

**Legislative Health & Human Services  
Committee Meeting**



**Pueblo of Santa Clara**

**Santa Claran Hotel & Casino**

**October 20, 2014**

**Legislative Health and Human Services Committee Meeting**  
Pueblo of Santa Clara ❖ Santa Claran Hotel  
October 20, 2014  
Presented by J. Michael Chavarria, Governor

*(Prayer offering)* Good morning Chairmen Madalena and Ortiz y Pino and Honorable Members of the Legislative Health and Human Services Committee, I am J. Michael Chavarria, Governor of the Pueblo of Santa Clara. On behalf of our Tribal Council, the Staff at the Santa Claran and the Pueblo, we thank you for accepting our invitation to have the first of your three-day meeting here. It is my honor to welcome you and hope you will take some time to visit our Pueblo.

**Emergency Stabilization Projects**

- ❖ The Pueblo still faces the imminent threat of flooding stemming from the 2011 Las Conchas Fire
- ❖ 2 Presidential Disaster Declarations (PDD) are with the State of New Mexico – 75% of cost absorbed by Federal Government with 12.5% of the cost is absorbed by the State and other 12.5% absorbed by the Pueblo

**FEMA 4047**

- \$21,114,117 total award = 12.5% cost match = \$2,639,265
- **\$30 million “Pending Permanent Road”** = 12.5% cost match = \$3,750,000
- ✓ FEMA R6 still has this project under NEPA (environmental and archeological) review.
- ✓ SCP provided a ROM (rough order magnitude) study to FEMA and in that study a few questions arise as to road location
- ✓ The ROM study provides ample information as to cost and “general” location of the road.
- ✓ If SCP chooses to relocate the road in a totally different area we can submit for an “Improved Project”.
- ✓ Basically, this project is still pending approval from FEMA based on the ROM Study SCP provided.
  - Cost match total for **FEMA 4047** = \$6,389,265 State and Tribal

**FEMA 4079**

- \$5,905,652 total award = 12.5% cost match = \$738,207
- \$41,974,677 4 dams and spillways = 12.5% cost match = \$5,246,835
  - Contract awarded to the USACE for preliminary design of pre-disaster conditions of four water control facilities
  - Once information is received the Pueblo will determine if an approved project will be requested
  - Cost match is dependent ???

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- 12.5% Cost match total for **FEMA 4079** = \$5,985,042 = State and Tribal
  - **Total Cost match = \$12,374,307 = State and Tribal at 12.5% each for both PDD's**

❖ **Santa Clara Pueblo has 2 PDDs as a Direct Grantee**

- Total damages = \$9,707,073.81

**FEMA 4147**

- \$91,891.80 total award
- \$22,972.95 25% cost match

**FEMA 4151**

- \$9,615,182.01 total award
- \$2,403,795.50 25% cost match

- **NOTE:** The Pueblo has requested a 10% cost match from the President through FEMA, but as of today the cost match remains 25%. 10% criteria is dependent on Per Capital threshold of \$133.00 which the Pueblo has met. Waiting on approval.

❖ **Total damage amounts for the Four PDDs = over a \$100 million**

- ❖ Continued support is needed from the State for submittal of application for the National Disaster Resilience Competition through HUD

The National Disaster Resilience Competition is a year-long competition structured in two phases: (1) the framing phase and (2) the implementation phase. The competition is structured to guide applicants in the framing phase through broad consideration of their disaster recovery needs, vulnerabilities, stakeholder interests, resilience and other community development investment alternatives. Then they can refine those needs and design potential solutions in the implementation phase.

**Tribal governments cannot apply for NDRC independent of their associated state governments. There are only 67 eligible applicants for this competition. All states with counties/tribes that experienced a Presidentially Declared Major Disaster in 2011, 2012 or 2013 are eligible to submit applications.**

“The National Disaster Resilience Competition is going to help communities that have been devastated by natural disasters build back stronger and better prepared for the future,” said Secretary Julián Castro. “This competition will help spur innovation, creatively distribute limited federal resources, and help communities across the country cope with the reality of severe weather that is being made worse by climate change.”

“The Rockefeller Foundation is committed to spurring innovation in resilience planning and design so that communities can build better, more resilient futures, particularly for their most vulnerable citizens” said Dr. Judith Rodin, President of the Rockefeller Foundation. “Building resilience will minimize the impact of the next

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shock, while also improving life in communities day-to-day, allowing them to yield a resilience dividend. Everyone wins.”

### **NATIONAL DISASTER RESILIENCE COMPETITION**

As the recent [National Climate Assessment](#) made clear, extreme weather events—including heat waves, drought, tropical storms, high winds, storm surges and heavy downpours—are becoming more severe. In many places these risks are projected to increase substantially due to rising sea levels and evolving development patterns, causing risks to the safety, health, and economies of entire communities. Events like Hurricane Sandy have made it clear we remain vulnerable to such events in spite of advances in disaster preparedness. American communities cannot effectively reduce their risks and vulnerabilities without planning for future extreme events and other impacts of climate change after a disaster and in their everyday decision-making.

