

State-Tribal Collaboration Act July 31, 2009 Agency Report



New Mexico Department of Health and Tribes will communicate
and work together to coordinate services and share resources.



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SECTION I. EXECUTIVE SUMMARY

A. Agency Overview

The New Mexico Department of Health (DOH) is one of the executive agencies of the State of New Mexico. DOH supports, promotes, provides, or funds a wide variety of initiatives and services designed to improve the health status of all New Mexicans.

The Department is organized to reflect its functions, with specific offices and divisions reporting to the Office of the Secretary. Senior leadership consists of the Secretary of Health, three Deputy Secretaries, a Chief Medical Officer, a Communications Director, a Community Relations Director, Division Directors, General Counsel and other key departmental staff (See Appendix for the Department's organizational Chart).

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 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, vital records and health statistics.

The Department provides safety net services to eligible individuals with special needs. These services include both community-based and facility-based behavioral health treatment and long-term care, provided directly by the Department or through its contract providers. The Department operates six behavioral health treatment and long-term care facilities and one community-based program.

The Department also plays a key regulatory role in the healthcare system. It promulgates regulations pursuant to its statutory authority and is an enforcement entity for health care providers statewide for compliance with state and federal health regulations, standards and law. Over 900 public and private sector inpatient and outpatient providers are licensed annually by the Department and those providers who participate in Medicare or Medicaid are certified, inspected and monitored by the Department.

B. Mission Statement

The mission of the Department of Health is to promote health and sound health policy, prevent disease and disability, improve health services systems and assure that essential public health functions and safety net services are available to New Mexicans.

The Department strives to succeed in its mission by committing to and practicing the following principles every day: Integrity that Builds Trust; Open and Respectful Communication; Consistent and Compassionate Service; Teamwork that Values Individuals; Pride in Leadership; and Continuous Learning that Fosters Ongoing Improvement.

C. Any agency-specific and applicable/relevant state or federal statutes or mandates related to providing services to American Indians/Alaska Natives (AI/AN)

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. Significant state-tribal issues, recommendations and/or priorities addressed in FY 2009

The following were identified as significant tribal priorities for the Department in FY09:

1. Sustainability of the American Indian Health Advisory Committee to the New Mexico Department of Health and the appointment of 3 new committee members by Secretary Vigil (see Appendix for by-laws).
2. The development and use of DOH-oriented training materials for staff on the Health and Human Services' State and Tribal Protocol.
3. The development of the DOH American Indian Health Services Directory that outlines and catalogs all services for Tribes and the Off-Reservation groups (see Appendix).
4. The development of a American Indians Health Disparities Report Card (see Appendix).
5. Development of five tribal Community Health Improvement Councils (ToHajiilee, Cochiti, Acoma, San Idelfonso, and Santa Clara). These health councils mobilize and coordinate local efforts to identify, prioritize and address the health needs of the individuals in those communities.
6. The hire of a tribal epidemiologist position in the Epidemiology and Response Division, who will work with tribes and both tribal epidemiology centers on data and data sharing agreements. The new person is scheduled to start on August 3, 2009.
7. Ensuring tribal communities are prepared in the event of a health emergency.

E. Narrative summary highlighting programs and services provided to or directly affecting American Indians/Alaska Natives.

The Department of Health is organized into seven program areas (Administration, Public Health, Epidemiology and Response, Laboratory Services, Facilities Management, Developmental Disabilities Support Services and Health, Certification, Licensing and Oversight) that represent nine Divisions. Section V of this report contains an overview of the Department's major programs and activities. Most of the Department's services are free or low-cost and are accessible to all New Mexicans, including American Indians and Alaskan Natives.

F. Main agency accomplishments and challenges regarding tribes, AI/AN and/or Indian organizations.

The Department has had many successes with the Tribes, Pueblos and Nations in FY09. A big part of our work this year has been in the areas of prevention and health promotion, environmental health, and emergency preparedness. Listed below are a few examples of these successes.

1. Provided activities and services to the Southwest Tribal Tobacco Coalition, Mescalero Apache Tribe, Eight Northern Indian Pueblos, Five Sandoval Indian Pueblos, Navajo Preparatory School, Santa Fe Indian Hospital, Albuquerque Indian Center, and Presbyterian Medical Services in Gallup to promote healthy, tobacco-free lifestyles among American Indians.
2. In December 2008, the Native American Partnership for Diabetes Prevention and Control began meeting with representatives from Tribal Diabetes Programs to build relationships, identify what works in native communities, and determine how to best support the work of the tribal diabetes programs.
3. Provided comprehensive family planning services to approximately 1,000 American Indian individuals.
4. Established a Teen Outreach Program (a service learning program for preventing teen pregnancy and increasing school success) at Laguna Middle School and Laguna-Acoma Junior/Senior High School.
5. Provided asthma education for healthcare and childcare providers at the Eight Northern Pueblo Child Development Center in July 2009.
6. Provided bilingual Navajo medical interpreter classes through the Division of Policy and Performance's Office of Health Equity. In FY09, eleven Navajo speakers were trained which brings the total of trained Navajo interpreters to 52. OHE will continue to sponsor these Navajo interpreter trainings every six months.
7. New Mexico Occupational Health Surveillance Program (NMOHSP) has been collaborating with Tribes and the Navajo Nation to reduce occupational illness and improve injury surveillance.
8. Completed the Risk Communication Project. A Native American artist, Ricardo Cate from Santo Domingo Pueblo, and a Native American contractor, Ms. Roxane Bly, coordinated and collaborated with Bureau of Health Emergency Management, a tribal collaborative group, content experts, and others to design four handouts: Shelter in Place, Isolation & Quarantine, School Closures and Home Care. They also designed a train the trainer course for local health practitioners to provide public health awareness in the event of a pandemic influenza. Training materials included a manual, training disc, and copies of the four handouts.
9. Coordinated hospital preparedness planning, education, and training activities statewide, including Native American patient populations, tribal and Indian Health Service hospitals and clinics.

