on CHW Certification Scope of Practice to students in March 2026. Molina Healthcare's Office of Native American Affairs Program Manager invited OCHW to attend the student reception to honor SFIS students for completing the Community Health Worker Certificate Program at SFCC in May 2026.

CHW/R Specialty Trainings

- Nicotine & Tobacco Control Specialty Track – March 2026. Recruited six CHRs to pilot test online specialty training. Through collaboration with DOH's Nicotine Use Prevention and Control. This training is designed to enhance knowledge of tobacco and nicotine control, including how to support clients in preventing, quitting, or managing their use. The training went live in May 2026. Upon completion, CHRs will earn 12 Continuing Education Units (CEUs) in support of state CHW certification.

- Cardiovascular Health (CV) Specialty Track – March 2026. Recruited six CHRs to pilot test online specialty training. Through collaboration with DOH's Heart Disease and Stroke Prevention Program. This training is designed to enhance knowledge of various cardiovascular diseases, specifically heart disease and stroke prevention. It includes risk factors, treatment options and communication, including how to support clients. The training went live in May 2026. Upon completion, CHRs will earn 12 CEUs in support of state CHW certification.

FY26 Estimated Expenditures: Program fees go to support the administration of the certification process.

Office of Oral Health (OOH) 505-476-3028

This report presents an overview of oral health interventions conducted by the New Mexico Oral Health Office (OOH) within Tribal communities across the state. Recognizing the significant oral health disparities faced by Indigenous populations, the report underscores the importance of culturally sensitive, community-driven approaches to improve oral health outcomes.

Tribal communities in New Mexico experience higher rates of dental diseases such as

tooth decay and periodontal disease compared to the general population. Contributing factors include limited access to dental care, geographic isolation, socioeconomic challenges, and historical barriers that affect trust and engagement with healthcare systems.

The interventions described in this report include outreach and collaboration, and preventive measures offered by the Office of Oral Health (OOH), such as oral health education, preventive clinical services, and partnerships with Tribal leaders and Tribal health organizations such as the Native American Professional Parent Resources (NAPPR). These efforts incorporate traditional knowledge and respect for Tribal sovereignty, with the goal of enhancing community participation.
The OOH delivers these interventions primarily through outreach events within Tribal communities. Preventive clinical services provided by the OOH include dental screenings and fluoride varnish and sealants applications. Additionally, the OOH provides incentives such as toothbrushes, toothpaste, and dental floss to participants. Outreach and preventive interventions by the 3 field offices across the state include:

- Mescalero Apache Child Find event: Provided oral health education to 31 participants, 31 dental screenings and 31 fluoride varnish applications. Additionally, 40 toothbrushes, 40 toothpaste tubs and 40 flossers were provided to participants.
- Acoma Pueblo Health Fair: 121 participants attended this event. The OOH provided oral health education. Additionally, 143 toothbrushes, toothpaste tubs, dental floss were distributed.
- The Eight Northern Pueblos event: 98 adults and 71 children attended the event. The OOH provided oral health education and 9 dental home referrals. Additionally, 131 toothbrushes, 131 toothpaste, dental floss, 43 flossers, and 6 finger toothbrushes were provided.
- Santa Clara Child Find event: 84 adults and 52 children attended this event. The OOH provided 30 dental screenings, 10 fluoride varnish applications, and oral health education to 41 attendees. Additionally, 121 toothbrushes, toothpaste, dental floss, flossers, and 12 finger toothbrushes.
- Gathering of Nations partnership event with the New Mexico Dental Association Foundation. At this event the OOH provided oral health education to 300 attendees. Additionally, the OOH distributed 300 toothbrushes, 300 toothpaste tubs, and 300 dental floss.
- Go Red for Native Women: 418 adults attended this event. The OOH provided oral health education and distributed 288 toothbrushes, 288 toothpaste tubs and 144 dental floss.
- Santa Clara Oral Health Education event: 15 parents attended this event. The OOH provided oral health education, and distributed toothbrushes, toothpaste and dental floss for the families represented in this event.
- Santa Clara Behavioral Fair event: 100 participants attended this event. The OOH provided oral health education and distrusted 100 toothbrushes, 100 toothpaste and 100 floss.

- Isleta Head Start event: provided fluoride varnish and oral health education to 98 children. Additionally, 98 toothbrushes, toothpaste and dental flossers were distributed.
- CYFD Fostering Connections Gallup Baby Shower event: 33 parents attended this event. The OOH provided an oral health presentation and dispensed 48 toothbrushes, toothpaste and floss.
- Tribal Maternal Wellness event: 350 participants attended this event. The OOH provided an oral health presentation and dispensed 288 toothbrushes, toothpaste and dental floss.
- Zuni Head Start event: provided fluoride varnish and oral health education to 77 children. Additionally, 77 toothbrushes, toothpaste and dental flossers were distributed.

Preventive Services:
OOH conducts a mobile prevention program targeting early head start, head start, pre-school and elementary school aged children statewide. During the 2025-2026 school year students participated in the program throughout the state.

A total of 178 Native American children participated in the fluoride varnish program. They received oral health education, a dental screening, fluoride varnish application and oral health incentives such as toothbrush, toothpaste and dental flossers after the intervention.

A total of 6 Native American children participated in the sealant program. They received oral health education, a dental screening, dental sealant application and oral health incentives such as safety glasses, toothbrush, toothpaste and dental flossers after the intervention.

Key Indicators for FY26:

- 184 students enrolled in the Office of Oral Health prevention programs
- 1,910 individuals served at community events
- 705 individuals received oral health education at community events
- 190 dental screenings provided at community events
- 180 fluoride applications provided at community events
- 29 referrals provided at community events
- 4,988 incentives distributed at community events

FY26 Estimated Expenditure: Expenditures are not tracked for a specific population.
FY26 In Kind Expenses: 100 % general fund: dental clinical supplies, oral health education material, staff presentations, staff, state vehicle and travel time to events.

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

Services: Provide free breast and cervical cancer screening and related diagnostic follow-up care for American Indian individuals residing in the state who meet program eligibility criteria. These services are available through First Nations Community Health Source, and at approximately 40 other federally qualified health centers and hospitals throughout the state. Those diagnosed with breast or cervical cancer through the BCC Program may be eligible for Medicaid coverage for treatment of their condition. Also available are public awareness activities and education for Tribes interested in increasing community capacity for breast and cervical cancer control.

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

Served FY26 (YTD): 45 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 for FY26, no American Indian women have been diagnosed with invasive breast cancer. One American Indian woman has been diagnosed with invasive cervical cancer so far in FY26. Approximately 2,085 community members received information and/or education via programs supported by the Breast and Cervical Cancer Early Detection Program.

Comprehensive Cancer Program (505) 841-5860

Services: The Comprehensive Cancer Program (CCP) provides support for culturally and linguistically tailored cancer prevention, risk reduction, and screening education programs in partnership with Tribal entities.

With funding from the Comprehensive Cancer Program in FY26, the Albuquerque Area Indian Health Board (AAIHB) conducted a capacity building training on evidence-based cancer screening for 32 Community Health Representatives (CHRs) from 16 New Mexico Tribal/Pueblo communities on the burden of breast, cervical, and colorectal cancer among Native populations, current screening recommendations, and evidence-based strategies to improve the delivery of breast, cervical and colorectal cancer screening and to improve uptake of human papillomavirus (HPV) vaccination. AAIHB conducted in-depth interviews and focus group discussions with Native American men to better understand barriers and facilitators for colorectal cancer screening, since screening rates are lower among men than women. AAIHB developed a navigation guide for follow up of positive stool tests to facilitate colonoscopy appointments and conducted provider education on the latest screening recommendations at tribal health clinics.

The University of New Mexico’s Prevention and Population Sciences team collaborated with Navajo communities to increase physical activity and healthy eating through policy, systems, and environmental changes by facilitating a walkability assessment in Crownpoint and in Tohajiilee to identify potential trails for upgrades and improvements. The team also presented a webinar on the Healthy Dine' Nation Act (HDNA) and

described some of the benefits and results it has produced to promote healthier lifestyles on the Navajo Nation with 35 attendees.

The Program also provided administrative and programmatic support to the New Mexico Cancer Council's Native American Work Group (NAWG), which continued to support implementation of the New Mexico Cancer Plan in Native American communities and promote utilization of New Mexico Tumor Registry data for program planning, implementation, and evaluation. The NAWG continues to network and outreach to various Native American and Indigenous groups and organizations, and those who serve them, to increase its membership.

Served FY26: Approximately 150 community members received information and/or education via programs supported by the Comprehensive Cancer Program; no community members received direct services through the FY26 meetings of the New Mexico Cancer Council's Native American Workgroup.

FY26 Estimated Expenditure: $88,500 to date in federal grant [55%] and state [45%] funds, as well as approximately $1500 in NMDOH staff salaries [federal].

Tribal Cancer Concerns: (833) 796-8773

Services: The Cancer Concerns Work Group (CCW) was formed as a cross-agency collaboration in partnership with the Center for Health Protection (Environmental Health Epidemiology and Community and Health Systems Epidemiology Bureaus) and Center for Healthy and Safe Communities (Population and Community Health Bureau) within the Public Health Division of NMDOH and the NM Tumor Registry at the University of New Mexico Health Sciences Center. 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 provides Tribes, Nations, and Pueblos with reports about the incidence of cancer in their communities. No formal requests have been received in FY26 but a report for San Felipe Pueblo is being worked on by the CCW. The Indian Health Service provided access to the needed data to address their request. In addition, members of the CCW participate in the monthly Navajo Cancer Workgroup. Information about how to submit an inquiry to the CCW can be found at
https://nmtracking.doh.nm.gov/health/cancer/CancerConcernsWorkgroup.html
https://phdp.doh.nm.gov/health-topics/nm-tracking/cancer/concerns-workgroup
FY26 Estimated Expenditures: Personnel and administrative costs only.

Diabetes & Cardiovascular Health Section
Family Healthy Weight Program

Services: In FY26, DPCP implemented the Family Healthy Weight Program (FHWP), Smart Moves for Kids. This evidence based FHWP is a 12-week program for children aged 7-17 who have been diagnosed with obesity. Children, adolescents, and their families and caregivers meet twice per week for exercise and once per week for a nutrition education or behavior modification class using the Smart Moves Workbook. Each 12-week session includes topics in nutrition education, behavioral modification, parent/caregiver classes, and physical activity. This program is modifiable and can be adapted to meet cultural and community needs.
Served FY26:

- Taos Whole Community Health
  - 12 families (cohort 2)
  - 5 families (cohort 3)
  - FY26 funding Taos Whole Health for implementation and tailoring of program for Cohorts 2-3
  - $20,000 Federal funds via CDC Grant
- Tesuque Pueblo
  - FY26 funding for Tesuque Pueblo for implementation and tailoring of program for cohort 2.
  - Cohort 2 is anticipated to begin in June 2026.
  - $20,000 Federal Funds via CDC Grant
- Organizational Rebel
  - Funding to support Tesuque Pueblo and Taos Whole Community Health, and additional partners in curriculum tailoring, implementation and evaluation
  - $60,000 via State General Funds
- Smart Moves for Kids
  - Curriculum training and technical support with the curriculum developer
  - $5,475 via state general funds

Estimated FY26 Expenditure: $105,475.00 paid by DPCP State General Funds and Federal Funds

National Diabetes Prevention Program

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

starting weight and to accumulate 150 minutes of moderate physical activity each week. The Diabetes Prevention and Control Program (DPCP) also trains individuals to become certified lifestyle coaches, so they are prepared to implement the National DPP in their communities. Advanced Skills Training is also offered to trained lifestyle coaches, which are required to maintain their certification.

Served FY26:

- 1 participant in National DPP identified as American Indian
- NMSU
    - Implement National DPP in FY26
    - $20,000 via State General Funds
- Taos Whole Community Health
    - Implement National DPP in FY26
    - $20,000 via State General Funds
- Three Sisters Kitchen
    - Implement National DPP in FY26
    - $20,000 via state general funds

Estimated FY26 Expenditure: $60,000.00 paid by DPCP State General Funds.