The [National Disaster Resilience Competition](#) makes \$1 billion available to communities that have been struck by natural disasters in recent years. The competition promotes risk assessment and planning and will fund the implementation of innovative resilience projects to better prepare communities for future storms and other extreme events. Funding for the competition is from the Community Development Block Grant disaster recovery (CDBG-DR) appropriation provided by the Disaster Relief Appropriations Act, 2013 (PL 113-2).

This competition responds to requests from state, local, and tribal leaders who have asked the federal government to help them prepare their communities for the impacts of climate change and support investments in more resilient infrastructure.

All successful applicants will need to tie their proposals to the eligible disaster from which they are recovering. For example, a community that suffered a flood might want to offer flood buyouts and property **acquisition** in the most impacted and distressed areas, followed by restoration of a wetland to limit future flooding and provide a nature preserve or recreation area. A community that lost housing and a road during a mudslide might want to not only construct housing in a safer area for survivors, but also find a financing mechanism for affected downstream businesses to survive the effects of the last event and be prepared for and recover more quickly from future hazards.

#### **Partnership with Rockefeller Foundation**

Given the complexity of the challenge, the U.S. Department of Housing and Urban Development (HUD) will partner with the Rockefeller Foundation to help communities better understand the innovation, broad commitment, and multi-faceted approach that is required to build toward a more resilient future. As they did in HUD’s [Rebuild by Design](#) competition, the Rockefeller Foundation will provide targeted technical assistance to eligible communities and support a stakeholder-driven process, informed by the best available data, to identify

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recovery needs and innovative solutions. The six winning projects selected through the [\*Rebuild by Design\*](#) competition in June 2014 serve as models of how philanthropic resources and the federal government can be leveraged to support communities recovering from disasters while also strengthening their ability to withstand future disasters.

### **Objectives**

The Competition seeks to meet the following six objectives:

1. Fairly and effectively allocate \$1 billion in remaining CDBG-DR funds.
2. Create multiple examples of modern disaster recovery that apply science-based and forward-looking risk analysis to address recovery, resilience, and revitalization needs.
3. Leave a legacy of institutionalizing—in as many states and local jurisdictions as possible—the implementation of thoughtful, sound, and resilient approaches to addressing future risks.
4. Provide resources to help communities plan and implement disaster recovery that makes them more resilient to future extreme weather events or other shocks, while also improving quality of life for existing residents.
5. Fully engage community stakeholders to inform them about the impacts of climate change and develop pathways to resilience based on sound science.
6. Leverage investments from the philanthropic community to help communities define problems, set policy goals, explore options, and craft solutions to inform their own local and regional resilient recovery strategies.

### **Overview of Phases**

Phase 1 applications will be due in March 2015. Successful applicants in Phase 1 will be invited to participate in Phase 2 to design solutions for recovery and resilience.

Phase 2 applications must also include an analysis for any proposed projects with an account of the social and ecological benefits and costs as a consideration. The best proposals from Phase 2 will receive funds for implementation and will demonstrate how communities across the country can build a more resilient future. HUD expects to make final award announcements in 2015.

Public Law 113-2 appropriated \$16.0B (\$15.2B post-sequester) to HUD in CDBG-DR funds for disaster relief, long-term recovery, restoration of infrastructure and housing, and economic revitalization. By law, these funds are limited to addressing Presidential Declared Disasters from 2011-2013. HUD has until 9/30/17 to obligate all funds.

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**Partnerships and Collaborations**

**FEMA**

75% of cost for Four Presidential Disaster Declaration

National Disaster Recovery Framework – NDRF – Provides a mechanism for collaboration with Federal, State, Pueblo and Non-Governmental Organizations

Assist the Pueblo by utilizing the existing authorities within the federal government agencies and departments

**United States Army Corps of Engineers (USACE)**

Completed Technical Assistance Report (TAR) after fire

Completed an altered hydrology report

Completed a geomorphic conditions report

Contracted to remove sediment – place HESCO baskets along established berms to provide the stream channel capacity within the Pueblo Community – construct gabion check structures – temporary measurer type of projects

**Bureau of Reclamation (BOR)**

Project funds to construct earthen berms within the community – funds provided through the 93-638 process – funds are eligible to be used for cost match of FEMA/USACE projects

Providing funds to install sheet piling within the community to provide protection to the Tribal Administration building – Senior Center and Adult Day Care Center.

Looking for year-end funding to assist with sediment removal types of projects

**Bureau of Indian Affairs (BIA)**

Provided funds for emergency stabilization projects –

Provided funds for restoration type of activities like tree germination and planting / trail maintenance

Extended the BAER projects for another year

Funds are provided through a 93-638 contract which means funds can be used as cost match for FEMA/USACE projects

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NRCS

Providing funds for debris removal from within stream channel

United States Forest Service/Valles Caldera National Preserve

Implement the Tribal Forest Protection Act on 30,000 acres surrounding the reservation – perform hazardous fuel reduction projects / ecological restoration projects / micro-site habitat

Others

Private Foundations –utilize funding to meet cost match responsibilities for FEMA and USACE watershed projects



