

New Mexico Adolescent Strategic Plan Community Collaboration Gathering

August 7, 2008
Indian Pueblo Cultural Center
Albuquerque, New Mexico

Summary and Next Steps

Submitted to

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Submitted by

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New Mexico Adolescent Strategic Plan Community Collaboration Gathering August 7, 2008

I. Introduction and Summary

On August 7, 2008, the New Mexico Department of Health (DOH) initiated a Community Collaboration Process to engage community input and feedback for the development and implementation of the New Mexico Adolescent Health Strategic Plan. The initial framework of the strategic plan was established by the New Mexico Department of Health. The second phase of the process involved convening a community collaboration process to get input/feedback on seven areas of the strategic plan:

1. Youth Development
2. Partnerships
3. Planning and Evaluation
4. Surveillance and Data Systems
5. Policy and Advocacy
6. Education and Technical Assistance
7. Commitment to Adolescent Health

This process initiated with a community convening on August 7, 2008, facilitated by the New Mexico Forum for Youth in Community (the Forum). Nearly 80 individuals from all areas of the youth and adolescent health sector met at the Indian Pueblo Cultural Center to focus on 3 areas:

- Review the goals and objectives of the strategic plan;
- Identify essential actions that must be taken to ensure successful implementation of the plan and its goals;
- Determine how community partners can continue to work together to help ensure that all NM adolescents are healthy;

The community collaboration process will continue via a series of convenings with youth throughout the State. Additional information on the Adolescent Health Strategic Plan, including a copy of the Plan, these notes and emerging information, can be found on the Forum website www.nmforum.org/adolhealth or by contacting Wendy Wintermute at the Forum (wendy@nmforumforyouth.org).

II. Agenda – August 7, 2008

- | | |
|----------------|---|
| 8:00 - 8:30 AM | On-site registration & Continental Breakfast |
| 8:30 – 9:00 AM | Welcome: Tessa Medina-Lucero, Adolescent Health Coordinator, DOH
Dr. Alfredo Vigil, Secretary, DOH
Julienne Smrcka, Executive Director, NM Children’s Cabinet
Introduction of Participants |

9:00-9:20 AM	Supporting Our Youth – An Experiential Exercise
9:20-9:45 AM	Overview of the Adolescent Health Strategic Plan
9:45 - 10:00 AM	Break
10:00-12:00 Noon	Breakout Session 1 - Capacity Areas 1-6
Noon-1:00 PM	Lunch
1:00- 2:30 PM	Reports From Breakout Sessions
2:30-2:45 PM	Break
2:45-3:30 PM	Commitment to Adolescent Health (Capacity Area 7) – Next Steps
3:30-3:45	Closing Evaluation

III. Participants

Nearly 80 participants provided information, ideas, and insights from a variety of perspectives. Participants include 32 community members, 31 DOH staff members and 13 staff from other public agencies. Three youth also participated. Although most participants came Albuquerque and Santa Fe, all regions from the state were represented (see Table 1). Additional participant information is included in Appendix A.

Table 1. Conference participants listed by geographic location and sector of representation

Attendees by Geographic Location	
City	No.
Albuquerque	32
Santa Fe	20
Shiprock	5
Crownpoint	4
Las Cruces	4
Gallup	3
Española	2
Counselor	1
Jemez Pueblo	1
Las Vegas	1
To'Hajiilee	1
Vanderwagon	1
NA	3
Total	78

IV Opening Presentations

Welcomes

Dr. Alfredo Vigil, Secretary, NM Department of Health, was unable to attend the gathering in person but addressed the group via video. He thanked all for being here today, to “roll up your sleeves” and work on the further development of the Adolescent Health Strategic Plan.

There is nothing more important to our communities and families than our young people. We are depending on our next generation to continue to help our state thrive and to work on the challenges we have in our state. Most of our young people are active, intelligent, thoughtful, caring young adults, a tribute to their families, neighborhoods and communities, preparing for their adult lives in very, very positive ways. We have to continue to show faith and support to our young people, to work as hard as we can to make sure that we’re constantly sending out positive and supportive messages, which our teenagers have earned and certainly deserve from all of us.

In many areas we are doing well working with our young people. In other areas we are very concerned. We are certainly worried about our drop-out rates and other high-risk behaviors.

We know the formula for supporting our young people and reducing the negative effect of high risk behaviors:

- We must talk about and model **values and ethics**, in our families, churches, and neighborhoods; create partnerships with organizations that are better positioned to talk about values;
- Provide **comprehensive education** around pregnancy, drugs, suicide, mental health issues. Young people need all the information we can give them. Schools are the place to provide much of this information, but schools are also trying to teach reading, writing & arithmetic, so we need to find additional opportunities outside of the school environment to provide comprehensive education on any subject whatsoever;
- **Supporting self-esteem:** Young people have to believe in themselves, that they have a future, that their decisions have an impact, make a difference; probably the most critical, effective tool is mentoring, which can come in many variations;
- **Keeping young people busy**, active, engaged in constructive activities, partnering with other community agencies that may not have health as their fundamental mission, but are ready, willing and able to engage young people in constructive activities;
- **Access to services**, e.g., School Based Health Services, but also a range of mental health services, medical care, counseling, employment preparation, tutoring and academic support, again taking advantage of opportunities for partnering with other organizations.