10. Surveyed Santa Clara and San Ildefonso Pueblos to measure the community's awareness of public health and all hazard emergency preparedness in collaboration with Honor Our Pueblos Existence (HOPE). The survey results indicated that tribal emergency programs need to conduct community outreach to improve community awareness of public health and community preparedness.
11. Assessed the communication interoperability of the twenty-two tribes in New Mexico. Based upon this gap analysis, the Bureau of Health Emergency Management will provide the tribes with radios as needed. In addition, training and technical assistance will be available to make their emergency communication more efficient.
12. Conducted National Incident Management System (NIMS) 700a, Incident Command System (ICS) 100a and ICS 200 training and technical assistance with some tribes to activate and manage Point of Dispensing sites (PODs) in anticipation of mass vaccination clinics for seasonal and/or H1N1 influenza. Coordination with Albuquerque and Navajo Area Indian Health Services as stakeholders in the H1N1 response planning also occurred.
13. Updated the tribal emergency coordinator directory and distribution to interested parties.
14. Collaborated with Emergency Medical Services Region II in the establishment of a "frontier" model of a Medical Emergency Model (MEMs) at Santo Domingo Pueblo. The model was designed primarily to anticipate a medical surge at a rural community, for that facility to plan for its occurrence and conducted a table top exercise for how the community would respond.
15. Planning for statewide antiviral, vaccine and protective equipment to include reservation-based and non-reservation based Native American populations.
16. Region 6 was created by the Behavioral Health Purchasing Collaborative to bring together all 22 Tribes and off-reservation Indian groups to address behavioral health issues within their community. The DOH Tribal Liaison along with the other Health and Human Services Liaisons have actively worked as a member advising the collaborative on Indian health concerns.
17. Governor Richardson during the State-Tribal Protocol Summit in Acoma Pueblo on May 5, 2009 asked DOH to address retention and recruitment of health professionals among American Indians. DOH has convened a first meeting with Indian Health stakeholders to look at funding opportunities as well as making recommendations on recruitment and retention of Indian health professionals. The Tribal liaison has recently been appointed to the New Mexico Public Education Division committee to look at these same concerns; the first meeting is scheduled for August 5 2009.
18. Teen suicide has been at alarming rates across the American Indian population. The Tribal Liaison has been active in working with the 22 tribes on accessing DOH resources through the school-based health center initiative.

19. Diabetes has been noted to be one of the primary health problems across Indian Country. The Office of American Indian Health has collaborated with the New Mexico Indian Affairs Department on a Kellogg grant and was funded for a part-time position to address obesity and diabetes in American Indian Youth. This initiative was combined with an Obesity-Diabetes CDC grant and the position became a full time position, which will help to provide services to Tribal communities in creating and augmenting current diabetes and obesity programs.
20. DOH's American Indian Health Advisory Committee has been advising the Department for over 3 years. The purpose of the committee is to provide guidance on successful strategies for working with Indian Tribes on health issues both on and off the reservation. The Tribal Liaison facilitates and coordinates these meetings; there have been 11 meetings to date.
21. DOH's Tribal liaison serves as an advisory member to the State Community Health Worker Office within the Department. The goal is to bring aboard Tribal Community Health workers from each of the Tribes to be part of this process.
22. DOH's Tribal Liaison legislatively serves as an appointed member of the Bernalillo County Off-Reservation Native American Health Commission. This Commission is designed to look at what health services currently exist for off-reservation groups and what needs to legislatively happen to create new opportunities for this unique population.

G. Goals for Fiscal Year 2010 relating to tribes, AI/AN and/or Indian Organizations

The Department of Health's FY10 strategic plan outlines the following objectives and strategies to address health issues for New Mexico's tribal communities:

Individual Objective 1: Increase immunizations for all New Mexicans, especially children and adolescents.

1. Facilitate intra- and interagency collaboration to minimize missed immunization opportunities and increase immunization coverage levels.(i.e. Women, Infant, Children [WIC], Family, Infant and Toddler Program [FIT], Children, Youth & Families Dept [CYFD], Public Education Dept [PED], Indian Health Service [IHS]).
2. Research and create new opportunities/processes/systems, particularly with less-used resources such as Promotoras, Community Health Representatives, other Community Health Workers, Medical Assistants, etc. to increase immunization rates.

Individual Objective 2: Reduce teen pregnancy.

1. Target evidence-based, culturally relevant, gender-appropriate and developmentally appropriate programs to high-risk populations. Focus these efforts on populations and communities with the highest teen pregnancy rates.

Individual Objective 3: Reduce obesity and diabetes in all populations, especially children and adolescents.

1. Pursue additional funding sources for the implementation and evaluation of culturally competent obesity prevention and management interventions, such as healthy

eating and increased physical activity efforts at the state, tribal, and local levels.

2. Work with community partners to provide opportunities for individuals and families to learn how to prepare traditional foods in healthy ways.
3. Explore wellness and fitness programs tailored for specific populations (e.g., seniors, women [especially in preconception and prenatal health] adolescents, and Native Americans.)
4. Continue to support *Healthy Kids Las Cruces* and expand the model to Chaves County and at least one tribal community.

Individual Objective 4: Reduce suicide among all populations, specifically children and adolescents.