Senior Citizens and Adult Day Care

**Santa Clara is proud to be the focal point for senior services for the Eight Northern Pueblos in our spacious 10,800 square-foot facility. Our principal objective is to contribute to the positive well-being of participants through interactive programming, culturally relevant activities and a professional staff. Generally, the program is set up to care for adults with special needs and those who would benefit from participating in activities that stimulate both the mind and the body.**

**SERVICES PROVIDED**

- Senior Program and Regional Adult Day Care Program compliments each other in providing and coordinating services to the elderly in the community;
- Daily planned activities that are designed to actively involve and stimulate the participants;
- Continuous supervision and monitoring by trained staff;
- Activities sensitive to cultural and traditional values;

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- Assistance with personal care, i.e.; walking, eating, grooming, toileting, bathing and transfer;
- Nutritious hot meals and snacks;
- Transportation and assisted transportation as needed;
- Companionship;
- Disease prevention/health promotion activities;
- Intergenerational activities; and
- Recreational activities to promote socialization.

**ADDITIONAL INFORMATION**

- Regional Adult Day Care means north central NM Includes Rio Arriba, Santa Fe, Los Alamos, Sandoval, Taos counties
- First Regional Adult Day Care Center in north of Santa Fe
- Social model (not a medical ADC)
- Initial supporting ENIPC Supporting Resolution 2/4/99
- ENIPC Resolution 3/10/01 and 6/01/02
- Support Letters: NM Indian Title VI Coalition 10/24/2007; NM Indian Council on Aging 10/24/2007; National Indian Council on Aging 1/30/2013; Rio Arriba County Commissioners 1/30/2006; Indian Affairs Committee 8/28/2013.
- Independently requesting legislative support for 3 years
- State Funding: \$68,000 by State last two years
- Tribal Funding \$103,000 FY 2014
- Certified Processing Service (Cogent) NMDOH Fingerprinting
- Currently serving 25 (Approximately) Clients
- Ground Breaking: March 25, 2008
- Master Plan: November 30, 2001
- Life Safety Code: November 13, 2013
- NMDOH Operators License Issued: April 28, 2014
- Future Goal: Implement Third Party Billing/continue to seek funding to eventually become self sufficient

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**The mission of the Santa Clara Regional Adult Day Care is to provide services to eligible Eight Northern Indian Pueblo tribal members diagnosed with Alzheimer's disease or related dementias. Adult Day Care is part of the long-term care continuum for the elderly, guided by a specific philosophy of service that views the individual client, and the caregivers, whether family, spouse, friends or others, as a systemic unit sharing in the total care of the client. The provider of Adult Day Care becomes part of that systemic unit of care offering aid and support to the individual client and caregivers. Adult Day Care services are focused primarily on older adults who, because of physical, emotional, or mental impairment, that require assistance in a supervised environment in order to prevent premature institutionalization. The Adult Day Care client is at risk for abandonment, neglect, abuse, and unnecessary or premature institutionalization because of impairments relating to medical needs, psychosocial limitations, functional abilities and support systems. Services provided shall be determined by individual care plans, which will be developed by the Adult Day Care staff, the client, and the family caregiver.**

*All Senior Program and Regional Adult Day Care staff are certified in CPR/First Aid, Caregiver Training and Food Handlers. In addition, staff training is conducted each quarter to enhance job and life skills.*

**CURRENT STAFFING FOR REGIONAL ADULT DAY CARE AND SENIOR PROGRAM**

**Santa Clara Senior Program Staff**

<b>Director, Geraldine Mascarenas</b>	<b>929-0815 ext. 1256</b>
Case Manager/Administrative Assistant, Pat Cata	692-6324 ext. 1340
Caregiver Attendant, Mabel Gutierrez	692-6324 ext. 1339
Caregiver Attendant, Simon Baca	692-6324 ext. 1339
Caregiver Attendant, Mae Tapia	692-6324 ext. 1339
ADC Senior Volunteer, Dorothy Gutierrez	692-6324 ext. 1339
ADC Senior Volunteer, Lucille Baca	692-6324 ext. 1339
ADC Senior Volunteer, Marcella Martinez	

**Santa Clara Senior Citizen Program Staff**

Site Manager, Doris Tenorio	692-6244 ext. 1330
Activity Coordinator/Transportation, Flo Jorgensen	692-6244 ext. 1231
Kitchen Supervisor/Joan Cruz	692-6244 ext. 1329
Assistant Cook/Meals on Wheels, Rose Salazar	692-6244 ext. 1329
Family Caregiver, Shirley Suazo	692-6244 ext. 1329
Family Caregiver, Sandra Richardson	692-6244 ext. 1329
Family Caregiver, Fergus Singer	692-6244 ext. 1329

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**Strongly Supported by:**

- 🏠 The Eight Northern Indian Pueblos Council, Inc.
- 🏠 Rio Arriba County Commission
- 🏠 New Mexico Indian Council on Aging
- 🏠 Governor, J. Michael Chavarria & Tribal Council 2014
- 🏠 Former Governor, Santa Clara Governor J. Bruce Tafoya 2005, 2013
- 🏠 Former Governor, Walter Dasheno 2009-2010-2011-2012
- 🏠 Former Governor, Michael Chavarria 2006-2007-2008
- 🏠 NM State Legislature Indian Affairs Committee
- 🏠 NM State Legislature Economic & Rural Development Committee



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**Water and Waste Water projects**

Water quality is probably the single most important component for the health and wellbeing of our residents. Clean potable water sustains life and is the basis for our communities' sustainability. We have been successful in receiving State, Federal and Tribal funding to replace our aging water and sewer pipes. Aging infrastructure, poor quality of materials used and growth of our community was the immediate need along with lack of adequate fire protection for most areas.