It’s easy to talk about this, to make a list, but it’s very, very hard to do in a comprehensive way, especially in some of our rural communities and economically depressed areas.

So that’s our challenge today: To create plans to approach these challenges. Everybody in the room today are soldiers on the frontline of this effort, but we need to reaffirm our efforts, because the challenges facing our young people at this point in time are greater than they’ve ever been in history.

Julienne Smrcka, Executive Director, NM Children’s Cabinet, also welcomed the participants and voiced the support of the NM Children’s Cabinet in helping to ensure that all children and youth in New Mexico are healthy, engaged, and productive members of our communities.

V. Supporting Our Youth – An Experiential Exercise

Tessa Medina-Lucero, Adolescent Health Coordinator, led participants through an experiential exercise requiring participants in small groups to untangle themselves from a web of interlocking arms, without breaking the links in the web. A debriefing on the exercise drew the following lessons that might be applied to our work together on implementing the NM Adolescent Health Strategic Plan

Figure 1: What did we take from this exercise and apply to our work on adolescent health?

- Coordination
- Communication
- Analysis
- Listening
- Humor
- Natural leaders emerge
- Flexibility
- Willingness to do
- Letting go of turf
- Belief in yourself
- Trusting others’ ability
- Personal hygiene

Complex issues, barriers can yield to connections around an overarching VISION, e.g., adolescent health.

VI. Overview of the Adolescent Health Strategic Plan

Tessa Medina-Lucero presented a brief overview of the development of the Adolescent Health Strategic Plan to date (see Appendix B for the powerpoint presentation).

The initiative began with an assessment of DOH’s adolescent health system and capacities. This assessment was facilitated by the Konopka Institute for Best Practices in Adolescent Health, in a two-day retreat with staff from DOH’s various bureaus, offices, programs and regions. Of the six capacity areas that were assessed, DOH ranked best in Education and Technical Assistance and needed most improvement in Program Planning and Evaluation. Other areas assessed, in descending order of strength, were Partnerships and Policy & Advocacy (2nd-best), Data & Surveillance Systems (3rd), and Commitment to Adolescent Health Data (4th).

Out of this assessment, DOH created the **first ever** DOH Adolescent Health Strategic Plan. A seventh capacity area, Youth Development, was added. DOH recognizes the importance of working with young people in a meaningful way by promoting and supporting youth empowerment and youth leadership.

The Adolescent Health Strategic Plan was drafted in the latter part of 2006, with input from about 30-40 DOH staff and partners willing to commit to all six sessions. In addition, members of the NM Youth Alliance reviewed the report, added their own recommendations, and helped to draft the initiative’s vision statement.

A companion Adolescent Health Data Report will be released shortly.

DOH is now at the point where various youth advocates can sit at the table together, to share accomplishments, challenges, and ideas of how we can continue to work together to strengthen adolescent health and improve young people's lives (mentally, physically, spiritually and emotionally).

DOH recognizes the importance of everyone working together. Our best resource is each other, and if we provide support to one another and come up with solutions together, we can have a major, positive impact on adolescent health, which ultimately also affects individuals, families, communities and policy.

So now we are at the stage of not only recognizing the importance of collaboration, but actually finding out how we can do it!

VII. Small Group Brainstorming Around Capacity Areas

Participants were divided into six small groups, one for each of six of the Plan's Capacity Areas:

1. Youth Development
2. Partnerships
3. Planning and Evaluation
4. Surveillance and Data Systems
5. Policy and Advocacy
6. Education and Technical Assistance

Each group was asked to do the following:

- Review the goal for this capacity area
- Address these questions:
 - Q 1: What practical steps need to be put into place to achieve this goal?
 - Q2: Of these, what steps are currently underway?
 - Q3: What organizations/institutions are working on these steps?
 - Q4: What organizations/institutions could be called on to help work on those steps that are not currently underway?
- Appoint a member to report results back to the larger group.

Two staff members of the NM Forum for Youth in Community facilitated each group discussion and compiled the results, which are provided in Appendix C.

While each group identified a number of recommended actions and potential partners specific to the capacity area under review, a number of overarching recommendations emerged. These include:

- *Youth Involvement and Voice:* While the Youth Development area elicited the greatest number and detail of suggestions for engaging young people in the development and implementation of the Adolescent Strategic Health Plan, each of the groups also emphasized youth involvement. Examples include:
 - Youth-led effort to increase awareness of need (Partnerships);
 - Include youth voice (Planning & Evaluation)
 - Share data with youth (Surveillance & Data Systems)
 - Involve youth at outset (Policy & Advocacy)
 - Ensure training about youth development is led by youth and experts (Education & Technical Assistance)

- *Asset-Mapping*: A first step recommended in each group was a process of asset-mapping, identifying current activities and actors, and developing resource directories, databases, web-based information portals, to provide up-to-date and easily accessible information on who is doing what in terms of the Plan's implementation;
- *Communication, Coordination, Networking*: All groups noted the importance of building statewide networks that can coordinate activities and ensure timely and accurate communication among the growing numbers of partners who need to be involved in this work;
- *Cultural Sensitivity*: All areas emphasized the need to proceed with awareness of and skill in incorporating cultural and place-based values and customs
- *Family & Community Involvement*: All groups recognized the need to reach out beyond agencies and professional staff to involve family members and community organizations in the development and implementation of the Plan. This recognition was reflected in the long list of community-based partners, both current and potential, which was generated by the participants in each group.