1. Explore the feasibility of incorporating Project TRUST recommendations, which promote the mental health and well-being of Native American youth.
2. Explore development of an age and culturally appropriate system for mental health assessment and intervention programs in the Northwest part of the state.
3. Work to stabilize continued funding for the Substance Abuse and Mental Health Services Administration prevention and early intervention grant for youth suicide prevention in Gallup, Pojoaque, Carlsbad and Mescalero.
4. Meet with tribal leaders to explore creation of a suicide prevention summit.

Individual Objective 6: Reduce substance abuse, including alcohol and tobacco.

1. [Provide Native American tribes with resources and support for any tribe-initiated efforts to protect people living and working on tribal lands from exposure to secondhand smoke.](#)
2. Explore the feasibility of supporting implementation of the Project TRUST recommendations that address the behavioral health needs of Native American youth, their families and communities.

Community Objective 1: Reduce health disparities in New Mexico.

1. Improve coordination and collaboration within DOH and with our outside partners to eliminate disparities.
2. Increase cultural awareness and sensitivity in health practitioners at all levels.
3. Share community needs assessments internally and with partners to assist with program development and planning that will reduce health disparities by targeting resources to individuals and communities most in need.
4. Update and publish the Health Disparities Report and American Indian Health Disparities Report Card on an annual basis.
5. Utilize the Department's American Indian Health Advisory Committee (AIHAC).to inform and guide health policy development that affects New Mexico's Native American populations.
6. Facilitate the development of provider guidelines that outline different tribal customs related to health care through the guidance of the AIHAC.

Community Objective 2: Decrease the transmission of infectious diseases and expand services for persons with infectious diseases.

1. Integrate additional Native American community partners into all sexually transmitted disease (STD) reduction activities.

Community Objective 3: Ensure preparedness for health emergencies, including pandemic influenza.

1. Provide supplies for 22 tribal Points of Distribution (PODs) sites, in anticipation of activation for an exercise or real event such as seasonal influenza or H1N1 vaccine mass distribution.
2. Provide radios to tribes in order to enhance tribal communication interoperability.
3. Collaborate and coordinate with the Public Health Division and with the Navajo and Albuquerque IHS to provide H1N1 vaccines to the hospitals, clinics, and 93-638 tribal hospitals and clinics as part of the public health mass vaccination planning initiative. NM Department of Homeland Security and the Indian Affairs Department will also be a part of this process
4. Assist Indian Health Service hospitals, clinics, and 638 facilities in updating their surge capacity in anticipation of H1N1 pandemic 2nd wave.
5. Assist eight tribes in the Albuquerque/Bernalillo area in their participation in the City Readiness Initiative Project. This is in response to a potential anthrax attack to the area. The tribes will design a reservation distribution plan for the prophylaxis in coordination with the city of Albuquerque.
6. Engage the Laguna Pueblo in facilitating the design of a template and annex to their Emergency Operations Plan for the implementation of New Mexico's Public Health Emergency Response Act (PHERA) on tribal lands. Through a Memorandum of Agreement, the Pueblo of Laguna will be tasked with the collaboration with 22 tribes, developing the model (MOA) to be used by all tribes.
7. Maintain tribal epidemiology support for tribes and tribal epidemiology centers. With Utah and Arizona, support the Navajo Nation to have health data for their area regardless of state boundaries.

System Objective 9: Improve recruitment, retention and training of health care providers in rural and underserved areas.

1. Expand health professional education and training programs in the state's universities and colleges to produce an increased "home grown," in-state health workforce.
2. Continue to develop incentives to recruit and retain health professionals in all areas of the state.
3. Research incentives to educational systems to bring health professional education programs to rural areas of the state and to recruit students in those areas for those programs.
4. Work to increase the use of allied professionals to deliver services.

5. Continue to assess rural health needs and continue to offer incentives to health professionals to serve in rural and underserved communities.
6. Work to expand WICHE scholarships, loan forgiveness and debt forgiveness programs.

SECTION II. AGENCY POLICY

The 2009 New Mexico State Legislature passed the Tribal State Collaboration Act, which enhances government-to-government communication and collaboration between the state and tribal governments. The Act requires cabinet-level agencies to develop policies that promote communication and cooperation between the state and tribal governments and ensures that each of the 33 executive agencies permanently designates a tribal liaison.

Since 2005, the four New Mexico Health and Human Services Departments (HHS) (Department of Health; Human Services Department; Children, Youth and Families Department and Aging and Long Term Services Department) have worked collectively with New Mexico Tribes, Pueblos and Nations to develop a formal State-Tribal Consultation Protocol. This protocol, signed into effect in 2007, addresses Governor Richardson's 2003 Statement of Policy and Process and Executive Order 2005-004, with the purpose of using an agreed-upon consultation process when the HHS Departments develop or change policies, programs or activities that have tribal implications.

The HHS State-Tribal Consultation Protocol document contains critical elements that define formal consultation and informal communication policy, procedures and processes. (See appendix) Use of the protocol is an established policy at DOH.

SECTION III. AGENCY EFFORTS TO IMPLEMENT POLICY

Since 2007, DOH has been utilizing the HHS State-Tribal Consultation Protocol (STCP) to guide the Department's interactions with New Mexico's Tribes, Pueblos and Nations. After the adoption of the HHS State-Tribal Consultation Protocol, the New Mexico Department of Health initiated a curriculum team to draft a training to teach the STCP. This team met for over 6 months to design the curricula for both DOH senior management and classified employees. Once these curricula were designed, a focus group was conducted with some of the Department's frontline Indian health workers, to gather information and feedback on content, intent, and length of the presentation. This curriculum was then presented to Division staff and further comments and feedback in refining the instrument was done. The success of this hard work came to fruition when, in December 2008 the first NMDOH training for classified employees and senior management was given.