Kitchen Creations Cooking Schools for People with Diabetes

Services: Kitchen Creations is an evidence-based series of cooking classes on nutrition and cooking for adults with diabetes and their families or caregivers. Instructors teach appropriate meal planning and address food selection, portion control, techniques of food preparation and new products available to improve the diet of people with diabetes. Recipes are appropriate for New Mexico's populations and cultures.

Served FY26:

Kitchen Creations in FY26 had 1 participant who identified as Native American

- Kitchen Creations is funded via IGA with NMSU, approximately $50,000 of that agreement funds Kitchen Creations. Those funds are all state general funds.

Estimated FY26 Expenditure: $50,000.00 from DPCP State General Funds

Total Estimated FY26 Expenditures: $215,475.00

Obesity, Nutrition and Physical Activity Program
Healthy Kids Healthy Communities Program (505) 903-3100

Services and Interventions:

Since 2010, the New Mexico (NM) Department of Health's (DOH) Obesity, Nutrition, and Physical Activity (ONAPA) and Healthy Kids Healthy Communities (HKHC) programs have partnered with multiple Indian Tribal Organizations on healthy eating, physical activity, and obesity prevention efforts. HKHC currently works with Zuni Pueblo and focuses on obesity prevention efforts in the Early Childhood Education (ECE) and school settings, food system, and built environment.
HKHC coordinators in Zuni Pueblo conducted the following activities in FY26.

In FY26, the HKHC program provided federal and state funding to implement healthy eating and physical activity strategies in the Zuni Head Start program, Shiwi Ts'ana elementary school and the broader Zuni community:

- Planned and coordinated traditional dance lessons during PE at Shiwi Ts'ana elementary. Lessons were taught by Zuni cultural leaders. Students practiced every day and the lessons culminated in a dance performance for the community during Zuni's Indigenous Day celebration.

- Supported the Zuni Public School District (ZPSD) nutrition, physical education, and physical activity wellness policy implementation.

- Implemented the Eat Smart to Play Hard and Rooted in Healthy Traditions Challenges. 510 students participated and were supported by 100 faculty and staff.

- Implemented Zuni leagues: including soccer, basketball, softball, and flag football.

- Celebrated NM Grown and Farm to School month in October with student taste tests of local produce and new menu items.

- Planned and implemented healthy concession stand menu items during April 2026 softball games.

- Held a water consumption only challenge for two weeks during basketball season. Teams successfully completing at least a week of the water challenge earned a prize.

- Partnered with James and Joyce Skeet from Spirit Farm to hold a gardening workshop for interested Zuni community members. Participants toured the farm, tried edible plants, and learned about soil health and how to start seeds.

- Celebrated the harvest season with an ancestral community meal.

- Implemented Family Cook Nights once per month during the fall.
- Partnered with Halona grocery store to promote healthy food options.
- Built a greenhouse and conducted gardening lessons at the Lakeside Community Center.

- Upgraded Bear and Cougar trail parking lots to reduce muddiness and installed mileage markers, removed Blackrock trailhead and merged with another trail to reduce vandalism of trailhead signs, installed a trail “counter” box at Cottonwood trailhead, and collected trash.

In FY26, the ONAPA program conducted the following statewide efforts:
September 10th and 11th, 2025: Partnered with the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) and Albuquerque Area Indian Health Board, (AAIHB) to provide a presentation on the Healthy Kids Healthy Preschool (HKHP) program for the Tribal Maternal Wellness Summit at the Santa Ana Star Casino Hotel.

Surveillance: Each year since 2010, ONAPA has conducted the NM childhood obesity surveillance system except for the 2020 school year due to COVID. In 2025, 37% of American Indian third grade students had obesity. This ongoing trend may reflect inequities such as socioeconomic status, food insecurity, and community infrastructure that have a substantial health impact on the well-being of historically marginalized communities.

Served FY26:

- HKHC Zuni Pueblo reach: approximately 6,100 individuals
- Individuals reached by the HKHP presentation: 100

ONAPA and HKHC will have the following contract in FY27 to support Tribal communities:

- Zuni Youth Enrichment Project

FY26 Expenditures:
$300,000 (83% state funds, 77% federal funds). Zuni Pueblo also leveraged additional funding and resources to support HKHC implementation efforts. Federal funds that support the ONAPA and HKHC programs are uncertain in FY27.

Immunization Program 833-882-6454

Services: Provided immunization educational resources and administered respiratory and routine vaccines statewide during outreach events serving both pediatric and adult populations: school-based vaccine clinics, community-located vaccine clinics. Other advocacy activities include the annual “Got Shots?” back-to-school vaccine catch up events statewide and collaborations with other agencies and coalitions on identifying strategies to improve immunization rates. Vaccination rates from the New Mexico Statewide Immunization Information System (NMSIIS) is provided from the program to the Indian Health Services in partnership of improving rates. Recruiting efforts to enroll providers under the Vaccines for Children program to distribute vaccine for administrations to American Indian/Alaskan Native children.

Vaccines For Children Provider

Under the Vaccines for Children Program a total of twenty-four tribal providers are enrolled with the Immunization Program and receive vaccine at no cost to provide all recommended vaccines to children. Eight are Indian Health Service providers and fifteen are tribal medical centers. These providers are located in the following regions.

8 in the Northwest Region covering-Gallup, Laguna, and Zuni
4 in the Northeast Region covering-Jicarilla, Santa Fe, Santa Clara, and Taos
10 in the Metro Region covering-Jemez, Santa Ana, San Felipe, Isleta, and Kewa
2 in the Southwest Region covering-Mescalero

For fiscal year 2026, 80,317 vaccines were administered from tribal providers enrolled in the Vaccines for Children program. Vaccines administered include respiratory and recommended routine vaccines.

Department of Health Mobile Vaccine Team

The Immunization Program has the existing mobile vaccine contracted team that consists of clinical staff that travel statewide to provide vaccine access to rural areas of the state. Many of the community events attended are Tribal populations. Twenty-nine Mobile Vaccine Clinics have been conducted at Tribal communities so far, this fiscal year at Acoma, San Felipe, Santa Ana, Dulce, Ohkay Owingeh, Picuris, San Ildefonso, Tesuque, Gallup, Shiprock, and Mescalero. With a total of 911 vaccines administered at the events. 73 doses of COVID vaccine, 818 doses of Flu vaccines and 20 doses of MMR vaccine administered with future events scheduled through summer and the upcoming respiratory season in Fall/Winter.

Marketing Efforts-Real Time Solutions Contract and NMDOH Marketing Team

Vaccine marketing campaigns for measles awareness and vaccine access locations occurred on television, radio, webpage, and educational resources to prevent measles cases from occurring and eventually declaring the measles outbreak in New Mexico over on September 26, 2025. Many vaccine access clinics were made available for vaccine catch up. Currently a vaccine catch up campaign is occurring to promote Got Shots efforts by local radio, social media, billboards, and webpage. The campaigns are focused on reaching all populations in the state, with a focus on rural area population. The Got Shots Clinics that will be occurring statewide are being held June 13th-August 29th to promote access of vaccine clinics for parents that may not have access directly in their area or may have struggled to get an appointment for vaccine catch up. Mobile clinics are the best way to go to the communities for those that may need to travel far for healthcare. Messaging is provided in multiple languages to ensure all populations in the state are receiving the latest information.

New Mexico Immunization Coalition

Invites for attendance of the Immunization Practice Advisory Council meetings, webinars on vaccine, annual conference, vaccine advisory group, and trainings are provided from the coalition to get the latest information on vaccines and the program.

Recognition Efforts

During the annual New Mexico Immunization Coalition meeting funded by the Immunization Program the following vaccine champion awards were presented for efforts of going above and beyond. This is a great accomplishment for protecting tribal communities from vaccine preventable diseases.

Mescalero Indian Health Services achieved an excellent immunization rate of 92% for two-year olds! Their small yet effective nursing team provides immunization services in the clinic and at outreach clinics throughout the reservation; the team plans and coordinates offsite immunization events to serve schools, daycare programs, and health fairs. They follow the “E3” initiative (Vaccinate Every patient, at Every encounter, with

Every recommended vaccine) which, together with standing orders, has reduced missed opportunities and increased their immunization rate.

Kewa Pueblo Health Corporation (Santo Domingo Health Center) employed creativity in their communication efforts about measles during the recent outbreak. Utilizing a proactive approach, the team developed materials to educate Tribal leadership and the community. They assessed the MMR coverage rate in the community, created culturally relevant materials to educate community members, and hosted multiple evening drive-through vaccination clinics to get people adequately protected. Their efforts made a significant impact on the MMR coverage rate for the community and kept their community safe from the potential outbreak.

Association of Immunization Managers (AIM) award submitted by the program, Kateri Chino-As Community Health Program Manager, Ms. Chino of Pueblo of Acoma persistently leads the charge of making immunizations realistically accessible in Indigenous communities in New Mexico. She supports health initiatives in Native American communities and ensures health equity in Tribal Communities through best practices, outreach and engagement, self-determined education, partnerships, and sustainability. While working on vaccine equity efforts she built relationships with nineteen Pueblos and two Apache Nations discussing respiratory and routine vaccine initiatives. Cultural tailored education materials were developed in Indigenous languages to increase vaccine confidence. The outreach efforts started a collaboration of trusted messengers in the community that proceeded with mobile vaccine clinics and community discussions. Ms. Chino planned the first Tribal Vaccine Equity Conference in New Mexico and reached members from all Tribal communities in the state including participants across Navajo Nation. The conference sparked more interest in vaccine equity information, mobile vaccine clinics, long COVID, and shingles. This conference was a successful turnout as much outreach was occurring previously in the communities, that brought the interest of vaccine importance. The Tribal Vaccine Equity Conference was impactful and was requested again by attendees.

Served FY26: All American Indian/Alaskan Native children ages birth through 18 years in New Mexico; children and adults served at outreach sites. fa
FY26 Services: Provide free childhood vaccinations to all American Indian/Alaskan Native children where they receive health services, including all IHS clinics, First Nations Community Health Source, other public health clinics and private providers.
FY26 Estimated Expenditures: In-kind federal vaccine costs and personnel costs.

Family Planning Services (505) 476-8882

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

Served FY26: Clinical services for 632 American Indian or Alaska Native individuals.
FY26 Expenditures: all Family Planning Services are funded through Federal grants (74%), Medicaid revenue (11%), and State General Fund (15%).

Nutrition Services
Farmers' Market Nutrition Program (FMNP) (505) 469-0548

Services: The Farmers Market Nutrition Program (FMNP) aims to address food insecurity among underserved populations, particularly WIC Families. This program provides access to fresh, locally grown produce through benefits on a Mobile app or Shopper card in the amount of $40.00 per active-eligible participant, which can be redeemed at authorized farmers markets, farm stands, and other participating outlets.
FY26 served: 6,425 WIC clients and they spent $119,664 throughout New Mexico.
Federal Funding Total issued $231,269.00

Senior Farmers' Market Nutrition (SFMNP) (505) 469-0548

NMDOH Farmers Market Nutrition Programs: Connecting New Mexicans to Fresh, Local Food
and Supporting Our Farmers & Communities

ABOUT OUR PROGRAM The New Mexico Department of Health Farmers' Market Nutrition Programs connect eligible seniors, elders, and WIC families to fresh locally grown foods while supporting New Mexico agriculture and local economies. The Senior Farmers Market Program (SFMNP) is supported with federal funding and provides eligible seniors age 60 and older and Native American elders age 55 and older with benefits of $50.00 per season that can be used at approved farmers markets and farm stands. In addition to federal SFMNP funding, the program uses state funding to expand services in rural, Tribal, and underserved communities through farm fresh food box distributions up to $100.00.