VIII. Capacity Area 7: Commitment to Adolescent Health

Following the reports from the small groups, Tessa Medina-Lucero introduced the last capacity area to the group as a whole.

The goal is to: **Enhance adolescent health through coordination, advocacy and leadership at all levels of NMDOH and other state agencies.**

In order to accomplish this goal, the New Mexico Department of Health, the New Mexico Forum for Youth in Community, and public, private and community partners, including young people, will undertake the following objectives:

- Develop a **written mandate** that incorporates youth input and suggested actions and is distributed throughout DOH and its partners in the Adolescent Health Strategic Plan Initiative;
- Develop **an organizational structure** to facilitate planning, communication, effective implementation and ongoing evaluation of the Plan in state agencies and communities throughout New Mexico;
- **Monitor and support** the ongoing **implementation** of the Adolescent Strategic Health Plan over the next months;
- Identify and acquire the **resources** necessary to effectively implement, maintain and enhance the Plan.

Everette Hill, Executive Director of the NM Forum for Youth in Community, affirmed his organization's commitment to assist in the successful implementation of the NM Adolescent Health Strategic Plan, in particular the Capacity Area 7 goal and objectives.

In order to facilitate coordination and communication among partners working together on the Adolescent Health Strategic Plan, the Forum has established a website which will provide internet access to key documents regarding this initiative as it continues to emerge. These documents include

- NM Adolescent Health System Capacity Assessment (May '06)
- NM Adolescent Health Strategic Plan (April '07)
- NM Adolescent Health Data Study
- Notes and materials from gatherings and convenings
- Reports from surveys and other data collection efforts
- Information about initiative partners

- Monitoring and evaluation reports
- Calendar of upcoming events
- Links to current and emerging resources that support each capacity area and adolescent health issue

The website address is: <http://www.nmforumforyouth.org/adolhealth/>

IX. Next Steps

The next steps for the initiative are to:

- Convene additional gatherings like this one throughout the state, including gatherings of New Mexico youth, to gather additional input, raise awareness, and identify and recruit partners.
- Conduct surveys to collect information from agency staff and community members to identify current actions and actors;
- Analyze and report on information gathered above;
- Convene the Adolescent Health Strategic Plan Steering Committee to determine priorities among objectives and develop a 12-month action plan to guide the work during the next year;
- Develop a monitoring and evaluation plan to track implementation, make any adjustments as required, and report frequently to the community on accomplishments and challenges.
- Maintain the web-based information and communication portal.

X. In closing, Ms. Medina-Lucero asked participants to indicate their **personal commitment** to the Adolescent Health Strategic Plan Initiative by entering their names and commitments on paper. These initial commitments are presented in Appendix D.

APPENDIX C

CAPACITY AREA SCANS

**Adolescent Health Strategic Plan
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CAPACITY AREA: YOUTH DEVELOPMENT

GOAL: Enhance adolescent health by promoting youth development strategies and activities, youth leadership and youth involvement.

Actions Required	Current Actors/Partners	Potential Actors/Partners
Youth Involvement	State and Local Agencies	State and Local Agencies
Always include the youth	<ul style="list-style-type: none"> • NM Office of Consumer Affairs 	<ul style="list-style-type: none"> • Governor’s Cultural Awareness effort needs to encompass educational and medical partners
Get schools Involved	<ul style="list-style-type: none"> • NM Children, Youth and Families Dept. (CYFD) 	<ul style="list-style-type: none"> • Children’s Cabinet
Encourage youth to participate in activities like this	<ul style="list-style-type: none"> • CYFD – Court Appointed Special Advocates 	<ul style="list-style-type: none"> • NM Children Youth & Families Dept.
Invite youth & include in all	<ul style="list-style-type: none"> • CYFD, NM Youth Advocates 	<ul style="list-style-type: none"> • NM Dept. of Health (DOH)
Get youth involved in these activities	<ul style="list-style-type: none"> • CYFD – Juvenile Justice Systems 	<ul style="list-style-type: none"> • DOH – Office of School and Adolescent Health
Establish a policy that there will be youth representation on every committee	<ul style="list-style-type: none"> • NM Dept. of Health, Office of School & Adolescent Health 	<ul style="list-style-type: none"> • Office of Consumer Affairs - /Consumer and Family Engagement
Equal Statewide representation from advocates and youth	<ul style="list-style-type: none"> • Martin Luther King Jr. State Commission 	<ul style="list-style-type: none"> • NM State Legislature – Funding
Significantly increase meaningful involvement of youth in governance and leadership in schools	<ul style="list-style-type: none"> • Office of African American Affairs 	<ul style="list-style-type: none"> • NM State Legislature – Require all schools have health as a graduation requirement
Youth Focus Groups	<ul style="list-style-type: none"> • Public Education Dept – School & Family Support Bureau 	<ul style="list-style-type: none"> • City/County Parks & Recreation Departments
Youth Conferences	<ul style="list-style-type: none"> • Acoma Language Retention Program 	
Youth developed solutions	<ul style="list-style-type: none"> • Albuquerque City – Warehouse 511 	
Diversity of Youth	<ul style="list-style-type: none"> • To’Hajiilee Community Action Team 	
Youth Programming	Schools	
Create more youth programs	<ul style="list-style-type: none"> • Los Alamos School Program 	Schools
Gender specific programming when needed	<ul style="list-style-type: none"> • Santa Fe Public Schools 	<ul style="list-style-type: none"> • Schools
After school and before school programs designed by youth	<ul style="list-style-type: none"> • School-Based Health Centers 	<ul style="list-style-type: none"> • Local School Boards
Thinking outside the box in how we reach youth (innovative ideas in youth language)	<ul style="list-style-type: none"> • University of New Mexico (UNM), Health Sciences Center 	<ul style="list-style-type: none"> • PTAs
Youth Boards	<ul style="list-style-type: none"> • UNM, Center on Alcoholism, Substance Abuse and Addictions 	<ul style="list-style-type: none"> • UNM Child Dev. Center
Mentoring Programs		