**Current Projects:** Wastewater Phase 1A is in under construction Project should be completed by May 2015. Water Phase III is set to be advertised to begin construction. Work will take most of 2015.

**Future Projects/Needs:** Water Phase IV and Wastewater Phase 1B and phase II is needed to get the majority of the work completed in the East and West housing areas.

**Current funds:**

State – TIF/WTB

\$1,675,000 Wastewater Project 1 A

\$1,300,000 Water Phase III

\$666,666 Pending IGA for Water Phase III

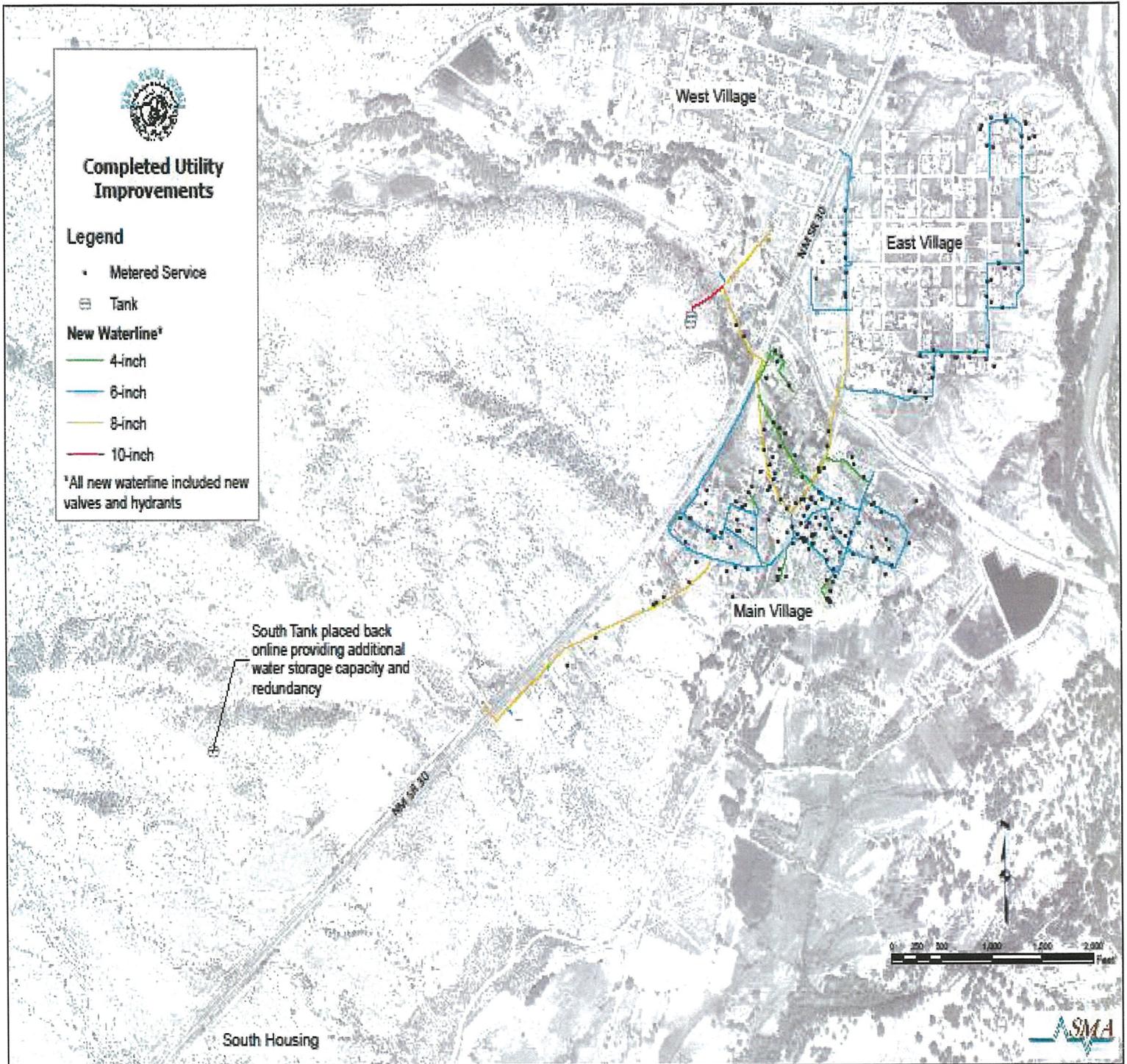
Federal – USDA-Tribal Set-aside funding

\$1,000,000

Pueblo - \$100,000 in oversight and supporting costs for maintenance and repair

The following page is a map of the project area.