As the Department of Health introduced the State-Tribal Consultation Protocol training to its employees, the Indian Affairs initiated a series of Tribal Liaison meetings to share and assist other sister agencies in designing, planning, and implementing similar training curricula. DOH shared its curricula with the Children, Youth, and Families

Department, the Environment Department, the Human Services Department, and the Aging and Long Term Services Department. DOH has also participated in five meetings with Tribal Liaisons across all 33 agencies convened by the Indian Affairs Department. These meetings were extremely helpful in cultivating partnerships as well as sharing best practices in standardizing the STCP training across agencies.

Another aspect of DOH's implementation process was to have the Tribal Liaison meet with each of the Divisions within the Department to introduce the State-Tribal Consultation Protocol and share with each Division important program and tribal relations information. As a result DOH was able to develop internal resources that would help Indian health stakeholders and Tribal leaders navigate DOH programs. What evolved out of these efforts is the American Indian Health Services Directory, which illustrates specific Indian programs, contact information, a brief description of the services provided, and an estimated budget for that program. This also led to the creation of a specific American Indian Health Disparities Report Card that discusses health concerns across all Indian people based on State epidemiological data.

SECTION IV. CURRENT PROGRAMS AND SERVICES FOR AMERICAN INDIANS/ ALASKA NATIVES

PROGRAM AREA 1: ADMINISTRATION

The mission of the Administration Program 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.

The Administration Program is responsible for all financial functions of the Department, including management of a \$540 million annual budget and 4,200 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 Personnel Act and State Personnel Board rules, training, key internal audits; information systems management for the Department, and legal advice and representation to assure compliance with state and federal laws.

Catalogue of programs and activities:

Information Technology Support Division

Applications Support Bureau is responsible for the planning, design, development, testing, deployment and support of information system applications that sustain the program and administrative functions and processes of the Department of Health. The Bureau is responsible for the support and management of existing applications and development or acquisition of new applications in order to meet the department's needs in alignment with the department's strategic plan, goals and objectives. The Bureau supports approximately 160 applications used within the Department.

Implementation Services Bureau is responsible for the monitoring and oversight of information technology projects within the Department of Health. The Bureau consists

of project managers who are assigned to information technology projects within the Department. The Division typically manages between 15 and 20 projects at any one time.

Outreach and Customer Service Bureau is responsible for desktop, server, and local area network support at all Department sites, providing 24/7 helpdesk support to all DOH staff, and engaging each division and facility's management team regarding information technology use and planning. The Bureau supports approximately 3,100 workstations and laptops as well as 200 servers spread across 97 sites within the Department.

Production Services Bureau is responsible for the design, implementation, maintenance, and support of the Department's wide area network and data centers. The Bureau supports 160 servers located in two data centers in Santa Fe. The Bureau supports a distributed network consisting of 97 sites. PSB is also responsible for monitoring users' Internet usage and reporting any policy violations to the Chief Information Officer. The Bureau actively monitors the Department's network for possible misuse, abuse, or vulnerabilities.

Office of the Chief Security Officer is responsible for managing the Department of Health's information security policies and procedures, developing, implementing and monitoring long-term information security strategy, ensuring that the Department meets all mandated information security standards, and ensuring that information systems have appropriate disaster recovery and business continuity plans.

Division of Policy and Performance

Director's Office oversees and directs the activities of the four offices and serves as the lead for departmental policy and legislation.

Office of American Indian Health provides a central focus within the Department to address American Indian health. The OAIH works to partner with Tribes and off-reservation groups to promote sound health policy, to improve health services systems and to assure that essential public health functions and safety net services are available to American Indians in New Mexico.

Office of Health Equity works to reduce health disparities through the activities of a Minority Health Grant. This five-year grant from the U.S. Department of Health and Human Services' Office of Minority Health supports the reduction of health disparities through key efforts such as raising awareness, mobilizing communities, increasing capacity, preventing disease, promoting health, focusing resources on targeted populations and delivering appropriate care. The Office coordinates medical interpreter training in Spanish and Navajo and offers mini-grants to community-based organizations for specific projects addressing health disparities. The Office works with internal and external agencies to implement culturally and linguistically appropriate services. The Office also provides English-Spanish translation services for all DOH documents, materials, web pages and signage.

Office of Performance ensures the Department meets the requirements of the Accountability in Government Act by producing the Department's strategic plan, monitoring plan, performance measures and the quarterly performance reports. In

addition, the Office assists with the production of many reports and documents for the Office of Health Equity and American Indian Health, including the Racial and Ethnic Health Disparities Report Card. Internally, the Office works with individual programs and divisions to improve the collection and reporting of data for performance measures and program services. The Office also assists the Deputy Director and Director with the coordination of legislative activities.

Office of Border improves health status and health services in the New Mexico border region and other border-impact areas of the State. The Office ensures that public health objectives are met in the Border Region and among immigrant populations throughout the State. To this end, the medium to long-term strategy is to establish a binational network of health care, coordinated with public and private partners, with emphasis on binational collaborations with federal, state and local Mexican authorities and especially Chihuahua State Health Services.

Office of General Counsel

The attorneys in the Office of General Counsel provide legal representation, advice, and limited training to the Department in all legal matters except tort actions, which are handled by the Risk Management Division of the General Services Department. All positions within OGC are essential to provide timely and effective legal advice to a department the size of the DOH. The Office of General Counsel's (OGC) essential functions are as follows:

- Initiation of civil mental health, developmental disabilities and TB commitments;
- Coordination of forensic commitments;
- Initiation of treatment guardianships;
- Tracking and coordination of requests of public and protected health information via subpoenas or IPRA requests;
- Contract advice and review;
- Initiation of receiverships of health care facilities in order to protect the public health and safety; and
- Representation of the Department management in personnel actions and response to emergent issues.