Participating Tribes, Pueblos, and Nations: Santa Clara Pueblo, Pueblo of Tesuque, Ohkay Owingeh Senior Center, Eight Northern Indian Pueblo Council, Pueblo of Santa Ana, Pueblo of Zia Senior Center, San Ildefonso Pueblo, Santo Domingo, Jicarilla Apache Nation, Pueblo of Laguna, Mescalero Apache, Pueblo of Cochiti Elder Program, Pueblo of Acoma, Pueblo of Picuris, San Felipe Health & Wellness, Jicarilla Service Center, Pueblo of Isleta Elder Center, Whitehorse Lake Chapter House, Zuni Pueblo Senior Center, Pueblo of Sandia Senior Program, Santa Clara Pueblo Adult Day Care Center, Santa Clara Pueblo Senior Center, Nambe Pueblo and Whitehorse Lake Senior Center

WHAT WE DO

The New Mexico Department of Health Farmers Market Nutrition Programs help eligible seniors, Native American elders, WIC family participants access fresh, locally grown fruits, vegetables, and approved local foods. We support healthy aging, increase access to locally grown foods and strengthen New Mexico's local food system.

Benefits can be used with a shopper card or Mobile App at approved farmers markets, and farm stands.

When distance, transportation, or limited, market access are barriers, we provide locally sourced food boxes to Tribal, rural and underserved communities.

FY26 ELDER FOOD BOX IMPACT

2025 Completed Distributions (Included in FY26 Reporting)	2026 Final Orders (Scheduled for FY26)
1,990 Food Boxes	**1,504** Food Boxes
$172,663.61 Total Value	**$153,000** Total Value Estimated for Jan-June 26

Total FY26 Elder Food Box Impact

3,494 TOTAL BOXES

Estimate Total Value **~$325,663.61**

FUNDING THAT MAKES AN IMPACT

Our programs are supported by a combination of federal and state funds.

- SFMNP (Senior Farmers' Market Nutrition Program):
  Federal Funding ~ $ 297,323.00

- State Funds (Legislative & General Funds):
  State Funds ~ $ 2,326,000.00

Together, federal and state funding allows us to reach more New Mexicos, support local farmers and food hubs, and keep food dollars in our communities.

FY26 Tribal Affilated Impact

(Shopper Cards for Farmers' Markets & Farm Stands)

	Participants with Tribal Affiliation on Program	553
	Average Monthly Income	$1,461
	Total Funds Issued (mix of State & Federal Funds)	$113,054
	Total funds redeemed at Farmers Markets & Farm Stands	$71,024
	Redmeption Rate	62.80%

Governor's Food Initiative (NMFB) (505) 841-9301

Services: The New Mexico Governor's Food Initiative continues its commitment to addressing food insecurity by extending support to Native American elders (55 and above) and Non-Native American senior adults (60 and older) residing in New Mexico. In addition to federal funds, eligible seniors/elders are granted access to an additional $50.00 worth of benefits per person, facilitated conveniently via a mobile app or a Shopper card, ensuring their access to locally grown produce. The Governor's Food Initiative has also allowed the Farmers Market Program under WIC to serve locally grown fresh food boxes to participants at senior centers with local grown produce, beans, pecans, and honey, supporting fresh food distribution to participants across more than 22 Tribal agencies. In FY26, the program distributed over 3,494 food boxes.

FY26 Served: 3,494 boxes worth $325,663.

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 Organizations, Native American families can choose services from either agency, but not both.
FY26 Services: Caseload Monthly average 45,323
FY26 Estimated Expenditures:
Federal Fund (Admin): $23,219,777
Federal Fund (food): $42,275,619
Total Federal Funds: $64,495,936
State General Fund: $542,111

School-Based Health Center (505) 487-0822

Services: Provide integrated primary and behavior health care for school-aged children. Four sites specifically provide 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 FY26: There were nineteen (19) 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, Española High School, Carlos Vigil Middle School, , Cobre Schools, Navajo Prep, Cuba Middle School, Pojoaque High School, and Gallup High School.
FY26 Estimated Expenditure: $1,275,000 (for nineteen sites listed above)

Suicide Prevention (505) 487-0822

Services: Fund prevention activities to address the prevalence of youth suicide disproportionately impacting Native American Youth, including:
Albuquerque Area Indian Health Board to educate professionals, and adolescents that focus on best practices to implement trauma informed and culturally relevant topics in

the areas of mental health and suicide prevention; Participate in the New Mexico AI/AN Suicide Prevention Workgroup; Convene a two-day summit to disseminate best practices and lessons learned in developing and implementing trauma-informed practices; Provide technical assistance to New Mexico tribal communities; Continue to provide capacity building with Ohkay Owingeh to recruit and retain 25-50 AI/AN youth ages 11-18 for participation in PIYL sponsored activities; begin fostering relationships with a new tribal community to include in the next project year; and Partner with OSAH to provide evidenced based suicide prevention and youth mental health training to staff and partners.

GLSEN to host 4 training sessions annually throughout New Mexico, including rural/ frontier and metro communities in the following Evidence Based Practices: Intentional Inclusion, Youth Mental Health First Aid, Question Persuade Refer; Send a Rainbow Library book and material set to at least 50 (or as funding permits) schools, libraries, and community spaces throughout NM with at least 20 (or half of annual purchased sets) of these sets will go to rural/frontier NM communities; Conduct a youth and educator summit for at least 100 youth, educators, and community members; and Launch two statewide media campaigns focused on destigmatization of behavioral health and provide resources for referral and mental health services.

New Day to Provide training including: a minimum of 4 virtual evidence-based practice substance use prevention group meetings to youth statewide per month; a minimum of 4 in-person evidence-based practice substance use prevention group meetings to youth per month; a minimum of 15 social emotional learning classes for youth; Host 6 statewide partner collaboration meetings; Collaborate with at least 4 community partners to provide services at the Drop-in Center; Refer young people who enter the Drop-in Center to services through a community partner. Follow up with 75% of these young people to assess outcomes of referrals.

Serna Solutions to Partner with local school districts and charter/alternative schools to identify students who are at risk for issues with substance use and/or co-occurring mental health challenges, Enter into Memorandums of Understanding (MOU)s with Santa Fe Public Schools (SFPS) and Santa Fe Indian School (SFIS) at the middle school and high school level with both organizations, Enter into MOUs with high school aged students at the New Mexico School for the Arts (NMSA) and Monte Del Sol Charter School (MDS). Provide drop-in mindfulness groups at both locations which teach students self-regulation and stress tolerance skills from Dialectical Behavioral Therapy; Partner with local school districts and charter/alternative schools to offer on-site clinical services to students who can be diagnosed with either a substance use disorder or a mental health disorders, Provide onsite clinical counseling to students at SFIS, SFPS, NMSA and MDS during school hours, Provide telehealth and in person clinical counselor to students over summer and winter breaks to minimize treatment progress; Partner with at least one Native American tribe or tribal organization to offer prevention and treatment of substance use and/or co-occurring mental health challenges; Provide high fidelity Adolescent-Community Reinforcement

Approach/Assertive Continuing Care (A-CRA/ACC, CRAFT and DBT-A outpatient services for adolescents ages 12-24 through virtual environments and in two physical locations (Santa Fe County). Objectives: a) Clinical Providers trained, supervised and certified in the evidence-based modalities of Adolescent-Community Reinforcement Approach and Adolescent Dialectical Behavioral Therapy b) Six on staff at Serna Solutions. c) Provide intensively supervised A-CRA and A-DBT to approximately 160 youth in the counties of Bernalillo and Santa Fe. Provide the same services to at least 40 youth living outside of those areas using telehealth services.

Thirty (30) Natural Helpers Peer-to-Peer Programs were funded statewide including the following predominately NA-serving school districts in the 2025-2026 school year:

1. Central Consolidated School District
2. Jemez Mountain School District
3. Pojoaque Valley School District
4. Farmington Municipal School District
5. Ruidoso Municipal School District

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 to teach our partners “to fish,” or build their own cadre of gatekeepers rather than waiting for training from us.
Served FY26: Over 30 communities.
FY26 Estimated Expenditure: $725,000

Screening Programs – Children’s Medical Services
Newborn Genetic Screening Program (505) 476-8868

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 FY26: All newborns are screened for genetic conditions prior to discharge from the hospital. This includes American Indian children born in IHS Hospitals and those born in private or public hospitals.
FY26: Estimated Expenditures: $350,000 revenues generated by the program. $14,000 Federal funds HRSA Newborn Screening priority.

Newborn Hearing Screening Program (505) 476-8868

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 FY26: Approximately 200 American Indian children required follow-up services.
FY26: Estimated Expenditures: $50,000 federal funds (Title V Maternal and Child Health grant).

Children's Medical Services (NMCMS) (505) 476-8860

Services: CMS provides safety net services and care coordination by licensed medical social workers for Native American children with special health care needs and their families that meet program eligibility requirements to assist in accessing health care and other social service programs. CMS staff coordinate care for these children in partnership with Tribal Health and Social Service agencies. CMS social workers coordinate multidisciplinary pediatric specialty clinics serving the Native American population in Southeast, Northwest, Central and North Central areas of New Mexico. The clinics help families access specialty medical care for their children with special needs in their community. Specialty care includes Cleft Lip and Palate, Genetic, Metabolic, Nephrology, Cardiology, Dysmorphology, Endocrinology, Neurology, Pulmonary and Gastroenterology. CMS social workers also provide care coordination for Native American infants who are not affiliated with a Medicaid Managed Care organization who have been identified through the Comprehensive Addiction and Recovery Act (CARA) program. These are infants who have been exposed to substances during their parent's pregnancy and may require additional support and services.
Served FY26: 800 American Indian youth and children with special health care needs statewide. **FY26 Estimated Expenditures:** $1,000,000.00. Funding is a split between federal Maternal and Child Services Title V block grant, revenues generated by the program and state general funds.

Maternal and Child Health
Maternal Child Health Epidemiology/Maternal Health Innovations (505) 476-9038

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-FY22, and staff participate in the monthly executive planning group of the mortality review. During the 2021 NM legislative session, MCHEP staff worked with the NM Birth Equity Collaborative and the Tribal Epidemiology Centers to pass SB 96 to ensure that Native American participation on the maternal mortality committee would be institutionalized in statute. Implementation of the statutory rulemaking and policies included input from Indigenous Women Rising, Tewa Women United, Changing Woman Initiative and Tribal consultants from the NM Doula Association.

NM maternal mortality review identified 108 pregnancy associated deaths occurring between 2015 and 2020. 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. In NM, pregnancy-related death ratios were nearly four times higher for Native American women compared to Hispanic/Latina and non-Hispanic white women (2015-2020). 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. Focusing on outcomes for Indian Health Services hospitals and providers, the MCHEP team is actively pursuing renewed data sharing and dissemination with the Navajo Epidemiology Center and Diné College, which has a Maternal Child Health program and community collaborative working across the Navajo Nation.

MCH Epidemiology staff prepare in-patient hospitalization data and prepare data dashboards to inform quality improvement efforts to reduce severe maternal morbidity in NM hospitals. A public query is available on NM-IBIS https://ibis.doh.nm.gov/query/selection/matMorb/_MatMorbSelection.html , and the

program is sharing data dashboards for each birthing hospital facility in private queries. Data for deliveries occurring 2016-2023 from 30 birthing facilities are available to hospital administrators and quality improvement staff. A forthcoming report summarizes the aggregate findings and will be posted in July 2025.

In 2024, DOH established an agreement with the AASTEC to participate in the New Mexico Maternal Mortality Review Committee and to form an analytic group to advise and plan analysis specific to Native American populations in New Mexico. This group meets quarterly and prepares infographics, special reports and presentations for Tribes and organizations services Tribes in NM and surrounding states.

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. Data collection for COVID-19 experiences continued through 2024. Retrospective analyses are in manuscript preparation to inform public health and medical practitioners, hospital administrators and community advocates and prepare for future health emergencies.