Use planning sessions like this as a mentoring opportunity as well	<ul style="list-style-type: none"> • UNM, School Health Education Institute (SHEI) 	<ul style="list-style-type: none"> • UNM-Individual Schools • SHEI in 2008: Target under-represented communities (Latinos, Native Americans, etc.) • Universities
Exposure to things outside the state (ex: abroad)		
Activities that strengthen families	<p>Community Organizations/Members</p> <ul style="list-style-type: none"> • 4-H • Big Brothers Big Sisters • Coalition for Healthy & Resilient Youth • Girl Scouts • God’s House Church • H2T Youth Track • Hands across Cultures Corp. • National Indian Youth Leadership Program • NM Forum for Youth in Community • NM Integrated School Services Initiative • Police Athletic League • Teen Pregnancy Coalition • Warehouse 21, Warehouse 511, and other community-based teen centers • YDI • YMCA & YWCA • Young Women United 	<p>Community Organizations/Members</p> <ul style="list-style-type: none"> • National Indian Youth Leadership Program • NM Activities Association • NM Girls Institute • NM Planned Parenthood • NM SafeTeen • NM Youth Alliance
Better overall health and dental care for all kids and nutrition		
Substance abuse services	<p>Community Organizations/Members</p> <ul style="list-style-type: none"> • Church and Faith Based Org. • Community-Based Teen Centers • Corporate Funders • Media/Youth Radio stations • Parenting Classes • Other Community-Based Organizations 	
Stress on confidential services		
Statewide network of youth programs		
Education and Training		
Educate adults on Positive Youth Development		
Training providers on youth participation (state employees, doctors, legislators, elected officials)		
Train youth on how to be a part of a group		
Facilitator trainings for youth		
SHEI/Non Health Teacher’s State wide trained on 5 health risks (59)		
Cultural sensitivity awareness		
Educate on stigma, labels, etc		
Parenting Classes		
Training on Parent Involvement for Schools (PED program)		
Community Support		
Remember the youth background and where they are from		
Adult Commitment and involvement		
Emergency # on School ID		
Resource database		
Funding for community based programs		
Find and support small CBO in communities: directory/resources		
Fund for supplies to involve youth in afterschool services		
Block Parties		
Less talk, more action		

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CAPACITY AREA: PARTNERSHIPS

GOAL: Enhance adolescent health by strengthening collaboration and partnerships between public and private agencies, community leaders, and adolescents in each region of New Mexico.

Action Required	Current Actors/Partners	Potential Actors/Partners
Raising Awareness	State and Local Agencies	State and Local Agencies
Youth-led effort to increase awareness of need	<ul style="list-style-type: none"> • NM Children Youth & Families Dept. (CYFD) 	<ul style="list-style-type: none"> • Governor
Asset Mapping	<ul style="list-style-type: none"> • NM Dept. of Health (DOH) 	<ul style="list-style-type: none"> • Legislature
Create inventory of youth and adolescent projects and initiatives at local, regional and state across involved entities	<ul style="list-style-type: none"> • DOH, School-Based Health Centers • DOH,, Teen Outreach Program 	<ul style="list-style-type: none"> • NM Children’s Cabinet • NM Children Youth & Families Dept. (CYFD)
Create database of resources	<ul style="list-style-type: none"> • DOH Region V – Substance Abuse Collaboration 	<ul style="list-style-type: none"> • CYFD, Juvenile Justice Advisory Council
Increase identification of behavioral health issues	<ul style="list-style-type: none"> • DOH Regional Treatment Centers 	<ul style="list-style-type: none"> • CYFD, Statewide Juvenile Assessment Centers
Develop an education/PR program to engage all collaborators, especially adolescents	<ul style="list-style-type: none"> • DOT, Safe Schools 	<ul style="list-style-type: none"> • NM Dept. of Health (DOH)
Partnerships/Networking	<ul style="list-style-type: none"> • NM Human Services Dept (HSD), Medicaid, SALUD 	<ul style="list-style-type: none"> • DOH, Community Health Councils
Get the right people at the table	<ul style="list-style-type: none"> • NM Public Education Dept. (PED) 	<ul style="list-style-type: none"> • DOH, Office of School Health
Address partnerships between all groups involved	<ul style="list-style-type: none"> • ValueOptions 	<ul style="list-style-type: none"> • DOH, Flex schedule
Better communication/coordination within DOH	<ul style="list-style-type: none"> • County Health Councils 	<ul style="list-style-type: none"> • DOH, School-Based Health Centers Lead Agencies
Partnership development between school health and DDSD	<ul style="list-style-type: none"> • Local Health Offices 	<ul style="list-style-type: none"> • DOH, Youth Advisory Committee
More partnership with schools & behavioral health/disabilities agencies	Schools	<ul style="list-style-type: none"> • NM Human Services Dept. (HSD) • NM Public Education Dept. (PED)
Adolescent School Health needs to support academics	<ul style="list-style-type: none"> • NMSU • UNM 	<ul style="list-style-type: none"> • Tribal Elected Officials
Enhance communications among State Dept of Health, County, local resources to exchange information and encourage collaboration among all state departments, the Dept. of Health, and School-Based Health Centers	<ul style="list-style-type: none"> • UNM Center for Development & Disability • PTA, PTO, PFO 	<ul style="list-style-type: none"> • City Government • County Government • Juvenile Justice System • Law Enforcement
Create an ongoing network communication system		<ul style="list-style-type: none"> • Elected Officials