PROGRAM AREA 2: PUBLIC HEALTH

The mission of the Public Health Division is to work with individuals, families and communities in New Mexico to improve health. The Division provides public health leadership by assessing 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 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.

Catalogue of programs and activities:

Director's Office: Together with its partners, the Public Health Division is the official steward of the public's health. The Public Health Division has 1,024 employees, 55 local public health offices, 68 school-based health centers, 38 county and Native American community-based health councils, 82 primary care centers and 89 Women Infant and Children Supplemental Food Program sites. The Division provides the essential public health services that include prevention of disability, disease, and premature death and the promotion and protection of health. The Division provides these services through a myriad of direct services, programs, contracts and partnerships focusing on the health of whole communities rather than on the treatment of individuals once they have become sick.

Public Health Division Pharmacy supports public health programs by ordering, warehousing and distributing drugs and medical supplies to the 55 local public health offices and approximately 60 private medical providers who have formal agreements in place through various PHD programs. In addition, the pharmacy dispenses medications to HIV clients enrolled in the Insurance Assistance Program.

Family Health Bureau provides direct, enabling, capacity building and population-based services to reproductive-age women, mothers, infants, children, adolescents/youth, including children and youth with special health care needs and their families.

- Every month, **Women Infants and Children (WIC)** offers food assistance services to 69,000 pregnant, breastfeeding, or post-partum women, infants and children younger than 5 years of age. The Program additionally offers nutrition assessment, counseling and education and referrals to health and human service organizations.
- **Commodity Supplemental Food Program** serves nutritious commodity foods to 22,632 financially eligible pregnant, breastfeeding and postpartum women, as well as infants and children up to age 6, and seniors 60 years and older.
- **Farmers Market Nutrition** serves 20,257 financially eligible pregnant, breastfeeding and postpartum women and children each month through 687 farmers collaborating within 29 farmers markets. Recipients receive fresh, nutritious New Mexico grown fruits and vegetables. The farmers receive dollars through redemption market checks at the 29 markets throughout New Mexico.
- **Family Planning Program (FPP)** provides comprehensive family planning services, including clinic-based services and community education and outreach, to promote health and reproductive responsibility. The five strategies to reduce teen pregnancy are: family planning clinical services, comprehensive sex education, male involvement, adult-teen communication and service learning programs. The FPP also supports youth development activities with funding and training for the Teen Outreach Program, designed to prevent teen pregnancy and academic failure, in 17 sites in 10 counties (Bernalillo - 4 sites, Doña Ana - 3

sites, Chaves, Cibola - 2 sites, Luna, Rio Arriba, San Miguel, Sierra, Torrance and Valencia - 2 sites).

- **Children's Medical Services** is a combination of direct service, surveillance and prevention programs. The Children and Youth with Special Health Care Needs Program provides services for the prevention, diagnosis, treatment and surveillance of chronic medical conditions in children under the age of 21. This program oversees and coordinates screening of all newborns born in the state for genetic conditions and hearing loss, including assuring appropriate follow-up and care for infants identified through these screenings.
- **Child Health Program** works to promote the health and well-being of all children (0-10) and their families. Program efforts focus on the importance of early childhood and resiliency and provide training and technical assistance for programs serving children, youth, and families.
- **Families FIRST Perinatal Case Management Program** assists Medicaid-eligible women and children to gain access to needed medical, social, educational and all other services. Care coordination services may include coordination with providers of non-medical services such as nutritional programs or educational agencies when these services have been identified as necessary to foster positive pregnancy outcomes and promote healthier infants and children.
- **Sickle Cell Education** provides education on sickle cell anemia to a target population.
- **Maternal Health Program** assures that pregnant women have access to health care, and promotes optimal birth outcomes and perinatal care. This program administers the prenatal care program for uninsured women and safety net cases. In addition, it provides technical assistance and funds to public health offices that give prenatal care when it is not available in the area. It licenses Certified Nurse Midwives and Licensed Midwives, develops regulations for practice and assures compliance with those standards. It also promotes best practices and corrects deficiencies, solving pregnancy care problems.
- **Maternal Child Health (MCH) Epidemiology** supports the Pregnancy Risk Assessment Monitoring System (PRAMS), collects, analyzes, and disseminates public health data and information to support well-informed health policy and programs with a focus on the MCH population. The team is responsible for maintaining and strengthening the informed use of data and information in strategic health planning among state, regional, local community and Tribal groups through training and effective methods of data dissemination.

Infectious Disease Bureau provides direction and leadership to infectious disease programs that provide health, prevention and education services to children and adults, as well as support and research for recruitment and retention activities for health care professionals.

- **Immunization Program** is focused on one compelling goal – to appropriately immunize 90% of all children and at-risk adults. Services include: Vaccines for

all New Mexican children, hepatitis and tetanus/diphtheria vaccine for high-risk adults age 19 and older, influenza and pneumococcal vaccine for eligible seniors over age 65, informational resources, including information on vaccine safety, vaccine administration, and ways to improve immunization rates in provider offices, training on vaccine administration and practices, and information on where to obtain vaccinations.