Data dissemination and 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 expanded to serve as an inter-agency data and action hub 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 have completed advanced degrees in medical and public health programs. The second cohort began in January 2021, and five students were selected to participate in 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 and investment in public health.

State Maternal Health Innovations
New Mexico applied for the State Maternal Health Innovations grant through the Health Resource and Services Administration (HRSA) and was awarded a five-year grant in late 2023. The grant staff coordinate a statewide task force which collaborates on a strategic action plan. The task force is coordinated by the NMDOH and AASTEC with support from the Office of the Tribal Liaison, UNM, the NM Doula Association and the NM Breastfeeding Task Force.

Community mini- grants under the HRSA grant are funding maternal health innovations for projects addressing solutions in rural and underserved communities and Tribes across New Mexico.

Served FY26: All federally recognized U.S. Tribes for NM residents.
FY26 Estimated Expenditures: $525,000 for convening a statewide maternal health task force with the Albuquerque Area Indian Health Board Southwest Tribal Epidemiology Center. Expenditures also include consulting costs, community grants and data integration improvements.

Maternal Health Program **(505) 476-8866**

Services: The Maternal Health Program (MHP) is responsible for leadership on the following program areas relevant to state-Tribal collaboration: maternal and perinatal health domains and the distribution of funds to support direct perinatal care service delivery under the Title V MCH Block Grant; administrative leadership of the Maternal Mortality Review Committee (MMRC); leadership and collaboration to promote perinatal quality improvement initiatives; and licensure and support for the practice of midwives; and administrating the certification and support for doulas.

Title V Block Grant

A portion of Title V funding is distributed annually through contracts with healthcare providers who deliver perinatal services to uninsured or underinsured individuals who may be at high risk of developing complications. During the report year, one of these provider agreements was with First Nations Community Healthsource, New Mexico's urban Indian health center and a Federally Qualified Health Center located in Albuquerque.

Based on an evaluation of the current portfolio of High-Risk Fund contracts conducted with the goal of assuring increased equity and access to a diverse array of providers in underserved communities, MHP is moving forward with a plan to contract with Changing Woman Initiative (CWI). CWI is an Indigenous midwife-led practice that provides culturally congruent and respectful perinatal, birthing, and wrap-around services to Indigenous families across the northern half of New Mexico, including the northern Pueblos, Apache Tribal lands and the eastern Navajo Nation.

FY25 Title V objectives include continued refinement 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 will also evaluate the geographic reach and numbers of individuals served. Expanding opportunities to provide culturally congruent and respectful care to Indigenous families remains a high priority.

Maternal Mortality Review Committee

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

During fiscal year 2025, the annual NM Maternal Mortality Review Committee report for the years 2015-2020 was submitted. This public report was prepared in March 2025 and will be released to the public after the DOH Secretary's approval.

The report recommended NM DOH to prioritize a plan to address inequities of AI/AN maternal mortality in New Mexico that recognizes the individual and cultural characteristics of Tribes/Nations and of Native urban populations. This will include: 1) Representation of AI/AN people in all planning and implementation of maternity care improvement; 2) Establishment of government-to-government relationships with Tribal

programs who serve Native American birthing and postpartum women/people on reservations; and 3) Inclusion of geography and other contributing factors pertaining to Tribal/rural communities when measuring AI/AN maternal health outcome.

FY25 MMRC objectives include ongoing work to diversify MMRC operational staff to reflect the population of the state and community-based expertise. We are continuing our collaboration with MCHEP on the specific goal to increase partnerships with Tribal public health authorities through AASTEC to assure that they have access to MMRC data and analysis that is relevant to Tribal communities

Midwifery Licensure

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

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

During the current fiscal year, the MHP acquired four hearing screening machines for use by community midwives in public health offices. MHP is in the process of finalizing the four Public Health office locations. Changing Woman Initiative (CWI) will have access to the machines to promote increased access to newborn screening for Indigenous families.

Doula Certification

The Maternal Health Program is responsible for certifying, regulating and supporting the doulas to participate as a Medicaid provider as directed by House Bill 214.

FY25 doula objectives include establishing rules to create a voluntary credentialing process to allow doulas to enroll as Medicaid providers, create a doula credentialing advisory council, collaborate with state agencies, local governments and private entities for education of services provided by credentialed doulas. Also, establishing required annual reporting criteria and managing a doula fund.

Doula council membership application will be opened in FY26. In addition to the requirements on the application, doula council members will be evaluated and selected with these supplement requirements: resident of NM, diverse linguistics, cultural backgrounds, varied geographic regions, and at least eight of whom shall be doula.

Commercial Tobacco (505) 627-5215

Nicotine Use Prevention and Control Program

Services:

The Nicotine Use Prevention and Control (NUPAC) program works to reduce nicotine addiction and the harms of non-traditional tobacco use in New Mexico. Free, culturally tailored, quit support, via 1-800-Quit-Now, is available statewide. Health systems and community organizations receive training so they can help people quit and refer them to 1-800-Quit-Now. Schools and communities take part in programs that teach about health risks, build youth leadership, and give people tools to prevent addiction. Housing complexes, healthcare sites, schools, and other organizations are also supported in creating voluntary policies that protect community health.

Surveillance:

The New Mexico Behavioral Risk Factor Surveillance System (BRFSS) collects data each year on nicotine use among adults. The Youth Risk and Resiliency Survey (YRRS) collects data every two years on nicotine use among middle and high school students. The most recent YRRS was completed in Fall 2025.

The NUPAC epidemiologist works with the NMDOH Center for Health Protection to plan and update questions on both surveys. Data on 1-800-Quit-Now enrollment, satisfaction, and quit rates are also collected throughout the year. BRFSS, YRRS, and 1-800-Quit-Now all include race and ethnicity questions with an American Indian category. These data can be reviewed and reported as needed. Data can be accessed through the NUPAC epidemiologist, the NMDOH, CDC systems, and the updated NM-IBIS platform.

NUPAC also implements the Nicotine Evaluation Survey (NES), formerly the Tobacco Evaluation Survey (TES), every two years. The most recent data collection was in 2024. The NES gathers information from New Mexico adults about their views on nicotine policies and access to nicotine products.

FY26 Services:

In FY26, services for American Indian populations were provided through contracts with Consumer Wellness Solutions, Inc., Keres Consulting, Inc., Real Time Solutions, Inc., and Rescue Agency New Mexico, LLC. These partners offer culturally appropriate outreach, education, and nicotine addiction treatment services. They also help strengthen voluntary secondhand smoke protections and engage youth in prevention and policy activities.

Consumer Wellness Solutions, LLC:

Consumer Wellness Solutions provides culturally appropriate nicotine

addiction treatment services through 1-800-Quit-Now, online training for health professionals, and the Health Systems Change Training and Outreach Program.

In FY26, 1-800-Quit-Now served 72 American Indian enrollees. The Health Systems Change Program offered free consultation, technical help, and training to support nicotine treatment, and partners included:

- Band of Navajos Health Fair in To'Hajiilee
- Navajo Health Education Program – Farmington

Keres Consulting, Inc.:
Keres Consulting works with NUPAC to support secondhand smoke protection in Tribal communities. Through education, technical assistance, and culturally responsive outreach, they partner with Tribal leaders, housing programs, community health workers, youth programs, and other groups to reduce exposure to secondhand and thirdhand smoke and nicotine aerosol.

In FY26, Keres Consulting continued work with several Tribal communities, including:

- Pueblo of Acoma Housing Authority
- Pueblo of Laguna Resident Services
- Pueblo of Isleta Community Health Programs/Housing Authority
- Ohkay Owingeh Pueblo

They also expanded outreach to:

- Pueblo of Zuni
- Pueblo of Isleta Youth Programs
- Haak'u Health Center Apartment Complex

Key activities included:

- Educational presentations
- Community meetings
- Support for smoke and nicotine free policies
- Development of culturally tailored resources
- Community and youth engagement
- Work with Tribal housing and health programs

They also supported nicotine free housing policies already in place at the Pueblos of Acoma and Laguna. Additional accomplishments included stronger partnerships, expanded outreach, increased education about commercial tobacco, development of new materials, and greater youth involvement. A youth cohort helped create educational outreach, social media messages, and culturally relevant prevention activities.

Real Time Solutions, Inc.:
Real Time Solutions develops mass media campaigns for nicotine prevention, cessation, and public awareness.

In FY26, they created a media campaign focused on the health risks of commercial tobacco and on promoting nicotine addiction treatment services for Tribal communities. The campaign was developed in consultation with the NMDOH Tribal Liaison and NUPAC's Northeast Health Educator. Ads ran on TV, radio, social media, digital platforms, and print. Ads were primarily geo-targeted to counties adjacent to Tribal communities, including San Juan, Cibola, Sandoval, McKinley, and Rio Arriba. Additionally, billboards were placed near Tribal communities, including:

- Zuni Pueblo
- Navajo Nation
- Zia Pueblo
- Santa Ana Pueblo
- Jemez Pueblo
- San Felipe Pueblo
- Kewa Pueblo
- Mescalero Apache

Rescue Agency New Mexico, LLC:
Rescue Agency supports youth engagement through the Evolvement program. Evolvement trains youth leaders to promote policy change and health education. Students participate from:

- Dulce High School (about 87% Native American)
- Cuba High School (about 77% Native American)
- Farmington High School (about 43% Native American)
- Piedra Vista High School (about 30% Native American)
- Española Valley High School (about 9% Native American)

These students make up about 32% of all Evolvement members and 6% of the Leadership Team.

Evolvement students support the 24/7 Nicotine-Free Schools initiative. Activities included principal meetings, school board meetings, and community events at schools with high Native American enrollment. The campaign also created bilingual English and Diné nicotine-free zone signs.

Students also worked on the No Minor Sale campaign, participating in presentations and community events involving Tribal communities and Native youth, such as events in Dulce, Farmington, Cuba, Española, and Aztec.

Evolvement also supported nicotine education for elementary and middle schools, with presentations led by youth advocates and volunteers from Native communities.

Center for Health Protection

The Center for Health Protection (CHP), formerly 'Epidemiology and Response Division' works to improve health outcomes for all people in New Mexico through the Essential Services of *Assessment*, *Policy Development*, & *Assurance*. CHP is committed to serving Tribal communities through assurance of Tribal data sovereignty, and close collaboration with the Office of the Tribal Liaison.

NMDOH's Tribal Epidemiologist works with other NMDOH Epidemiologists to monitor and track the health status of Tribal nations in New Mexico. Tribes may access specific data through the Tribal Epidemiologist by way of submission of a data request (email: CHP@doh.nm.gov). NMDOH maintains close partnerships with New Mexico's two Federally funded Tribal Epidemiology Centers (TEC): the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) and the Navajo Nation Epidemiology Center (NEC).

NMDOH maintains a current data sharing agreement with NEC and is finalizing another with Navajo Area Indian Health Service. In the past, there has been a data sharing agreement with 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 NMDOH will continue to serve American Indian/Alaskan Native populations and all New Mexicans by monitoring health status and describing health disparities within New Mexico.

Served FY26: All Tribes, Pueblos and Nations in New Mexico

NM Public Health Data Portals

- Environmental Public Health Tracking: https://phdp.doh.nm.gov/
- NM Indicator-Based Information System (NM-IBIS): ibis.doh.nm.gov
- NM Epidemiology Reports: nmhealth.org/data/report
- NM Population Surveys
- NM Behavioral Risk Factor Surveillance System: nmhealth.org/about/erd/ibeb/brfss
- NM Youth Risk & Resiliency Survey: YouthRisk.org
- New Mexico Health Alert Network (HAN) Advisories: https://www.nmhealth.org/about/erd/bhem/
- Data Requests: CHP@doh.nm.gov

NMDOH Helpline 1-833-SWNURSE (1-833-796-8773) (Toll Free)

New Mexicans can call our helpline to speak to a nurse about:

- Health assistance
- Vaccine scheduling
- Help finding a provider
- Reproductive health
- Animal bites, food-related illness, infectious disease
- Birth and death certificates

Se habla Español

Bureau of Health Emergency Management (BHEM)

BHEM conducts public health emergency preparedness & response; issues health alerts (HANs), coordinates the NM Medical Reserve Corps (MRC), and maintains the Strategic National Stockpile (SNS) program.