– e.g., email, newsletters, etc.	<p>Community Organizations</p> <ul style="list-style-type: none"> • Action for Youth • BGBS • Citizen Schools • Con Alma Health Foundation • Education for Parents of Indian Children with Special Needs • Kellogg Foundation • National Alliance of School-Based Health Centers • Native Hope • NM Community Foundation • NM Integrated School Services Initiative (NMISSI) • NM Teen Pregnancy Coalition • NM Voices for Children • Parents of Behaviorally Different Children • Parents/Partners of Autistic Children • Parents Reaching Out • Pathways • Taos Awareness Project • Unidos: Funders Allied with Youth • Wellness Centers • Wellness Warriors • Young Fathers Project • YMCA • YWCA <ul style="list-style-type: none"> • Faith based organizations <ul style="list-style-type: none"> • Families • Hospitals • Promotaras – community health workers 	<p>Schools</p> <ul style="list-style-type: none"> • Local School districts • School Board Members <p>Community Members</p> <ul style="list-style-type: none"> • Autism Advocacy Groups • Big Brothers Big Sisters • Crisis Intervention Teams • Planned Parenthood • YDI <ul style="list-style-type: none"> • Local Coalitions <ul style="list-style-type: none"> • Local Collaborative • Non-profits, NGO's • Professional organizations • Insurers • Media • Community members • Parents/Families • Local Youth Advisory Groups • Youth • Me, you, we all
Increase partnerships at the local level		
County networking around teen pregnancy		
Establish and sustain partnerships within African Village		
Partnering with HIV/AIDS groups		
Partnering with LGBT groups		
Need for cultural sensitivity		
Enhanced Programming		
Start all programs for youth earlier		
Prevention programs for 0-3 year olds		
Services for teen parents		
Positive focus on youth of African descent		
City and County need more physical activity for youth. – Bike trails, swimming, skating, etc.		
School based health centers need more training and promotion and need to be more prepared		
Adolescent Transitional Living		
Housing and job training services for youth 18-21		
Build a skate park in Las Cruces and other places		
Support		
DOH should fund youth development		
SHAC development statewide, non-profit guidance		
Increase tax ETOH, cigarettes to fund initiative		
Class credit for working on school health councils		
Tax incentives for private industry to support their participation		

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CAPACITY AREA: PLANNING AND EVALUATION

GOAL: Enhance adolescent health by developing and adopting evidence-based models for service delivery and providing services that respond to gaps, disparities, barriers, and other access issues.

Actions	Current Actors/Partners	Potential Actors/Partners
Family Involvement	National, State, Local Agencies	National, State, Local Agencies
Family involvement and understanding and having the knowledge of using other services.	<ul style="list-style-type: none"> • US Dept. of Health and Human Services (HHS), Office of Minority Health, Culturally and Linguistically Appropriate Services (Santa Fe) 	<ul style="list-style-type: none"> • National Park Service • Federal legislators
Community (parental) involvement: Group education, parent to teen groups	<ul style="list-style-type: none"> • US Substance Abuse & Mental Health Services Administration (SAMSHA) 	<ul style="list-style-type: none"> • NM State government
Health education during growth period. Very important.	<ul style="list-style-type: none"> • NM Dept. of Health (DOH) 	<ul style="list-style-type: none"> • NM Children's Cabinet • NM Dept. of Health (DOH) • NM DOH, Office of School and Adolescent Health
Skills/life skills component in each intervention to address goals related to work, education, etc.	<ul style="list-style-type: none"> • NM DOH-Office of School and Adolescent Health, Adolescent Health Coordinator 	<ul style="list-style-type: none"> • Public Health • Behavioral Health Collaboratives
Having residential programs that have parenting component driven by the client needs, not funds or system.	<ul style="list-style-type: none"> • NM DOH – Division of Policy & Performance 	<ul style="list-style-type: none"> • State legislators
Youth Voice		
Include youth voice	<ul style="list-style-type: none"> • NM DOH Regional Offices • NM DOH – Jamie Lee Hall (Gallup) • Navajo Nation Youth Development Program 	<ul style="list-style-type: none"> • County governments (Youth Corps, jobs)
Asset Mapping		
Review available data on gaps, disparities, etc.	<ul style="list-style-type: none"> • Health Councils 	<ul style="list-style-type: none"> • County Health Departments • Local governments • Local public health offices • Health Councils • City government • City/County Parks and Recreation Depts. • Politicians
If not available, collect data on gaps, disparities, etc.	<ul style="list-style-type: none"> • Mid-Region Council of Governments (MRCOG) • Sandoval County Health Alliance • SEE – Sandoval Easy Express Public Transit 	
Clarification of what standards exist.		
Ways to prioritize standards.		
Identify NM programs which have been effective in various counties.		
Community strengths identified.		
Resources		
Build a statewide system for collaboration, mentoring, sharing what works.		