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**System of Care/Behavioral Health Program (CYFD)**

The Santa Clara Pueblo Behavioral Health Program offers many services to our community members pertaining to mental and substance abuse counseling, treatment and prevention. We have witnessed an increase of reoccurring Substance Abuse offenders who have sought assistance at other outside agencies. Therefore, we have committed our efforts to assess our methods of treatment and expand services to our youth and families through our Tribal Wrap around process.

Our Behavioral Health program currently provides the following services:

- Alcoholics Anonymous (AA)
- Men/Women's MATRIX support Group
- Parenting Classes
- Mental Health First Aid
- Bullying/ Cyber bullying/ Teen Dating Violence/ Sexting

We would like to expand our services and provide more services in the following areas:

- Teen Pregnancy Awareness/ Support Groups
- Suicide Prevention Awareness/Education/ Support Groups
- Drug/Alcohol Abuse
- Domestic Violence

We are currently seeking opportunities that will help us expand our services in those identified areas as we have seen a need within our Tribal community. Although we are looking at expanding our services, we understand that we also need to obtain financial support to fund these additional services.

We are in the final year of our Systems of Care grant through New Mexico's Child, Youth and Families Department (NM CYFD). As a designated Tribal Anchor Site, we are tasked to develop a Tribal Model that the state can use to help other Tribal Communities develop similar systems of care models for their respective communities. This program has a component that also includes the Wrap around CARES curriculum/process and through their support, we are working at assisting NM CYFD in the development of a Tribal Wrap around CARES curriculum/ process that could also be used to help other Tribal Communities develop similar wrap around programs.

Through this partnership, we have experienced a fluctuation of support and feedback from the NM CYFD. Given our high turnover rate in our department, we are currently seeking support and assistance in applying/understanding the 3<sup>rd</sup> Party Billing application process. We currently have three programs (Behavioral Health, CHR and Senior Center/ Adult Day Care) that we would like to begin billing services for; however, we

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have not been able to obtain much support or guidance. In order to sustain many of our programs and services, it is important for Santa Clara Pueblo to immediately seek assistance.

Two Mental Health First Aid classes have been instructed by the SRO, one here in Santa Clara Pueblo and one in a neighboring pueblo educating pueblo members about Mental Health and how to approach someone who may be experiencing a mental health issue.

The DVPI/SRO Program also worked in conjunction/collaboration with the Santa Clara Pueblo Recreation Department for a Back 2 School supply/backpack give away that also included free haircuts provided by local barbers here in Espanola. This event proved to be very successful with approximately 300 participants. The program was also represented well at the Systems of Care/Communities of Care Health Statewide Summit held in Santa Fe NM, where the DVPI/SRO Program was personally acknowledged for its work in supporting SOC/COG regarding the SRO's work with children and families.

The program, in collaboration with the Education Department, set up student focus meetings with schools attended by Santa Clara Pueblo Students where students were able to talk one on one with tribal leadership, the education department and were shown a power point by the SRO regarding Peer Pressure. These meetings were represented well and based on student reaction, made on positive impact on our children.

The DVPI/SRO Program also presented seminars in Santa Clara Pueblo, neighboring pueblos and large conferences in Albuquerque on topics such as Teen Dating Violence, Domestic Violence, Bullying and Suicide. The SRO, also worked in conjunction with local schools attended by Santa Clara Pueblo Youth, Santa Clara Tribal Court, Santa Clara Social Services, Santa Clara Behavioral Health and CYFD several times over the past few months with children experiencing academic and behavior issues in school and with issues at home. These issues were addressed via the relationship the SRO has built with students, parents of the students and various school administrations throughout Northern NM.

The DVPI/SRO Program continues to make an impact with Santa Clara Pueblo students on a routine basis through daily routine and random student visits in schools throughout Northern NM, which include student academic and attendance checks etc.

**Community Health Representatives (CHR)**

The CHR's provide services to the community of Santa Clara with home visits to the elders who are home bound, adults and youth whom may need a health checkup and/or moral support. We also provide transportation to individuals to any health facilities i.e. Santa Fe Indian Hospital, Santa Fe Eye Associates, Espanola Hospital, Espanola Specialty Physicians, Albuquerque Specialty Physicians (back, Heart). We also do medication

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ordering, counseling, pick and deliver to patients in the community. Optometry services are provided for ordering/fitting through Thunder Cloud out of Nebraska and service/repair to eye wear.

The Diabetes Program is a prevention program which provides home visits to diabetic patients either weekly, bi-weekly monthly, monthly, quarterly depending on each case of the patient, education is provided when needed to extended family members. We have monthly meetings with the Physicians at the Santa Clara Clinic for our Case Management Best Practice. We review patient’s numbers and see where assistance can be given to help with their ABC’s (A1C, Blood Pressure, and Cholesterol).

Both programs provide bi-monthly education sessions for the community i.e. nutrition, eye health, blood pressure, Cancer, stroke, safety for the homes (elders), smoothies (fruit, vegetable), popsicle making for the youth(after school program)

Future needs of the program would be a full time nutritionist to work closely with all patients. Collaboration/partnership is with the Department of Youth for physical activities and/or nutritional activities. The law enforcement along with EMS helps provide safety for when we have scheduled walk/run in the Pueblo area or Puye. Assistance is giving to the Senior Program when they have scheduled out of pueblo activities.