Served*:* All Tribes

Infectious Disease Epidemiology Bureau

Tracks infectious diseases & controls the spread of disease through surveillance; programs including emerging infections, food and waterborne illness, zoonotic and vector borne diseases, infectious respiratory disease, healthcare associated infections/antimicrobial resistance, Informatics and more.

Contact: Chad Smelser **(505) 827-0006**

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

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

On January 22, 2026, Elizabeth VinHatton led a plague field investigation training hosted by IHS at San Felipe Pueblo. This consisted of a didactic classroom presentation followed by a demonstration of field work that would be conducted after a human plague case.

NMDOH held a New World Screwworm (NWS) Tabletop Exercise on March 4, 2026. Over 65 attendees participated in the workshop, including representatives from the New Mexico Livestock Board, the NM Departments of Health, Agriculture, Wildlife, and Homeland Security and Emergency Management. USDA APHIS VS, extension offices, veterinary clinics, and communications teams were also represented. A strong effort was made to include Tribal Governments, and representatives from the Navajo Nation (both public health services and veterinary services), Mescalero Apache, Ohkay Owingeh Pueblo, Santo Domingo Pueblo, and Acoma Pueblo attended. Department of Health Tribal Liaisons, and Indian Health Service officials were also in attendance. Over one third of attendees (24 of 69 attendees) represented Tribal jurisdictions.

On March 20, Dr. Erin Phipps and Dr. Sean McCartney from the New Mexico Livestock Board gave a joint presentation to the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) Executive Council. There were 33 attendees. This presentation was well received and resulted in an invitation to present a webinar to reach a larger audience.

On May 6, Dr. Erin Phipps and Dr. Sean McCartney from the New Mexico Livestock Board gave a joint presentation on New World Screwworm during a webinar organized by AASTEC.

On May 8, Dr. Erin Phipps joined NMLB colleagues at a NWS tabletop at Santa Ana Star Casino Hotel and Conference Center. This tabletop adapted the March 4 tabletop created by NMDOH to focus on a northern NM Tribal audience. This tabletop was well-attended and productive.

Future work: On April 28, the zoonotic disease team met with representatives from the Navajo Epidemiology Center and Navajo Nation IHS. They are requesting a plague field investigation training this summer, possibly in conjunction with their quarterly One Health meeting.

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

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

Following the 2025 measles outbreak which was declared over in September, VPD staff have continued to collaborate with the OTL, Tribal Epidemiologist, and Tribal public health facilities to respond to reports of vaccine-preventable diseases, such as assisting with evaluation and testing of suspected measles and responding to clusters of varicella. VPD staff continue to provide guidance for tribal health care facilities in measles preparedness activities and outbreak response.

Following a detection of a legionella infection in a tribal member that had received routine medical care at several tribal health care facilities, the IDEB respiratory disease epidemiologist did a presentation with the Isleta government and medical team to educate them about the disease. No other cases were detected, and no further questions were asked from tribal leadership or medical team.

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

Clinicians from the Indian Health Service and Tribal Health Centers participate in the weekly Infectious Disease Office Hours teleECHO clinic led by University of New Mexico Division Chief of Infectious Diseases and NMDOH HAI/AR program.

Served FY26: All Tribes in New Mexico.

FY26 Estimated Expenditures: In-kind services - staff salaries from epidemiologists and other IDEB staff.

Injury & Behavioral Epidemiology Bureau

The goal of the bureau is to collect data about health-related practices and health status, conduct data analysis to identify risk factors and describe the distribution of

disease, and to implement evidence-based injury prevention strategies. The bureau works to prevent injury by pursuing effective public policy, encouraging effective organizational practices, fostering injury prevention coalitions and networks, educating providers, promoting community education, and strengthening individuals' knowledge and skills.

The Behavioral Health Survey Sections conduct, analyze, and disseminate data from population-based health surveys, and conduct surveillance of the mental health status of New Mexicans. The Behavioral Risk Factors Surveillance (BRFSS) is a population-based telephone survey of health-related behaviors, health outcomes, and the utilization of health care services of New Mexico adults. Approximately 7,000 surveys are conducted annually through the BRFSS. The Youth Risk and Resiliency Survey (YRRS) is a biennial population-based survey of approximately 30,000 New Mexico middle and high school students. Topics include health risk behaviors and resiliency (protective) factors. The YRRS is conducted in collaboration with the Public Education Department (PED) and the UNM Prevention Research Center. Special interest telephone-based health behavior and outcome surveys are also conducted on diverse topics such as asthma, infectious diseases, and immunizations.

The Substance Use Epidemiology section assesses negative health consequences of the use of alcohol, prescription, and illicit substances, and promotes the use of effective interventions to address public health issues resulting from substance misuse.
The Injury Prevention section conducts interventions in various areas of injury, including but not limited to sexual violence (including crisis response and prevention), suicide, adult falls, childhood injury, and opioid overdose.

HIV Services Program (505) 500-9741

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 FY26: Approximately 181 persons living with HIV were served by First Nations Community Health Source, HIV Service Provider.
FY26 Estimated Expenditures: Provider agreement with First Nations for HSP services increased to $425,000 in SFY 2024 and increased in SFY 25 to $500,000 with an additional increase in Early Intervention Services of $128,000. The HIV Services

contract total for FY26 is $628,000Additional Provider Agreement for dental services in the amount of $9,000 per fiscal year. All contract funding for First Nations Community Health Source utilizes state general funds.

HIV Prevention Program – Early Intervention Services (505) 795-1551

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 FY26: HIV testing numbers 3,459 targeted HIV tests for American Indian/Native Alaska populations at greatest risk in calendar 2025. HIV testing numbers now exceed pre-pandemic figures, with over 13,624 targeted HIV tests for populations at greatest risk in calendar 2025.

FY26 Estimated Expenditures: $128,000 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 FY26: Unable to determine unduplicated count.
FY26 Estimated Expenditures: Approximately $350,000 in personnel costs for the regional Disease Prevention Team. The Disease Prevention Team in this region 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) 490-0305

Brenda Montoya Denison, Tuberculosis Nurse Program Manager

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

Provider required national reporting of all active tuberculosis cases to CDC partners. Collaborate in monthly TB cohort review, a systematic evaluation of patients with TB disease and their contacts to ensure accountability, provide ongoing education and improve case management and prevention. Provide a dedicated TB Nurse Consultant Liaison to assist with active disease management, contact investigations, referrals, consultation, TBI management and education. Provide comprehensive education and training on tuberculosis-related topics to enhance tribal partners knowledge, skills, and overall workforce competency.

Served FY26: Services available for all Tribes within New Mexico.

FY26 Estimated Expenditures: Personnel and administrative costs only. Nurse consultant team works with all populations across the state that are impacted by cases of TB disease

Substance Use Epidemiology Section
Contact: Luigi Garcia-Saavedra (505) 490-2262

Services: The Substance Use Epidemiology Section (SUES) collects and analyzes data on substance use in New Mexico and shares the results with other DOH programs, community groups, policy makers, and other stakeholders. The Section assesses negative health consequences of the use of alcohol, prescription drugs, and illicit substances, and promotes the use of effective interventions to address public health issues resulting from substance misuse. American Indians bear a disproportionate burden of alcohol-related harm in New Mexico. The Alcohol Epidemiologist in the Substance Use Epidemiology Section collaborates with the Tribal Epidemiologist, the Office of Tribal Liaison, and sovereign partners to assure that reporting on analyses involving American Indians is done in a culturally sensitive manner. The Alcohol Epidemiologist upon request can link tribes with technical resources, experts, and offer advice on ways to reduce excessive alcohol use. **Served FY26:** 24 Tribes, Pueblos, and Nations.
FY26 Estimated Expenditures: personnel and administrative costs.

Overdose Prevention Section
Contact: Stef Grundy (505) 699-9818

Services: The Overdose Prevention Section works to decrease the number of drug overdoses and overdose deaths occurring in New Mexico, through outreach and in partnership with NM's Tribes, Pueblos, and Nations. The section's Tribal Overdose Prevention Coordinator supports Tribal-based initiatives to increase awareness of resources including providing access to naloxone, Medication-Assisted Treatment (also known as Medication for Opioid Use Disorder), and harm reduction services throughout the state. They work closely with the Office of Tribal Liaison.
The Tribal Overdose Prevention Coordinator maintains areas in the online platform Basecamp specifically for NM Tribal partners to share information, questions, and resources, alongside areas for sharing by regional community partners. Collaborations are ongoing and will be continued to provide resources, support, and technical assistance.
Served FY26: Pueblos of Acoma, Cochiti, Isleta, Laguna, Taos, Ohkay Owingeh, Nambé, Picuris, Pojoaque, San Felipe, San Ildefonso, Sandia, Santa Ana, Santa Clara, Santo Domingo, Tesuque and Zia; Diné/Navajo Nation. Additionally, migrating Tribes and Nations travelling through NM are provided services through the OD2A-S grant with the Santa Fe Indigenous Center. Contact information for SFIC is as follows:

Santa Fe Indigenous Center
1420 Cerrillos Rd, SF, NM 87505
PO Box 24184, SF, NM 87502
Caren Gala, Director
FY26 Estimated Expenditures: Personnel and administrative costs, funded under the CDC's Overdose Data to Action in States (OD2A-S) grant.

Childhood Injury Prevention
Contact: Laura Lee (505) 695-8637

Services: : The childhood injury prevention program reduces rates of unintentional and intentional childhood injuries and deaths in New Mexico through partner collaboration, implementation of evidence-based/informed prevention programs and policy initiatives. In addition, the program contributes to prevention efforts related to adverse childhood experiences (ACEs) and reducing immediate and long-term harms of ACEs. Leveraging data and resources through collaboration with community partners, state agencies, and Tribal partners to address social environmental and economic conditions that affect health equity and health outcomes continues to be a primary focus for the childhood injury prevention program. The childhood injury prevention program partnered with state agencies to purchase and distribute Pack and Plays to complement the SafeSleepNM campaign. Various Tribal organizations throughout the state submitted Pack and Play requests for distribution within their communities. Distribution of the Pack and Plays requested will occur in the next fiscal year. In the 2026 Legislative Session, House Bill

97 appropriated $165,000 for the fiscal year 2027 to update training and education materials for Shaken Baby Syndrome and Abusive Head Trauma prevention. To better inform these efforts and include culturally relevant information, the childhood injury prevention program created and distributed surveys to hospitals and birthing centers to obtain feedback on efficacy of past trainings.

Served FY26: Tribal members and representatives of the service areas of the above listed agencies.
FY26 Estimated Expenditures: Personnel and administrative costs

Core State Injury Prevention Program (CoreSIPP)

Contact: Cary Virtue **(505) 670-1642**

Services: The Core State Injury Prevention Program is an initiative funded by the US Centers for Disease Control and Prevention to build capacity among states related to injury prevention data, programming and evaluation and assessment. In FY25, CoreSIPP focused on youth and primary prevention of injury. In partnership with the UNM Department of Pediatrics, Division of Prevention and Population Sciences, listening sessions were held in four communities across NM to hear about injury related issues and needs. In FY26, these listening sessions help guide the implementation of Community Collaborations to address injury prevention needs in New Mexico. Two collaborations take place in communities in northwestern NM in the Navajo Nation.