Long term availability of funds for specific services.	<p>Schools</p> <ul style="list-style-type: none"> • Headstart • Headstart parent councils • Natural Helpers – Suicide Prevention • SHACs – School Health Advisory Councils • School-Based Health Centers <ul style="list-style-type: none"> • UNM Headstart <ul style="list-style-type: none"> • UNM Medical School, Child Health Institute for Lifelong Eating & Exercise (CHILI), Sally Davis • UNM, Project ECHO • UNM, Telehealth <p>Community Organizations/</p> <ul style="list-style-type: none"> • Acoma-Laguna Film • Bodyworks (national program, in place in Santa Fe) • Can We Talk? Dominic Cappello (Abq. S. Valley) • Envision NM • Girls Inc. (Santa Fe) • Native Hope • NM Integrated School Services Initiative • Plain Talk / Hablando Claro (Abq. S. Valley) • Privately-owned transportation services. • Voices for Children Family Advocacy • Women’s Health Services (Santa Fe) <p>YouthVoice (Jemez)</p>	<p>Schools</p> <ul style="list-style-type: none"> • Schools • School Health Advisory Councils • Universities • University Graduate Schools: Medical students, MPH, SW, Psychologists, Psychiatrists, and in high schools need training in cultural competence and listening to youth) • Athletic departments <p>Community Organizations/Members</p> <ul style="list-style-type: none"> • Bike to School • Boys and Girls Clubs • NM Health Resources (professional development of existing health care professionals, and connecting kids to health care pathways) • NM Primary Care Association (professional development of existing health care professionals, and connecting kids to health care pathways) • YMCA/YWCA <ul style="list-style-type: none"> • Businesses, trades <ul style="list-style-type: none"> • Chambers of Commerce • Churches • Community Hospitals • Community leaders • Community members • Community organizations
Have set criteria and funding available for programs.		
Central location for information on all available resources.		
Have school health / civic classes arrange credits for participation in various community and statewide communities		
Schools of higher education should be focusing on creating more health professionals, including creating youth pathways to health care		
Cultural Competence		
Identify cultural competency for diverse groups.		
Services need to be culturally based.		
Identify cultural issues.		
Have a separate Native American strategic health plan – due to cultural and environmental requirements.		
Each agency take responsibility to train their staff on cultural competence		
Trainings at the University level for medical students, MPH, SW, Psychologists, Psychiatrists, and in high schools (re: cultural competence in listening to youth)		
Make media/news accountable for the misinformation they distribute about different ethnic groups to fulfill their political agenda. This would reduce cultural incompetence by being more accepting and respectful of others		
Access = Rural vs. Urban		
Overcome geographic barriers.		
Transportation: Advocate for public transportation to more rural areas, and from urban areas to health centers		

Availability of professionals of specific expertise		<ul style="list-style-type: none"> • Farmers Markets • Farm to School • Media – Corporate and Public TV and Radio • Neighborhood (geographic) groups • Parents, Families • Places of worship • Health care providers • Providers: Health care providers, other providers • Service Programs: They have experience on what is out there • Any organization or agency funded or asking for funding • Volunteer groups • Youth
Better access to mental health services in schools, community centers, places of worship.		
Rural vs. urban.		
Rural health / mental health access: school based health centers, rural clinics with evening hours, teen clinics, public transportation.		
Models		
Develop a standard list of evidence-based models.		
Assess which evidence based-model(s) may be appropriate in NM.		
Literature review of models.		
Education and Awareness of Regulators, Policy Makers		
Educate, create awareness with regulators, policy makers regarding: a) what is happening, b) what needs to happen.		
Have school health / civic classes arrange credits for participation in various community and statewide communities such as: Schools of higher education should be focusing on creating more health professionals, including creating youth pathways to health care.	All of <u>us</u>	

- Additional information from Mary Altenburg, NM DOH

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CAPACITY AREA: SURVEILLANCE AND DATA SYSTEMS

GOAL: Enhance adolescent health through collaborative data collection and analysis that provides high-quality information to support program development and evaluation.