- **Adult Influenza Vaccination Program** provides annual influenza vaccination for adults identified as high-risk for complications from influenza infection. Influenza vaccine provided by PHD is targeted to those who are uninsured, or face other barriers in getting this important protection.
- **Tuberculosis & Refugee Health Program** works to prevent exposure and transmission of tuberculosis (TB), and to successfully treat those with TB disease. The Program ensures that suspected and confirmed cases of tuberculosis are identified and treated promptly and appropriately. People infected with tuberculosis who are at risk for TB disease receive preventive therapy. Patients with active TB are monitored and treatment status documented. Extensive contact investigations are done to identify people who have come in contact with an infected person. TB medication is provided to all individuals with latent TB infection or active TB. The Refugee Health Program works to improve health screening, orientation and follow-up services for newly arriving refugees into New Mexico.
- **HIV/AIDS Prevention Program** provides HIV prevention interventions to assist individuals at risk for contracting HIV to practice safe sexual behavior. Works with a Community Planning Group, composed of individuals affected by the HIV epidemic, to prioritize the populations most at risk for HIV and determine which interventions will be most effective in preventing HIV.
- **HIV/AIDS Services Program** provides a full continuum of care to persons living with HIV/AIDS to slow or stop the progression of disease and to prevent the further spread of the virus. This program assures that all HIV positive individuals statewide have equal access to needed care regardless of ethnicity or geographic location.
- **Sexually Transmitted Diseases (STD) Intervention and Treatment** works to intervene in the spread of sexually transmitted diseases and reduce the complications of these diseases. The main objective of STD intervention activities is to prevent disease transmission by ensuring that all people who have or have been exposed to a treatable STD are promptly examined and adequately treated. Services include surveillance of STDs such as syphilis, gonorrhea and chlamydia, case detection through screening, treatment of diseases through local public health offices throughout the state, case follow-up to assure adequate treatment, behavior modification education to prevent disease infection, and education.
- **Harm Reduction Program** works to provide effective HIV, hepatitis, and STD prevention interventions and harm reduction education via syringe exchange to the state's adult injection drug user population. Syringe exchange has been

shown to effectively reduce the transmission of infectious diseases by facilitating a reduction in the high-risk behaviors associated with injection drug use, thereby decreasing the potential damage to the individual and the resulting burden of that damage on the community.

- **Medical Cannabis Program** works “to allow the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions and their medical treatments,” while at the same time ensuring proper enforcement of any criminal laws for behavior that has been deemed illicit by the state.
- **Hepatitis Intervention Program** works to control the spread and severity of viral hepatitis. The program provides hepatitis education, training and information to the public and to health care providers. Adult Hepatitis A and B vaccine and Hepatitis B and C testing are available free for high-risk individuals through the program. The testing and vaccinations are available through syringe exchange sites, public health clinics, some community organizations, HIV counseling and testing sites, and public health outreach venues (mobile units).

Chronic Disease Bureau works to reduce the impact of chronic diseases on New Mexicans. This is accomplished by promoting healthy lifestyles, including physical activity, good nutrition, and avoidance of tobacco use. The Bureau also promotes the early detection of chronic diseases through screenings such as pap smears and mammograms. The Bureau reaches out to health care providers with education and support so they can effectively manage patients with chronic diseases.

- **Comprehensive Cancer Program** works to promote the health of New Mexicans through collaborative cancer prevention and control activities. Projects include skin cancer prevention education, prostate cancer early detection information and support, cancer survivor support and education, cancer patient housing and colorectal cancer prevention and early detection education.
- **Breast and Cervical Cancer Prevention and Screening Program** provides comprehensive breast and cervical cancer screening and diagnostic services to eligible low-income women statewide. The Program was founded on the rationale that breast and cervical cancer are most amenable to treatment when detected at an early stage.
- **Diabetes Prevention and Control Program (DPCP)** works to reduce the impact of diabetes and improve the quality of life for all New Mexicans with diabetes. The DPCP conducts diabetes surveillance and program planning which focuses on statewide prevention and activities that help people manage their diabetes. Diabetes management services include support for rural clinics to provide diabetes care, medications, and meters/test strips for uninsured and underinsured people with diabetes, professional development and training for health care providers to improve diabetes practice, and technical assistance, educational materials, and other resources for clinics and health care providers.
- **Tobacco Use Prevention and Control Program (TUPAC)** is a comprehensive, evidence-based tobacco use prevention and cessation program. TUPAC is

responsible for leading and coordinating strategic efforts aimed at preventing tobacco use among youth, promoting smoking cessation among youth and adults, protecting nonsmokers from environmental tobacco smoke, and eliminating tobacco-related health disparities. The program achieves these goals through media campaigns, surveillance and evaluation, comprehensive community programs, cessation programs, school programs, and programs that focus on disparities.

- **Arthritis and Osteoporosis Program** works to increase awareness of and reduce the impact of musculoskeletal diseases on individuals and health systems. Program components are based on the National Arthritis Action Plan and address surveillance, communication and education, and policy programs and systems. This is accomplished through collaboration with partners to implement the objectives of the New Mexico Strategic Arthritis Plan.

Health Systems Bureau provides direction and leadership to programs that provide health, prevention and education services to children and adults, as well as support and research for recruitment and retention activities for health care professionals.