Served FY26: Tribal members and representatives of the service areas of the above listed agencies.
FY26 Estimated Expenditures: Personnel and administrative costs

Child Fatality Review

Services: The New Mexico Child Fatality Review (NMCFR) program conducts comprehensive, multi-disciplinary reviews of sudden and unexpected child deaths to better understand how and why children die, and to use the findings to take action that can prevent other deaths and improve the health and safety of all children from birth to age eighteen. The rules that govern the implementation of the NMCFR are described in 7.4.5 NMAC. Children in New Mexico, including Indigenous children and youth, die from violence and injury at a rate that is almost double the national average (31 deaths per 100,000 population compared to 16 per 100,000 nationally per CDC data in 2023). The NMCFR collaborates with partners from public health, education, law enforcement, medicine and forensic pathology, early childhood, Tribal leaders, and community-based service providers including behavioral health and substance use prevention and treatment to develop actionable recommendations to modify community- and systems-level risk and protective factors identified in child deaths. In FY26, the NMCFR initiated intentional collaboration with the DOH Office of Tribal Affairs to center the review of deaths of Indigenous children in Tribal sovereignty and to align child death review with

Tribal-specific policies, cultural beliefs and practices. The DOH Tribal Liaison joined the NMCFR as a panelist in FY26 and plays a key role in facilitating government-to-government communication and inclusion of Tribal leadership and representation in the implementation of child fatality review across the state, Nations, Tribes and Pueblos.

Served FY26: Tribal members and representatives of the service areas of the above listed agencies.
FY26 Estimated Expenditures: Personnel and administrative costs

Suicide Prevention Program

Contact: Clarie Miller **(505) 827-2582**

Services: Suicide Prevention Program staff continue their efforts to reduce the rate of suicide in New Mexico. The New Mexico Suicide Prevention Coalition, which includes several Native American stakeholders, met four times in FY26 to network, share information and resources, and to hear suicide-related data and resource presentations. Approximately twelve members of the statewide coalition represent New Mexico's Tribal groups and three sovereign Nations as well as Native American service agencies involved in suicide prevention initiatives. These individuals established a Native American population-focused workgroup in 2021 which continues as a standing workgroup of the Coalition. The Native American workgroup members continue to refine their workgroup structure and are in the process of finalizing their mission and goal statements. In addition, Native American workgroup members who are trainers for the Question, Persuade, Refer, suicide gatekeeper training program are involved in exploring options for refining content in this widely used program to adapt the training to make it more culturally appropriate to New Mexico's Native American experience. Toward this end, trainers are working with the program's developers. The Native American work group also developed the American Indian Suicide Prevention Resource guide Https://www.nmhealth.org/publication/view/general/7105/

Served FY26: 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, AASTEC, 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.

FY26 Estimated Expenditures: State General Funds - Personnel and Administrative costs

Adult Falls Prevention
Contact: Helen Wakefield **505) 660-7147**

Services: The Adult Fall Prevention program works to reduce the rates of fall-related injuries and deaths among adults across New Mexico through collaborative partnerships, evidence-based prevention programs, and targeted policy initiatives. Programs offered throughout the state include Tai Chi for Arthritis, Tai Ji Quan, Otago, Matter of Balance, and On the Move, providing communities with a range of accessible options for reducing fall risk.

A significant highlight of this fiscal year has been the expansion of instructor training within Indigenous communities. Indian Health Services staff members completed certification in Tai Chi Arthritis Fall Prevention and are now equipped to lead classes at IHS Elder Centers for tribal community members. Outreach efforts have also extended to the Pueblo of Isleta, where program staff connected the Elder Center Activities Coordinator and Parks and Recreation Fitness Coordinators to foster local partnerships around falls prevention. Similarly, outreach to Santo Domingo Pueblo has focused on instructor training and certification opportunities.

The program maintains an ongoing relationship with the Albuquerque Area Indian Health Board, which participates regularly in the New Mexico Adult Falls Prevention Coalition. This past year, the Board sponsored two notable activities: a falls prevention screening during Adult Falls Prevention Month in Albuquerque in September, and a cross-program sharing session highlighting an Otago-based, indigenous-led falls prevention initiative from New Zealand. In November 2025, Zuni Pueblo shared its "Standing Strong" adult falls prevention program at the New Mexico Injury and Violence Prevention Coalition meeting, showcasing homegrown community leadership in this space. Program staff also attended the Jemez Pueblo Vocational Rehabilitation Conference in March 2026 to exchange resources and learn more about local falls prevention efforts.

Served FY26: Members of Tribes, pueblos, and nations that participated in evidence-based adult falls prevention programs statewide.

FY26 Estimated Expenditures: Personnel and administrative costs - 50% State and 50% Federal Funds

Violence Prevention
Contact: Anamaria Dahl **(505) 618-0384**

Services: The program contracted with the Coalition to Stop Violence Against Native Women to host a youth Violence Prevention retreat for Native youth and young adults who identify as LGBTQIA and Two spirit relatives. The goal was to provide culturally relevant education and awareness programs to prevent violence among LGBTQIA2s+ Native youth while creating a safe and fun space for discussion and learning. 46 youth attended the summit. In addition to the youth summit, the coalition also partnered with organizations to reach additional youth by facilizing trainings in partnership with Big

Brothers Big Sisters of Central New Mexico, middle school career fairs, the Navajo Nation Pride Festival, youth centered DVAM events, Washington Middle School career fair, and Teen Dating Violence Awareness month events.

Served FY26: Youth and young adults and Tribal members within the service areas.
FY26 Estimated Expenditures: $59,900.00 state general funds

Youth Risk and Resiliency Survey (YRRS) and Behavioral Risk Factor Surveillance System (BRFSS) Survey
Contact: Kayla Marie Lavilla (505) 469-2080

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

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

The NM BRFSS has over-sampled American Indian adults since 2004. Each year, the BRFSS Epidemiologist works closely with a CDC sampling statistician to develop a plan to over-sample American Indian adults, thereby providing a more robust sample resulting in improved estimates for this population. The BRFSS collects data on health risk behaviors, health conditions, and height and weight on an annual basis. The BRFSS also provides population-based estimates of body mass index, overweight, and obesity for the adult population. Estimates are available via annual reports and NM-IBIS (New Mexico-Indicator-based Information System). The planning group for the 2026 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 provided data on health risk behaviors and health conditions. BRFSS respondents, including randomly selected children in a respondent's household, who report ever being diagnosed with asthma are eligible for this study.

Served FY26: All Tribes in New Mexico.

FY26 Estimated Expenditures for BRFSS: Personnel and administrative costs only, utilizing federal and state funds.
FY26 Estimated Expenditures for YRRS: Personnel and contract costs only, utilizing federal and state funds.

Office of Alcohol Misuse Prevention
Contact: Rebecca Neudecker (505) 795-2828

The Department of Health Office of Alcohol Misuse Prevention's (OAMP) mission is reducing excessive drinking and related outcomes, particularly alcohol-related mortality. Because there are health disparities harms resulting from excessive drinking in New Mexico, including a disproportionate number of deaths among American Indian/Alaskan Natives (AI/AN) populations, OAMP has identified working with Tribes, Pueblos, and Nations (TPN's) in New Mexico as a high priority.

OAMP contracts with a Tribal Consultant who serves as the Tribal alcohol coordinator with extensive alcohol prevention experience to provide support in working with our TPN's throughout New Mexico. The consultant, Toney Johnson Jr., Navajo Nation member, is the lead facilitator for the Tribal Alcohol Related Mortality (T.A.R.M.) Workgroup, which meets monthly online to discuss alcohol related concerns and prevention solutions for our NM Tribal communities. Workgroup currently has a membership of 95 community partners across the state representing 9 counties and 15 TPN's working in Tribal alcohol prevention, intervention, and treatment across the substance misuse, behavioral health, and public health sector. The consultant has also created an online T.A.R.M. Workgroup community on Basecamp platform to share information, best practices and opportunities that currently has 96 members.

The Tribal consultant has visited 8 Tribal communities and participated in 10 health fairs and other public health events on behalf of OAMP with an average engagement of 65 community members. Beginning summer 2025, Tribal partners began requesting Tribal Alcohol 101 and Indigenous Wellness presentations at summits and conferences including Navajo Nation Tribe and Summit Family Engagement and Santa Clara Pueblo Youth support. Other projects included drafting the New Mexico Indigenous Social Drivers of Health (ISDOH) Yucca Framework as a member of the NM Social Drivers of Health Collaborative Tribal Health Systems Workgroup and a Tribal based prevention strategy resource list included in our OAMP toolkit.

In May and June 2026, OAMP sponsored Gathering of Native Americans (G.O.N.A.) events in Santa Fe and Mescalero with planning and facilitation support from Kamama Consulting. These events provided an opportunity to develop and support working relations with Tribal behavioral health professionals throughout the state who are addressing substance misuse, behavioral health concerns, and other Tribal related challenges. GONA is a culture-based planning process in which community members gather to address community-identified issues. It uses an interactive approach that empowers and supports Tribes and reflects AI/AN cultural values, traditions, and spiritual practices. The Tribal consultant also co-facilitated GONA events that took place in Gallup, NM (Navajo Nation, Zuni Pueblo, Acoma partners), Santa Fe (Navajo Nation, Santo Domingo Pueblo, Pojoaque Pueblo, Zuni Pueblo, Ute Mountain Apache, Jemez and San Felipe Pueblo), and Mescalero, NM.

In FY'26, OAMP planned and sponsored its 2nd annual Community Alcohol Prevention Summit in Mescalero, NM, in which Tribal representatives participated. The summit took place in June 2026 and provided an opportunity for alcohol prevention professionals to meet and share best practices in addressing alcohol and substance misuse across the state, including our Tribal communities. The following TPNs were represented: Navajo Nation, Santo Domingo Pueblo, Mescalero Apache, Cochiti Pueblo, Zuni Pueblo, Jemez Pueblo.

Served in FY26:
T.A.R.M. workgroup representatives include community Tribal partners from the Indian Health Service, Santo Domingo Pueblo's Kewa Family Wellness Center Prevention Program, Capacity Builders Inc., NM Alliance of Health Councils, Four Corners Detox Recovery Center, Pueblo of Acoma Health & Human Services Division, SBS Consulting, Presbyterian Community Health, Blue Cross Blue Shield, Isleta Health Center, Hozho Center for Personal Enhancement, Santa Fe Indian School, Diné College, Navajo Technical University, Institute of American Indian Arts, New Mexico Tribal Behavioral Health Provider's Association, Kamama Consulting, Santa Clara Pueblo CHR/Diabetes Programs, Gallup Indian Medical Center, 988, RezervedNM, Johns Hopkins Center for Indigenous Health, U.S. Attorney's Office, Rocky Mountain Youth Corps, Gallup Community Health, Las Cruces Recovery Center, McKinley County DWI Program, San Juan County Partnership, Coalition to Stop Violence Against Native Women, and individual members from Navajo Nation, Pojoaque, Acoma, Kewa, Tesuque, Cochiti, San Felipe, and Santa Clara Pueblos as well as representatives from various New Mexico state agencies and departments such as the Indian Affairs Department, Health Care Authority, and the Department of Health.

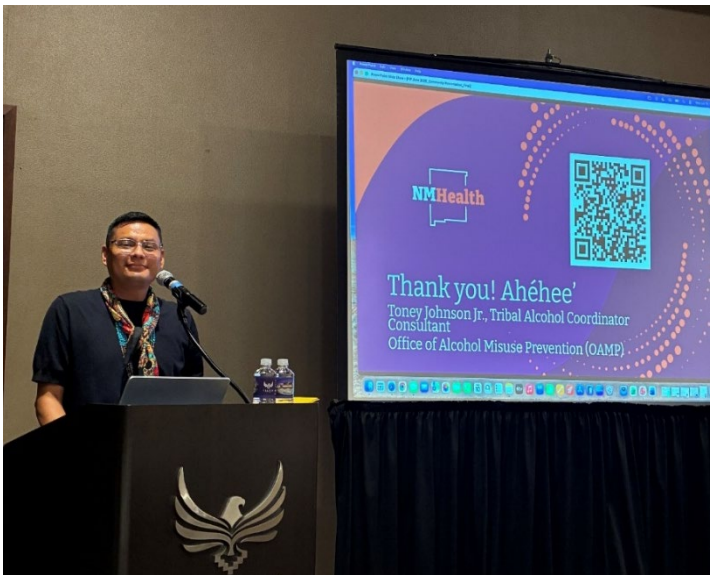
FY26 Estimated Expenditures: Contracted Services - $322,000. Personnel and Administrative Costs

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 52 for Total Coliform MMO-MUG, 19 for E. coli Quanti-Tray and 426 samples for chemical analyses.