Activities	Current Partners	Potential Partners
Participatory Process: Involve users in data collection & analysis	<p>National, State and Local Entities</p> <ul style="list-style-type: none"> • US Dept. of Health and Human Services, Centers for Disease Control • NM Dept. of Health (DOH) • DOH Office of School & Adolescent Health • DOH- Epidemiology and Response Division, Information Technology & Survey Unit • DOH, Office of Family Planning, Public Health Division, Family Health Bureau, Maternal & Child Health • DOH, Public Health Dept/Region 6 • DOH, Office of Community Assessment, Planning & Evaluation • NM Public Education Dept. • County Health Councils • Bernalillo County Environmental Health Office • All Indian Pueblo Council – Health Council • American Indian Health Advisory Committee 	<p>State and Local Entities</p> <ul style="list-style-type: none"> • NM Secretary of Health • NM Secretary of Education • NM Dept. of Health-Regional EPIs • Legislators <p>Community Organizations/Members</p> <ul style="list-style-type: none"> • NM Alliance of School-Based Health Centers • Community Members • Nonprofits • Youth
Inventory of Available Data:		
<ul style="list-style-type: none"> • Identify who collects adolescent data • What data are we speaking of? • Include community-level social indicators • Must have economic & ethnic/racial data • Small-area, GIS-based, mapped data 		
Share and Aggregate Data		
<ul style="list-style-type: none"> • Who needs to know what? • In what form does data need to be? 		
Data sharing to assist service providers be successful (e.g., grant programs)		
Share data with youth		
Establish AH performance measures		
Choose or establish specific and/or standardized data sources		
Ability to standardize, convert or share data sets and statistical software		
Capture data from federal reports from public, nonprofits and other grant-funded programs		
Facilitate access to data		
Establish AH Data Portal on the web		
Maintain/expand portal as needed		
Untangle data red tape, e.g., de-identifying data		
Publishing – Telling our Story		
Data “Out-ry” (not just “entry”)		
Leadership for “Data in Action” – Proactive,		

coordinated, involving community	Schools	
Increased awareness of, emphasis on and resources for Adolescent Health data and data system	<ul style="list-style-type: none"> • School-Based Health Centers • Gadsden Independent Schools • Las Cruces Public Schools • School districts 	
	<ul style="list-style-type: none"> • NMSU Health Sciences • NMSU Statewide Parenting Project • UNM • UNM Bureau of Business and Economic Research • UNM Inst. For Public Health <p>Community Organizations/Members</p> <ul style="list-style-type: none"> • Albuquerque Area SW Tribal Epidemiology Center • La Clinica De Familia • NM Integrated School Services Initiative (NMISSI) • NM Public Health Association • NM Research & Study Council • NM Teen Pregnancy Coalition • NM Voices for Children • Partners for Environmental Justice • Planned Parenthood NM • Rape Crisis Center • St. Joseph's Community Health • Santa Fe Boys Project • Southern NM Adolescent & Young Adult Health Consortium • Women's Law Center • Young Fathers Project • YDI 	

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CAPACITY AREA: POLICY & ADVOCACY

GOAL: Enhance adolescent health through collaborative advocacy with partner organizations that supports effective programs.

Actions	Current Partners	Potential Partners
Mobilization & Advocacy	State and Local Entities	State and Local Entities
Foster public/private/community partnerships	<ul style="list-style-type: none"> • NM Children’s Cabinet 	<ul style="list-style-type: none"> • NM Governor
Insure community involvement/leadership	<ul style="list-style-type: none"> • NM Children Youth and Families Dept. (CYFD) 	<ul style="list-style-type: none"> • NM Children’s Cabinet
Align with existing movements	<ul style="list-style-type: none"> • CYFD – Transition Services 	<ul style="list-style-type: none"> • Department Secretaries: CYFD, HSD, PED, DOH
Tribal leader consortium focused on adolescent issues	<ul style="list-style-type: none"> • CYFD – Youth Advocate 	<ul style="list-style-type: none"> • State Legislature
Facilitate youth voice	<ul style="list-style-type: none"> • NM Dept. of Health (DOH) 	<ul style="list-style-type: none"> • Legislative Committees
Involve youth at outset in planning process	<ul style="list-style-type: none"> • DOH-Office of School Health 	<ul style="list-style-type: none"> • Tribal Gov/Programs –on/off reservation programs
Convene organizations involved in Youth related Policy and Advocacy	<ul style="list-style-type: none"> • DOH-Some SBHCs 	<ul style="list-style-type: none"> • Behavioral Health Collaborative partners through collaborative workgroups, along with state, single entity (ValueOptions) and local collaboratives)
Identify “Best Practices” in Youth Policy Advocacy	<ul style="list-style-type: none"> • DOH-TUPAC • DOH-YRRS 	<ul style="list-style-type: none"> • Behavioral Health Collaborative – Youth Advocate
Resource Development	<ul style="list-style-type: none"> • NM Health Services Dept. (HSD) • NM Public Education Dept (PED) 	<ul style="list-style-type: none"> • NM Alliance of School-Based Health Care
Who’s doing what	<ul style="list-style-type: none"> • State Housing Task Force 	
More systematic multi systemic resource mapping and build mapping to build capacity to address gaps	<ul style="list-style-type: none"> • Adolescents in Transition workgroup • Behavioral Health Collaborative (BHC) 	
Resource Development linking common resources to programs	<ul style="list-style-type: none"> • BHC-adolescent priority work plan • BHC – System of Care initiatives 	
Need adequate funding	<ul style="list-style-type: none"> • BHC – Housing Leadership Group 	
Research & Evaluation	Schools	Schools
Prioritize effective evaluation	<ul style="list-style-type: none"> • School Health Advisory Councils • Laguna Pueblo Schools 	<ul style="list-style-type: none"> • UNMH
Develop “service based” research from reservation/off reservation programs – to avoid anecdotal info crisis	<ul style="list-style-type: none"> • UNM: Envision, Pediatrics, Psychiatry, Center for Development & Disability, 	Community Organizations/Members
Data focusing on disabled adolescence		<ul style="list-style-type: none"> • Clinical Homes and Future Core Service Agencies • Philanthropic Foundations