Current funding:

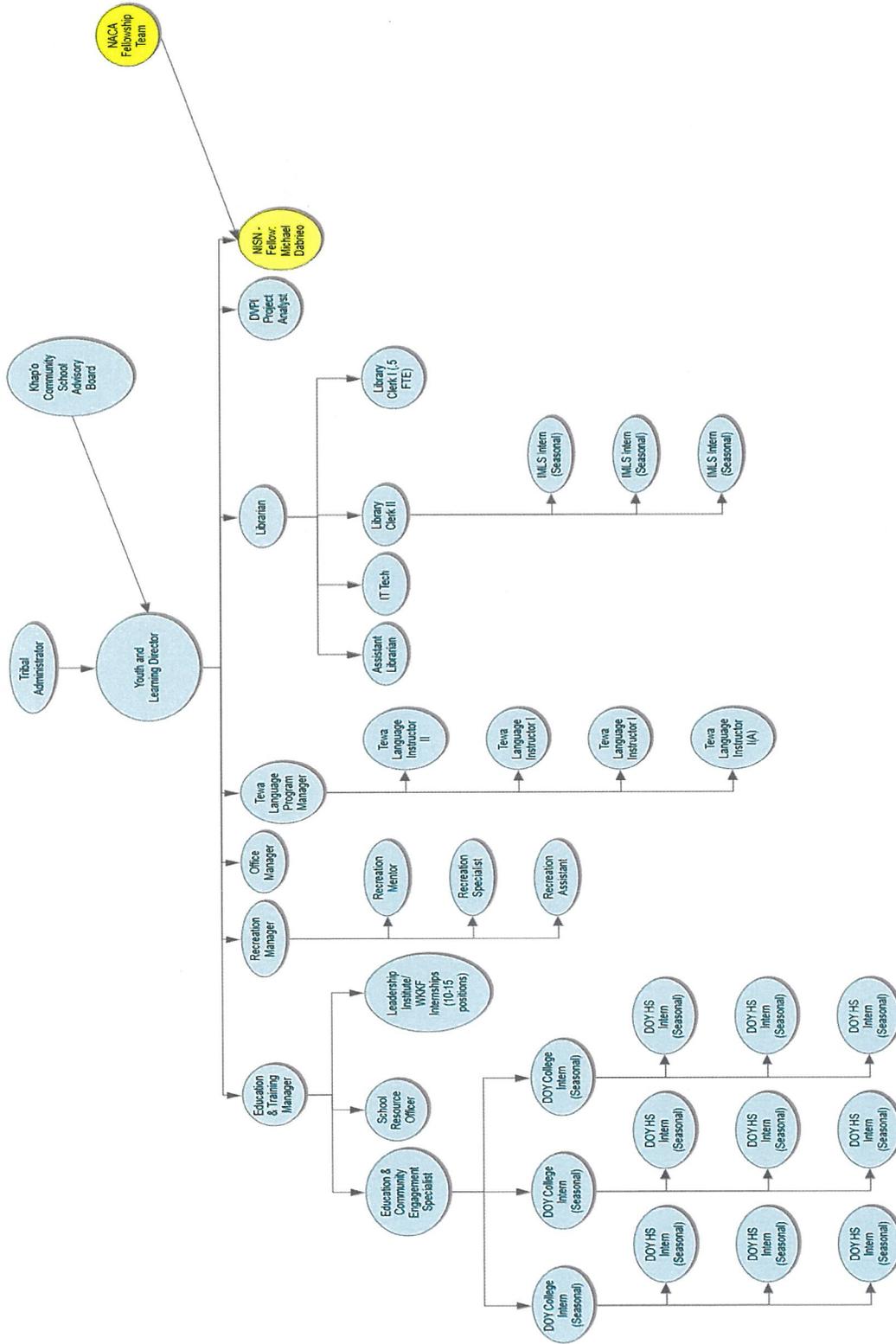
State: \$0

Tribal: \$0

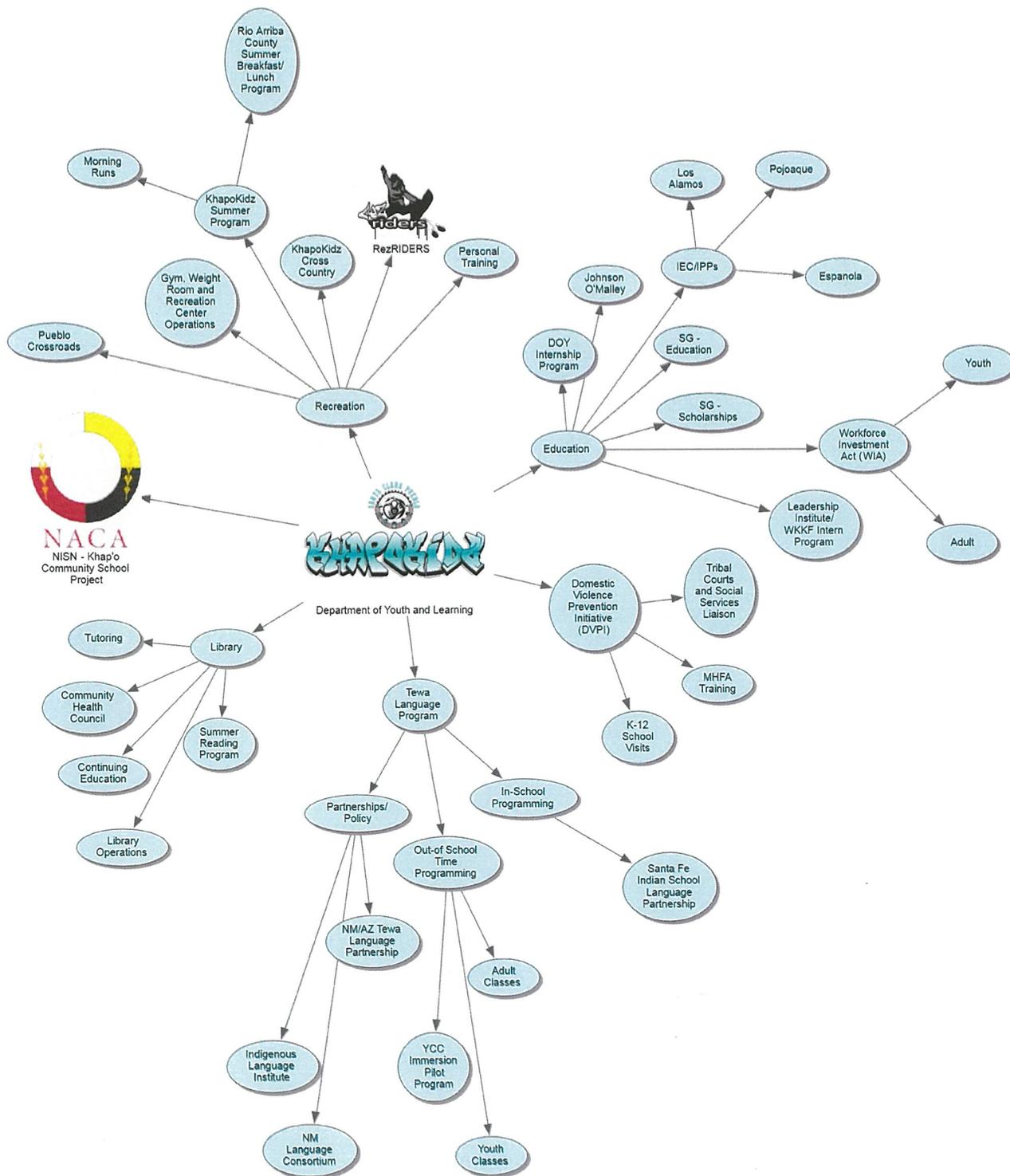
Federal: IHS Special Diabetes Program for Indians \$170,372; IHS CHR \$205,526

May-September 2014		
Transport	183	
Home visit	363	
Medication orders	13	
Medication delivering	156	
Medication counseling	22	
Vitals on non-DM patients	23	
DM appointments made	8	
Health Screening SCDS	125	
Nurse Visits	5-adults	4-youth
BP/02/pulse reading		
Eyeglasses orders filled	60	
Eyeglasses service	78	
Walk/Runs (September)	37	
October 8: “Cancer Awareness Month”	51	

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**Social Services**

Santa Clara Pueblo Social Services provides the following services, child abuse & neglect services; adult in need of assistance; and adults under legal disability. We also provide the following sub-activities, General Welfare Assistance; and compliance with notifications regarding the Indian Child Welfare Act (ICWA). Thru our program we provide Burial Assistance to assist with burial expenses of deceased indigent Indians whose estates do not have sufficient resources to meet funeral expenses. If necessary, we provide Emergency Assistance to individuals whose homes suffered from personal property damage or which were destroyed by fire, flood, or other calamities. This assistance is for temporary shelter when other resources are not readily available. We also provide assistance financial assistance payments on behalf of Indian children who require placement in a foster home within the tribal community.

**Current funds:**

State – Santa Clara Pueblo Social Services program receives State funding thru the Title IV-B for Child Welfare Social Services and to Promote Safe & Stable Families under Subpart 1 & 2 of the Social Security Act.

Federal – Santa Clara Pueblo Social Services program is funded under the Self Governance Compact.

**Future Needs of program** – We see the need for adequate funding which will support the needs of the program. As our tribal community grows so do our needs; everything from General Assistance to staff personnel to respond to & address child and elderly protection services.

**Partnerships/Collaboration**

Tribal Courts – The Social Services program has a strong working relationship with the Tribal Courts, in the area of Child Protection services. We depend on the Tribal Courts when there is a need for child removal, due to child abuse or neglect. We furnish the Tribal Courts with recommendations and permanency plans in order for reunification of a child with his/her family.

Law Enforcement – The Social Services program works closely with Tribal Law Enforcement both in Child Protection services and Elderly Abuse. There is collaboration between our programs in the referrals we investigate to substantiate whether a child is abused or neglected and the need for removal. Our programs are currently partnering up to host a joint training at the end of the month, on Protocol, Policies & Procedures on Responding to Child Abuse Incidents within Indian Country.