Served FY 26: ABO Ruins Salinas Pueblo Mission, Acomita Rest Area, Cochiti Elementary School, Gran Quivira – Salinas Pueblo Missions, Quarai Unit – Salinas Pueblo Missions, Jemez Pueblo Dept of Resource Protection, Manuelito Navajo Children's Home, Nambe HeadStart, Pueblo of Sandia Environment Department, Pueblo of Sandia Public Works Department, Pueblo of Santa Ana Utilities Department, Tesuque MDWCA, Yah Ta Hey W & SD, Zuni Pueblo – Utilities Department, Canoncito - To'Hajiilee

FY 26 Estimated Expenditures: $17,615



Implied Consent Training and Support (505) 383-9094

Services: Provided classes to certify or recertify 132 Tribal law enforcement personnel in-person/online as "Operators" and "Key Operators" under the State Implied Consent Act. Training courses for the Intoxilyzer 9000 were provided for no charge. Certification for Operators is two years, certification for Key Operators is one year. Also, provided certification for 24 breath alcohol test devices (Intoxilyzer 9000) used by Tribal law enforcement of DWI/DUID programs. Certification of breath alcohol test devices is one year.

Agencies Served FY 26: Acoma Police Department, BIA Mescalero, BIA Southern Pueblos, Crownpoint Navajo Nation, Isleta Tribal Police Department, Jemez Pueblo, Jicarilla Apache Department of Corrections, Laguna Pueblo Tribal Police Department, Na'Nizhoozi Center (NCI), Ohkay Owingeh, Pojoaque Tribal Police Department, Ramah Navajo Department of Public Safety, Sandia Pueblo Tribal Police Department, Santa Ana Tribal Police Department, Santa Clara Tribal Police Department, Shiprock Police Department – Navajo Nation, Taos Pueblo Police Department, Tesuque Tribal Police Department, Zia Pueblo Tribal Police Department, and Zuni Police Department

FY 26 Estimated Expenditures: Training, instrument certifications and repairs totaled: $12,994

Implied Consent Sample Analysis (505) 383-9086

Services: Analyze blood samples for alcohol and drugs of abuse for any agencies who submit samples to the laboratory for testing. The scope of testing focuses on impairment and includes DWI/DUID cases and drug-facilitated sexual assault (DFSA) cases. Total number of 31 cases.

Served FY 26: Acoma Police Department, BIA Southern Pueblos, Isleta Tribal Police Department, Laguna Pueblo Tribal Police Department, Ohkay Owingeh Police Department, Sandia Pueblo Tribal Police Department, Santa Ana Tribal Police Department, Santa Clara Tribal Police Department, and Zia Pueblo Tribal Police Department.

Office of Community Engagement

The Office of Community Engagement (OCE) is committed to fostering meaningful partnerships with communities across New Mexico to address barriers to well-being and ensure that public health services are responsive, accessible, and effective for all. In alignment with the broader mission of the NMDOH, we engage directly with communities, collaborate with community-based organizations, and implement culturally, socially, and linguistically appropriate strategies. Through community engagement, assessment, policy development, and program implementation, we strive to improve access to essential resources and create opportunities for all New Mexicans to achieve their best health.

Medical Cannabis and Psilocybin Program

Jorge Gonzales **505-827-2321**

Medical Cannabis Program

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

The Medical Cannabis Program has 61,128 New Mexican residents enrolled as of April 30, 2026. The program continues to work toward identifying and understanding the diversity of the patient population. To accomplish this, the program changed the data collection in 2023 from a set of optional demographic questions to a required set of demographic questions. When comparing the data, it demonstrates a better reflection of the patient population. For example, at the end of April 2023, just under 50,000 patients had responded to the demographic questions with 2,385 individuals identifying as American Indian or Alaskan Native. This data collection and clarification has continued to improve as can be seen specifically with regard to being able to demonstrate the enrollment and involvement of American Indian and Alaskan Native individuals because as of April 2025, 54,860 patients had responded to the demographic questions with 3,673 individuals identifying as American Indian or Alaskan Native and as of April 30, 2026, 61,127 individuals had responded to the ethnicity questions with 4,165 individuals identifying as American Indian or Alaskan Native, a difference of 492 individuals. This improved data collection and reporting allows the program to better tailor programs to help those who need it, including increased educational offerings. The Medical Cannabis Program publishes monthly reports which include the demographic information on the program website: https://www.nmhealth.org/about/mcp/svcs/ on the Educational Materials page.

The Medical Cannabis Program has worked with various Tribes, Pueblos, and Nations in the past. For example, the program worked with Picuris Pueblo in their efforts to establish their own medical cannabis program including working with the Pueblo on targeted legislative efforts; in addition, the program has worked with the

Albuquerque Area Indian Health Board and educational efforts. Currently, due to changes in the program with the passage and enactment of the Cannabis Regulation Act in 2021, the primary purpose of the Medical Cannabis Program is to maintain the patient registry. However, the program continues to interact and collaborate on educational materials and seeks to expand these efforts. For example, the program has created a library of educational materials which can be utilized by anyone who wishes to use them. The program is working with the NMDOH Office of the Tribal Liaison to see if there are specific materials needed by the Tribes, Pueblos, and Nations and to get those items translated into the appropriate languages whenever possible. The current educational materials can be found on the program website: https://www.nmhealth.org/about/mcp/svcs/ on the Cannabis Learning Lounge page, and these are being expanded on a regular basis.

In Fiscal Year 2026, the Medical Cannabis Program operates out of a budget allocation from the Cannabis Regulation Fund by the New Mexico State Legislature. There are no federal funds currently available to the program.

Medical Psilocybin Program

In April 2025, New Mexico Governor Michelle Lujan Grisham signed Senate Bill 219, known as the Medical Psilocybin Act, into law and took effect on June 20, 2025. This legislation establishes a regulated program for the medical use of psilocybin, a naturally occurring psychedelic compound, to treat qualified medical conditions such as major treatment-resistant depression, PTSD, substance use disorders, and end-of-life care. The statute set a December 31, 2027, implementation deadline. However, due to the positive response and requests from potential patients, the Department and program have set a goal to have the first patients seen by providers by the end of December 2026.

The New Mexico Department of Health (DOH) is now embarking on the critical task of developing the processes in order to implement a therapeutic program which will ensure safety of the medicine as well as honoring traditional uses and practices. This includes establishing treatment protocols, safety guidelines, clinician and producer training requirements, and data collection methods to evaluate the program's effectiveness. It also includes ensuring there is access and equity in implementation of the program and for the treatment of patients. The Medical Psilocybin Advisory Board will assist the DOH in these efforts, ensuring that the program is informed by expert guidance. The Board consists of 9 members, 7 of which have been appointed at this time. The members of the Board must include at least one registered member of a New Mexico Native American Pueblo, Tribe, or Nation. One of the current 7 Board members, DezBaa’, is a member of the Navajo Nation. They are also the Chair of the Access and Equity Committee for the program.

The program has been holding public meetings regularly for the Board and the committees it has formed to consider different aspects of the regulation implementation and ensuring cultural considerations for New Mexico. This includes specific outreach to Native American communities and formation of an educational module about traditional practices utilizing psilocybin. In April of 2026, the program participated in Tribal Information Sessions conducted by the New Mexico Department of Health Office of Tribal Liaison to present the program and development to those who were interested.

In 2025, the New Mexico State Legislature allocated $1 million dollars of state funding for the program and extended the allocation through Fiscal Year 27. In addition, in the 2026 Legislative session, $630,000 in state funding was allocated for the Equity and Access Fund to help ensure participation, including Native American communities in New Mexico. There are no federal funds currently available to the program.

Facilities Management Division

Fort Bayard Medical Center (FBMC) **(575) 537-8900**

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.
FY26: No residents identified as members of a Tribal Nation.

New Mexico Behavioral Health Institute (NMBHI) **(505) 454-2100**

Tim Shields, Administrator

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

Adult Psychiatric Division is an acute inpatient hospital accredited by The Joint Commission and provides voluntary, involuntary, and court-ordered behavioral health treatment to individuals, ages 18 and older, suffering from a major mental illness that severely impairs their functioning, their ability to be maintained in the community, and who present as an imminent danger to self and/or others. The governing body of the New Mexico Behavioral Health Institute assumes overall responsibility for the Adult Psychiatric Division's operation. (23 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. (0 Tribal members served)

Community-based Services (CBS): Offers adult outpatient psychiatric treatment, Psychosocial Rehabilitation Services, Comprehensive Community Support Services and rehabilitation services. (17 Tribal Members Served)

The 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.
Served FY26: 22 Tribal Members Served

The Meadows **(505) 454-2190**

Derek Wheeler, Administrator

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, 18-bed secure memory unit, palliative, and long-term care.
Served FY62: Through FY25, 6 Tribal members from several Tribal Nations.

Turquoise Lodge Hospital (TLH) **(505) 841-8978**

Tanya Harris (Interim), Administrator

Services: TLH is a 40-bed licensed specialty hospital that provides withdrawal management (3.7 ASAM) and social rehabilitation services (3.5 ASAM) to adults 18-years-old and older on a voluntary basis. TLH treats adults struggling with a substance abuse issue such as alcohol and opiate addiction, poly-substance abuse issues coupled with co-occurring medical and psychiatric disorders. Withdrawal management is a medical-model inpatient service for adults withdrawing from drugs and/or alcohol in a safe hospital setting with 24-hour nursing care. Patients are eligible for Medication Assisted Treatment (MAT) interventions including induction, stabilization and maintenance therapies as clinically indicated. TLH Social-model rehabilitation is a certified Accredited Adult Residential Treatment Center (AARTC) for adults seeking continued recovery support in a milieu setting, while receiving daily substance abuse programming through 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 Program services to this same population, 3 days a week, approximately 9

hours of group programming, through a Matrix model. TLH's withdrawal management program and all outpatient services are accredited under Joint Commission, both hospital and behavioral health accreditation standards. The TLH social rehabilitation program is also certified through HCA as an Adult Accredited Residential Treatment Center (AARTC) through HCA.
Served FY 26: Through 4/21/26, 44 Tribal members, representing 12 New Mexico Tribal communities.

New Mexico Rehabilitation Center (NMRC) (575) 347-3400

Janie Davies, Hospital Administrator

Services: The New Mexico Rehabilitation Center (NMRC) strives to provide safe and quality care in medical rehabilitation and chemical dependency rehabilitative services to citizens of New Mexico.
Serving New Mexicans since 1968, NMRC is a 24/7 hospital located in Roswell, NM specializing in rehabilitation services including physical and occupational therapy, speech and language pathology, social services, psychological services and a chemical dependency program. NMRC is a Joint Commission and Center for Medicare and Medicaid Services certified inpatient rehabilitation hospital. We work with all insurance types and those who are uninsured.

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. We provide 24/7 nursing care including weekly multi-disciplinary team meetings with the patient and/or family to discuss needs, goals, discharge planning, and treatment. Therapy is provided three (3) hours a day, five 5 days a week. This includes physical therapy (PT), occupational therapy (OT) and speech therapy. Length of stay ranges from 2-4 weeks.

Inpatient Medical Detoxification: NMRC has a twelve (12) bed inpatient unit that provides complete withdrawal management care for adults with drug and alcohol related health problems. This program incorporates ASAM 3.7. The average length of stay in detox unit is typically 3-7 days. Licensed counselors are available for your treatment sobriety programming along with 24/7 nursing care, provider on staff and on-call 24/7 to meet your needs.