- **J1 Visa Waiver (State 30) Program** of the federal State Department permits foreign physicians to extend their residency in the US while they practice in underserved areas of New Mexico. The Department of Health can support requests for up to 30 candidates a federal fiscal year.
- **New Mexico Health Service Corps (NMHSC)** recruits and helps support health professionals in rural and medically underserved areas of New Mexico.
- **Office of Substance Abuse Prevention (OSAP)** establishes an integrated and comprehensive substance abuse prevention services delivery system through the promotion of sound policy, effective practice and cooperative partnerships to ensure the availability of quality prevention. It uses evidence-based prevention programs and infrastructure development activities. The OSAP provides the infrastructure and other necessary support to local stakeholders selecting and implementing policies, programs, and practices proven to be effective in research settings and communities. OSAP seeks to build the capacity of the state's local prevention providers to deliver effective prevention services aimed at reducing alcohol, tobacco and other drug abuse.
- **Office of Oral Health** works to promote oral health for children and adults, and to prevent dental diseases through select interventions and strategies. Staff work to develop sound public policy, resources, and to expand access to oral health care.
- **Office of School and Adolescent Health** works with communities, schools and organizations to develop systems of care for New Mexico students that incorporate primary care and behavioral health, and by promoting activities that reduce health and social barriers to learning. A school-based health center is a unique health service delivery site that becomes an integral part of the school. Health care providers from one or more health care entities come to the school to provide direct services. The scope of health care services provided by a school-

based health center is determined at the local level through a collaborative process that includes the health care provider agency, the school district and the community. Strategies to connect health and learning include: 1) increasing the number of students and their families who are able to access quality health services; 2) improving the system of physical, dental and behavioral health services in schools; 3) advocating for and developing policies that integrate health and behavioral health services; 4) training school health professionals and staff to ensure high quality care is delivered to students; 5) developing the capacity of schools and communities to meet the health needs of students; 6) assessing, monitoring and reporting on the health status of New Mexico youth; and 7) fulfilling the mandate of the New Mexico Public Health Act to provide oversight for health service personnel in all New Mexico Public Schools. Services include School-based Health Centers, School Mental Health Program, School Nurse Technical Assistance/Support, Coordinated School Health, Adolescent Health, and Youth Suicide Prevention.

- **Telehealth** provides the capability to link school-based health centers to providers across the state using state-of-the-art telehealth practices. This approach allows the school-based health center to be responsive to the health care needs of a specific community and to operate within accepted community values and relevant state regulations and statutes.
- **Office of Rural and Primary Health Care** provides support to eligible community-based organizations in order to sustain a minimum level of primary health care services in Health Care Underserved Areas and to enable the development of new primary health care centers. Through the various programs and funding sources, the Office of Rural and Primary Health Care supports the recruitment and retention of health care professionals and the development of community health systems associated with Critical Access Hospitals, improves access to primary health care services, and, in partnership with the New Mexico Finance Authority, establishes standards and procedures for regulating programs pursuant to the Primary Care Capital Fund Act.
- **Primary Care Cooperative Agreement Program** coordinates State activities designed to improve access to primary care services with similar efforts of the federal government.
- **Rural Primary Health Care Act Program** provides support to eligible community-based agencies in order to sustain a minimum level of primary health care services in Health Care Under-served Areas (HCUAs), and enable the development of new primary care health centers or facilities in areas determined to be HCUAs.
- **Office of Health Promotion and Community Health Improvement** informs, educates and empowers local communities about health issues, mobilizes community partnerships to identify and solve health problems, and develops policies and plans that support individual and community health efforts.

Regions 1 and 3 consist of six counties: Bernalillo, Cibola, McKinley, Sandoval, San Juan and Valencia, which represent 52% of the state total population, with living

conditions ranging from rural to urban settings. Many of the DOH goals can only be achieved through community and interagency partnerships. Each public health office provides leadership in the public health core functions of assessment, assurance, and policy development. Nineteen public health offices are located throughout Regions 1 and 3, including one in the Metro Detention Center in Bernalillo County. The offices may be staffed with only a nurse and a clerk, with additional staff rotating in to provide services, or the office may house a full complement of staff including nutritionists, social workers, disease prevention specialists and others. Public Health staff work to achieve positive public health outcomes by providing clinical preventive services, services to control and prevent the spread of communicable diseases, community health improvement services, improved access to care by assisting families to access Medicaid, school health programs, emergency preparedness activities and issuance of birth and death certificates. Public Health Office staff also provide a variety of case management programs and nutrition education.

Region 2 provides essential public health services in north central New Mexico through eight local public health offices and two satellite health offices. The nine counties in Region 2 include: Colfax, Guadalupe, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos and Union. In Region 2 local health offices deliver over 20 programs to each community. These programs provide detection and control of disease outbreaks, family planning and sexually transmitted disease services, issuance of birth and death certificates, Women, Infant and Children (WIC) program services, school health programs, emergency preparedness for events involving biological agents, and community health initiatives. Through these programs, Region 2 delivers over 200,000 units of service a year. In addition, Region 2 builds and nurtures relationships with system partners at the state, county, city and community level. Through these relationships, local health offices are able to support a critical infrastructure assuring each community's safety, health status improvement, and a gratifying quality of life

Region 4 provides essential public health services to the southeastern quadrant of New Mexico. The counties in Region 4 include: Chaves, Curry, DeBaca, Eddy, Harding, Lea, Quay and Roosevelt. The combined population estimates from the 2000 Census total 268,100 for the region. There are 12 local health offices, and two satellite offices and mobile clinics that serve the residents of Region 4. The staff in Region 4 provide programs that include, but are not limited to family planning, sexually transmitted disease services, chronic disease prevention, infectious disease prevention including immunizations, detection and outbreak control, birth and death certificates, Women, Infant and Children (WIC) nutrition program, Children's Medical Services (CMS), school-based health programs (including mental health), emergency preparedness, and community-based initiatives. Region 4 served more than 35,000 individual clients in the last fiscal year with a total of approximately 200,000 contacts including CMS, WIC, clinical services, school-based services and community collaboration efforts.