Specific Policy Initiatives	Center on Alcohol, Substance Abuse and Additions	<ul style="list-style-type: none"> • Informal coalition to push policy with legislature • Everyone- All of us!!!
Youth Risk and Resiliency Studies in every district		
Improve middle school Youth Risk and Resiliency		
True integration of behavioral health within public health		
Linkage/determine role with Behavioral Health system of care development		
Comprehensive health education as a high school graduation requirement		
Comprehensive sexuality education implemented		
Expand school based health clinics		
Prioritize teen dating violence as major public health issue		
Include “male sensitive” and concept of “gender sensitive”		
Seek out and support traditional and new male groups to help boys develop into successful adults		
Implement and enforce tobacco policies (best practices)		
Raise alcohol and tobacco taxes and use money for primary prevention services		
Services for homeless youth		
History education should be comprehensive and objective		
Community Organizations/Members		
• APEX Education		
• Doña Ana and Rio Arriba Counties - Teen Pregnancy Prevention Work Groups		
• NM Alliance for School-Based Health Care		
• NM Forum for Youth in Community		
• NM Responsible Sex Educators		
• NM Teen Pregnancy Coalition		
• NM Youth Alliance		
• Prevention Advocates Coalition		
• Southwest Youth Services		
• Young Women United		
• Your Fathers Initiative		

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CAPACITY AREA: EDUCATION & TECHNICAL ASSISTANCE

GOAL: Enhance adolescent health through training and technical assistance that helps providers to incorporate youth development, public health principles, and cultural competence.

Actions Required	Current Actors/Partners	Potential Actors/Partners
Topics	State and Local Agencies	State and Local Agencies
Increase general awareness of health care	<ul style="list-style-type: none"> • Dept. of Finance and Administration 	<ul style="list-style-type: none"> • DOH
Clearly define public health principles	<ul style="list-style-type: none"> • Dept. of Health, Office of Substance Abuse & Prevention 	<ul style="list-style-type: none"> • DOH – Office of School and Adolescent Health
Concentrate on implementation principles	<ul style="list-style-type: none"> • ADA 	<ul style="list-style-type: none"> • Office of Consumer Affairs - /Consumer and Family Engagement
Training about health issues of rural communities	<ul style="list-style-type: none"> • Native American Groups 	<ul style="list-style-type: none"> • DFA/DWI
Learn about various cultures to determine competence levels.	<ul style="list-style-type: none"> • NMCCBHP 	<ul style="list-style-type: none"> • NM Department of Education
Training about cultural/socio-economic competence	<ul style="list-style-type: none"> • FQHC'S 	<ul style="list-style-type: none"> • OSAP
Anti-racism and anti-oppression training	Schools	Schools
Provide nutrition education to help prevent disease.	<ul style="list-style-type: none"> • Albuquerque Public Schools 	<ul style="list-style-type: none"> • Schools/APS
Train youth in sound money management skills	<ul style="list-style-type: none"> • Central NM College 	<ul style="list-style-type: none"> • Local School Boards
Promote good health parenting skills	Community Organizations	<ul style="list-style-type: none"> • UNM Child Dev. Center
Methods & Materials	<ul style="list-style-type: none"> • Enlace 	<ul style="list-style-type: none"> • UNM-Individual Schools
Utilize SBHC to assist in process	<ul style="list-style-type: none"> • NM Broadcast Association 	<ul style="list-style-type: none"> • Universities
Connect with OSAP training system	<ul style="list-style-type: none"> • LULAC 	
Connect with the NM Prevention Network	<ul style="list-style-type: none"> • Native American Independent Living Centers 	Community Organizations
Convene a cultural competency advisory committee.	<ul style="list-style-type: none"> • New Mexico Prevention Network 	<ul style="list-style-type: none"> • Church and Faith Based Org.
Ensure training about youth development is led by youth and experts.	<ul style="list-style-type: none"> • Planned Parenthood 	<ul style="list-style-type: none"> • NM Voices for Children
Peer educators	<ul style="list-style-type: none"> • United Way 	<ul style="list-style-type: none"> • NM Prevention Network
Use Technology	<ul style="list-style-type: none"> • Banks 	<ul style="list-style-type: none"> • BBBS
	<ul style="list-style-type: none"> • Chambers of Commerce 	<ul style="list-style-type: none"> • Planned Parenthood of NM
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Male Involvement Project
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Develop target audience-oriented educational materials using social-marketing principles that are more likely to capture and engage provider

attention.	<ul style="list-style-type: none"> • Community Leaders • Health Care Providers • Health Councils • Minority-based organizations • Native American Groups • Primary Care Associations • Private contractors 	
Promote prevention certification		
Create a system for personal involvement in community care and development.		
Outreach		
Engage a provider “champion” to assist in outreach to his/her peers.		
Gather adolescent groups in each school		
Youth at risk be targeted and focus on those experiencing poverty		
Provide presentations/trainings at provider coordinated meetings.		
Blue Ribbon Panel on Disproportionate minority contact		
Engage Native American Communities		

APPENDICES

Appendix A: Participant Information

Appendix B: An Overview of the Adolescent Health Strategic Plan

Appendix C: Capacity Areas and Goals

Appendix D: Commitments to Adolescent Health