Residential Treatment Center: 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 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. IOP sessions consist of three (3) hour group meetings, three (3) days per week including scheduled individual counseling.
Served FY 26: Through FY 26, 7 Tribal members from several Tribal Nations.

Sequoyah Adolescent Treatment Center (SATC) (505) 222-0355

Merlinda Trujillo, 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 adolescents must have the cognitive capacity to benefit from verbal therapies and milieu programming offered at Sequoyah. The average length of stay is six to nine months.
Served FY26: Through FY 26, 13 Tribal members were served from four New Mexico Tribal Nations.

Los Lunas Community Program (LLCP) (505) 252-1053

Kathy Lucero, 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 Supports:** LLCP provides short-term, temporary residential services and crisis interventions for adults with IDD who are in crisis and training to their support staff and others.
- **State General Funds (Non-DD Waiver):** LLCP also serves individuals with IDD that are funded by State General Funds. LLCP works on money management skills, meal preparation, routine household chores, individual health maintenance, assistance with ADL's, and community integration with individuals. LLCP also continues to follow the allocation processes to get a SGF funded individual on the New Mexico Medicaid DD Waiver.
- **Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IID)**: ICF/IID is an intermediate care facility that provides food, shelter, health and rehabilitative active treatment for individuals with IDD or persons with related conditions whose mental or physical condition require services on a regular basis that are above the level of a residential or room and board setting and can only be provided in a facility which is equipped and staffed to provide the appropriate services. The individuals residing in the LLCP ICF/IID facility are court ordered there for rehabilitation.

Served FY26: Through FY26: five (5) Tribal members were served from three (3) New Mexico Tribal communities.

New Mexico State Veteran Home (NMVH) (575) 894-4200

Otes FarrGalloway, Administrator

Services: NMVH licensed and certified, 131-bed, long-term intermediate and skilled care facility serving our honored Veterans, their spouses, and Gold Star Families. Clinical services offered include short-term rehabilitation, secure memory unit, palliative, and long-term care to honorably discharged veterans with 90 days or more of service.

In addition to full nursing care, NMVH offers social services, activity therapy, physical, occupational, speech/language and restorative care therapies, case management, laboratory services, pharmacy, and transportation services.
Served FY265: Through 6/2/26, 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	Gina DeBlassie Cabinet Secretary	Gina.DeBlassie@doh.nm.gov	(505) 699-7568
Office of the Secretary	LeAnn Behrens Deputy Secretary-Chief Operations Officer	LeAnn.Behrens@doh.nm.gov	(505) 500-2871
Office of the Secretary	Shadee Lauer, LPCC Acting Director of Operations Director Office of Training & Development	Shadee.Lauer@doh.nm.gov	(505) 709-7860
Office of General Counsel	Julie Sakura General Counsel	Julie.Sakura@doh.nm.gov	(505) 827-2997
Chief Medical Officer	Miranda Durham, MD Chief Medical Officer	Miranda.Durham@doh.nm.gov	(505) 231-6040
Office of Tribal Liaison	Janet R. Johnson Tribal Liaison	Janet.Johnson@doh.nm.gov	(505) 827-0636
Policy and Communications Division	Josh Swatek, Policy Manager	Joshua.Swatek@doh.nm.gov	(505) 629-9142

Division	Name/Title	Email	Phone
Communications	Robert Nott, Communications Director	Robert.Nott@doh.nm.gov	(505 479-0147
Marketing	Christopher Harris, Marketing Public Education Outreach Director	Christopher.Harris@doh.nm.gov	(505) 690-5748
Public Health Division	Kevin Peine Division Director	Kevin.Peine@doh.nm.gov	(505) 841-9301
Center for Access and Linkage to Health Care	Andrea Sundberg Director	Andrea.Sundberg@doh.nm.gov	(505) 827-1691
PHD, Access & Linkage to Care NW Region	Dominic Rodriguez Region Director	Dominic.Rodriguez@doh.nm.gov	(505) 841-4110
PHD, Access & Linkage to Care NE Region	Tomasita Sedillo Region Director	Tomasita.Sedillo@doh.nm.gov	(505) 476-2622
PHD, Access & Linkage to Care SW Region	Candice Trujillo Region Director	Candice.Trujillo@doh.nm.gov	(575) 528-5148
PHD, Access & Linkage to Care SE Region	Jimmy Masters Region Director	James.Masters@doh.nm.gov	(505) 222-4633
PHD, Access & Linkage to Care	Heather Black, RN, BSN, BSW Chief Nurse	Heather.Black@doh.nm.gov	(505) 470-0462

Division	Name/Title	Email	Phone
Center for Health Protection	Dr. Laura Chanchien Parajon (Director) Jeff Lara Deputy Director	Laura.Parajon@doh.nm.gov Jeffrey.Lara@doh.nm.gov	505-699-1608 (575) 840-6368
Center for Health Protection	Chad Smelser Acting State Epidemiologist	Chad.Smelser@doh.nm.gov	(505) 827-0006
Bureau of Health Emergency Management	Christopher Emory Bureau Chief	Christopher.Emory@doh.nm.gov	(505) 476-8333
Bureau of Vital Records and Health Statistics	Kimberly Peters Bureau Chief	kimberley.peters@doh.nm.gov	
Community & Health Systems Epidemiology Bureau	Christopher Whiteside Bureau Chief	Christopher.Whitesi@doh.nm.gov	(505) 795-3991
	Desirae Martinez Tribal Epidemiologist	Desirae.Martinez@doh.nm.gov	(505) 637-1356
Emergency Medical Services Bureau	Kyle L. Thornton, EMT-P; MS EMS Bureau Chief	KyleL.Thornton@doh.nm.gov	(505) 476-8204
Environmental Health Epidemiology Bureau	Chelsea Langer Bureau Chief	Chelsea.Langer@doh.nm.gov	(505) 476-3431
Infectious Disease Epidemiology Bureau	Marla Sievers Acting Bureau Chief	Marla.Sievers@doh.nm.gov	505-469-2080

Division	Name/Title	Email	Phone
Injury & Behavioral Epidemiology Bureau	Jiahua (Bella) Yang Bureau Chief	Jiahua.Yang@doh.nm.gov	(505) 551-4019
Center for Healthy and Safe Communities (CHSC)	Janis Gonzales, MD, MPH, FAAF Director	Janis.Gonzales@doh.nm.gov	(505) 699-3426
PHD, CHSC	Victoria Chew, DO, AAHIVS Communicable Disease Bureau Medical Director	Victoria.Chew@doh.nm.gov	(505) 206-7942
PHD, CHSC, Office of Oral Health	Leisha D. McKay Interim Director of Office of Oral Health	Leisha.Mckay@doh.nm.gov	(505) 903-3100
PHD, CHSC, Office of Obesity, Nutrition, Physical Activity	Rita Condon, Manager	Rita.Condon@doh.nm.gov	(505)476-8801
PHD, CHSC, Food & Nutrition Bureau	Sarah Flores-Sievers, WIC Director	Sarah.Flores-Sievers@doh.nm.gov	(505)476-8816
PHD, CHSC, Food & Nutrition Bureau	Veronica Griego Program Manager	Veronica.Griego@doh.nm.gov	(505) 827-2465
PHD, CHSC, Immunization Program	Andrea Romero Section Manager	Andrea.Romero@doh.nm.gov	(505) 827-2334

Division	Name/Title	Email	Phone
Center for Public Health Operations	Yvonne Villalobos Director of PH Operations	Yvonne.Villalobos@doh.nm.gov	(505) 383-9001
New Mexico Scientific Laboratory	Michael W. Edwards, Ph.D., HCL (ABB) Director	Michael.Edwards@doh.nm.gov	(505) 670-4136
Community Engagement & Equity	Susan Garcia Director	Susan.Garcia@doho.nm.gov	(505) 827-2536
Bureau of Vital Records & Health Statistics	Renee Valencia NM State Registrar	Renee.Valencia1@doh.nm.gov	(505)-660-0350
Facilities Management Division	George D. Morgan, Director (Acting)	Georged.Morgan@doh.nm.gov	(575) 894-4205
Facilities Management Division	Kenneth Shull, Executive Long-term Care Administrator	Kenneth.Shull@doh.nm.gov	(505) 537-8600
Fort Bayard Medical Center	Todd Winder, Administrator	Todd.Winder@doh.nm.gov	(505) 454-2100
New Mexico Behavioral Health Institute	Timothy Shields, Administrator	Timothy.Shields@doh.nm.gov	505-670-3204
New Mexico Behavioral Health Institute - Meadows	Derek Wheeler, Administrator	derek.wheeler@doh.nm.gov	(575) 894-4205
New Mexico State Veterans Home	Otes FarrGalloway, Administrator	Otes.FarrGalloway@doh.nm.gov	(575)347-3400

Division	Name/Title	Email	Phone
New Mexico Rehabilitation Center	Janie Davies, Administrator	JanieL.Davies@doh.nm.gov	(505)222-0355
Sequoya Adolescent Treatment Center	Mirlinda Trujillo Administrator	Mirlinda.Trujillo@doh.nm.gov	(505)383-1122
Turquoise Lodge Hospital	Tanya Harris, Administrator	Jeff.LaMure@doh.nm.gov	(505)252-1053
Los Lunas Community Program	Kathy Lucero, Administrator	kathy.lucero@doh.nm.gov	(505) 709-8542
Center for Medical Cannabis & Psilocybin	Jorge Gonzales Senior Program Manager	jorge.gonzales@doh.nm.gov	(505) 819-8580
Center for Medical Cannabis & Psilocybin	Dominick V. Zurlo, Ph.D. Program Director	Dominick.Zurlo@doh.nm.gov	

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

SECTION V. APPENDICES

A. Brief Description of the Department's Program Areas

Program Area: Office of the Secretary

The Office of the Secretary provides executive leadership and strategic direction for the New Mexico Department of Health. It oversees department-wide initiatives, ensures alignment with state health priorities, and promotes collaboration across public health programs and agencies. To ensure coordinated delivery of health services and alignment of priorities, the Office includes direct reports such as the Deputy Secretary/Chief Operations Officer, Chief Medical Officer, and the Tribal Liaison.

The Office of the Secretary is committed to upholding the tenets of the State Tribal Collaboration Act (STCA), by fostering respectful and effective government-to-government relationships with New Mexico's sovereign Tribal Nations. Together, these efforts support the Department's mission to advance the health and well-being of all New Mexicans through effective policy, leadership, and cross-sector collaboration.

Program Area: Administrative Services Division

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 Information Technology Services Division, the Finance Division, and Human Resources.

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 Division

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.

To ensure effective production and distribution of services, the Public Health Division is comprised of the following Program Areas:

- CENTER FOR ACCESS & LINKAGE TO HEALTH CARE
- CENTER FOR HEALTH PROTECTION
- CENTER FOR HEALTHY & SAFE COMMUNITIES
- CENTER FOR MEDICAL CANNABIS & PSILOCYBIN
- CENTER FOR PUBLIC HEALTH OPERATIONS
- OFFICE OF COMMUNITY ENGAGEMENT
- SCIENTIFIC LABORATORY

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.

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 work groups 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	Erica Herrarte	(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	Stella Martin	(505) 500-9741
Mescalero Apache Schools	Primary & Behavior Health care in school-based health center	MOA	In effect	Jim Farmer	(505) 222-8682

Tribe	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
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
Jemez Pueblo	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
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
ALL	Develop Native American section of NM Cancer Plan; support Cancer Council Native American Workgroup	PSC	In Effect	Libby Bruggeman	(505) 280-3639

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.

Gina DeBlassie, Cabinet Secretary
New Mexico Department of Health
July 29, 2025

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 dissention, and whether its final recommendation be to facilitate implementation or pursue additional consultation.

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

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Finally, I extend my appreciation to André Walker, the talented NMDOH graphic designer, for their work on the cover page design and layout.

Kun’da woha,

Janet R. Johnson
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