Behavioral Program – Social Services and the Behavioral Health Program which consist of the Substance Abuse Program; Systems of Care; and the Tribal Management Grant will be under one Division, overseen by the current Social Services Director. By this restructuring, we hope to develop coordination and implementation of services to ensure efficient operation of both programs in the delivery of services to its tribal community members.

Eight Northern Indian Pueblos – Circle of Life; Butterfly Healing Center in Taos, NM.

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**Challenges and Possible Solutions** – Funding has always been an issue, because we don't receive adequate funding similar to our counterparts, we lose a lot of our staff due to low pay and unattractive fringe benefits packages. Regardless of these shortfalls, we continue to be an effective and efficient department with the collaboration & coordination of other service providers.

### IHS Joint Venture Program

Santa Clara Pueblo, a federally recognized tribe, located 24 miles north of the State Capital Santa Fe, New Mexico is one of six Tewa speaking Pueblos located in North Central New Mexico. In cooperation and partnership with the Tewa Pueblos of Ohkay Owingeh, San Ildefonso, Nambe, and Tesuque (all federally recognized tribes) have joined together to utilize their Santa Fe Service Unit Tribal Shares to operate and manage a proposed 84,346 SF Health Facility, which will be located in Espanola, New Mexico

The Pueblo has identified 20 acres of land for the proposed facility and is willing to enter into a lease with IHS, for a period of 20 years, at no cost. Upon notification that the proposal of the Pueblo has been accepted, the Tribe will immediately secure construction funding for the proposed facility. New construction is estimated at \$40.5 million with a design timeline of 18 months, bidding process of 3 months and construction 24 months.

Santa Clara Pueblo for the last 20 years has discussed replacing the existing Santa Clara Pueblo Health Clinic with a larger facility. With the expanding population of the Five Pueblos and providing services to other eligible patients, it is evident that a modern, technologically advanced Health Facility is needed. In the December 19, 2011, introduction letter to the October 20, 2011, INNOVA Report, the following synopsis is provided.

The existing Santa Clara Pueblo Health Clinic is undersized for its use to meet the projected population demand of the Santa Clara Pueblo service area. This past year a Needs Assessment was conducted for the regional service area based on population, utilization, and existing staff and space using the Indian Health Service planning tools; the Health Systems Planning (HSP) software and Resource Requirements Methodology (RRM). In working with the Santa Clara Tribe, it's neighboring Tribes, the Santa Fe Service Unit and the Albuquerque Area, it was determined that the service area for planning was larger than the Santa Clara Pueblo and would also serve its neighboring Tribes and communities.

#### **Key Characteristics of the Proposed Health Facilities:**

Construction costs:	New \$40.5 million
Workload Summary:	Historical provider (patient) visits - 7,886
Projected provider (patient) visits-	estimated at 24,411
IHS supportable space:	Existing 539 SM or 5,802 sq. ft.
	Planned 7,864 SM or 84,346 sq. ft.
IHS supportable Staff:	Current 18 Total staff
	Planned 192 full time IHS employees

**Legislative Health and Human Services Committee Meeting**  
Pueblo of Santa Clara ❖ Santa Claran Hotel  
October 20, 2014  
Presented by J. Michael Chavarria, Governor

The new facility will include primary care, dental, optometry, audiology, specialty care, behavioral health, ancillary services, preventative care and administrative and facility support services.

On October 21, 2011, the Santa Clara Tribal Council agreed that the Tribe would support the development of the proposed regional primary care clinic. The agreement also supported the pursuit of this clinic via the IHS Joint Construction Venture Program (JCVP). On September 14, 2014, the Santa Clara Tribal Council authorized the submittal of an IHS JVCP pre-application on behalf of Santa Clara, Ohkay Owingeh, San Ildefonso, Nambe and Tesuque Pueblos. On October 8, 2014 The New Mexico Congressional Delegation submitted to the Acting Director of IHS a letter of support for Santa Clara's application.

Santa Clara Pueblo including the other partnering Pueblos with technical assistance from the Indian Health Service Albuquerque Area Office and Santa Fe Service Unit is looking into a possible partnership with other private Hospital Group to identify opportunities in providing quality health care services. Although no specificity has been formulated at this time, a framework of what could be a possible partnership will be developed in the near future and forwarded to all parties for consideration.

**Time Line:**

Candidates for Final Application selected and notified	Oct 10, 2014
Due date for Final Application to IHS Area	Nov 17, 2014
Due date for Final Application from IHS Area to IHS HQ	Nov 28, 2014
Complete evaluation of Final Applications	Dec, 2014
Candidates for Planning Docs Phase notified	Dec, 2014
Planning Documents (PJD/POR) due to IHS Area	Feb 2015
SSER II approved by IHS Area with copy to IHS HQ	April, 2015
PJD and POR submitted by IHS Area to IHS HQ	April, 2015
PJD and POR approved by IHS HQ	May, 2015
Complete negotiation and execution of JVCP Agreement	To Be Determined
Ground breaking	To Be Determined

PJD – Program Justification Document

POR – Program of Requirements

SSER II – Combined Phases I and II Site Selection and Evaluation Report

**Conclusion**

Thank you for allowing me time to address our concerns. I stand for questions.