Region 5 covers the ten counties in the southwestern quadrant of New Mexico: Catron, Dona Ana, Grant, Hidalgo, Lincoln, Luna, Otero, Sierra, Socorro, and Torrance. Approximately 200 staff working out of 21 local public health offices, 4 satellite clinics and the Dona Ana County Detention Center provide health maintenance and disease prevention services to more than 350,000 residents in this border region. The region

also operates 4 mobile vans, which are used to deliver services to needy and underserved populations. Outreach and clinical services through the Disease Prevention Team and Clinical and Preventive Services, include immunizations, STDs, tuberculosis, family planning and adult wellness check-ups.

PROGRAM AREA 3: EPIDEMIOLOGY AND RESPONSE

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

Catalogue of programs and activities:

Environmental Health Epidemiology Bureau investigates illness due to environmental agents and provides surveillance, data analysis, and policy development for environmental health issues. It also collaborates with the New Mexico Environment Department to address and investigate how air and water quality impact health.

- **Occupational Health Epidemiology** conducts surveillance of occupational health conditions that are the consequence of the workplace environment of New Mexicans. Specifically, it identifies the magnitude and distribution of work-related health problems, track trends, and targets responsible industries or work processes for intervention.
- **Asthma Program** describes and monitors the burden of asthma in the state. It develops, promotes, and delivers statewide asthma education and training to all levels of asthma health care professionals and patients, families, schools, and communities. The program also strives to reduce the barriers to asthma care and the environmental causes and triggers of asthma.
- **Environmental Public Health Tracking Program** examines environmental hazard data, human exposure data, and health effects data. It is working to develop a website that will provide a variety of environmental health information, including levels of contaminants in the environment, levels of actual exposure in populations, and health effects. It also has investigated the link between arsenic levels in drinking water and health outcomes such as cancer, and the link between air quality and asthma occurrence.
- **Lead Poisoning Prevention Program** conducts surveillance of lead poisoning in children and adults and provides home evaluations when the source of lead is not easily ascertained. It also provides educational materials to parents, physicians, and members of the public.

Infectious Disease Epidemiology Bureau conducts infectious disease surveillance and responds to occurrences of infectious diseases of public health significance. It collects and analyzes infectious disease reports to detect outbreaks and identify trends.

- **Infectious Disease Surveillance Program** conducts surveillance for infectious diseases that are reportable by law to the Department of Health. The program collaborates with DOH Public Health Division staff to investigate cases, clusters and outbreaks of infectious diseases. It uses an electronic database to track

investigations, monitor disease trends, detect outbreaks and contribute to national infectious disease surveillance and response.

- **HIV and Hepatitis Epidemiology Program** conducts active surveillance of HIV/AIDS and acute and chronic hepatitis B and C, and works with community groups and health care providers to promote better understanding of HIV/AIDS in New Mexico. The program disseminates data to a variety of health care professionals, organizations, and individuals in and out of state.
- **Emerging Infections Program** is a network of 10 state health departments and the Centers for Disease Control and Prevention (CDC) that conducts active surveillance, applied epidemiology and laboratory research, and implementation and evaluation of prevention and intervention projects for the active bacterial core surveillance (ABCs), the Foodborne Diseases Active Surveillance Network (FoodNet) and respiratory disease.
- **Zoonoses Program** conducts surveillance for humans, animals and insect species as they relate to diseases that can be transmitted to humans from animals (e.g., hantavirus pulmonary syndrome, plague, tularemia, West Nile virus and rabies). The program performs field investigations, disease prevention and control activities, and contributes to policy development.

Bureau of Health Emergency Management prepares for health emergencies, including public exposure to biological or chemical agents from terrorism or naturally occurring events such as disease outbreaks or natural disasters. The Bureau is the primary state agency point of contact for all public health and medical needs during an emergency or disaster in accordance with the National Incident Management System (NIMS).

- **Health Emergency Management Education and Performance Management Program** develops and delivers Health and Medical Emergency Management training in compliance with federal regulations. Classroom, online, drills, exercises and federally sponsored events are offered.
- **Health Emergency Management Planning and Resource Management** is responsible for managing the Strategic National Stockpile, equipment and supplies that will be mobilized in the event of a disaster, tracking bed and resource capacity and deployment to accommodate surges in resource needs.
- **Emergency Health Care Response Program** directs healthcare preparedness activities throughout the state in partnership with hospitals, primary care clinics, and other healthcare entities. This work is focused on incident management planning, training and exercise oversight, and procurement efforts associated with establishing redundant power generation and a statewide emergency communications network.
- **Pandemic Planning and Performance Measures Program** coordinates statewide pandemic influenza planning in collaboration with other State agencies, health care partners, first responders groups, and local communities. The program also coordinates assessment of health preparedness programs through data collection and reporting of performance measures to federal funding agencies, the Governor's Office, and other entities, as required.

Bureau of Vital Records and Health Statistics operates and maintains the state vital statistics system through the registration of births and deaths and receipt of fetal death and abortion reports. The Bureau issues birth and death certificates and provides vital statistics and data for administrative and research purposes.

- **Vital Records Program** registers all births and deaths occurring in the state and collects reports of fetal deaths and induced terminations of pregnancy. Information is provided by hospitals, funeral homes, physicians, Tribal officers and the Office of the Medical Investigator. This program issues birth and death certificates and collects fees for birth and death certificate searches. Additionally, the vital records program amends records and creates new records following adoption, legitimation and paternity determination. An electronic registration system called E-Vitals is used to register vital records, issue certificates, and query data.
- **Health Statistics Program** produces statistics; reports and data files derived from the birth, death, fetal death, and induced termination of pregnancy records. Data is provided to researchers and federal, state, and local agencies and is used for research and administrative purposes. Vital statistics data is confidential in New Mexico and requests for data are reviewed to maintain confidentiality.

Emergency Medical Systems (EMS) Bureau provides regulatory oversight, data collection and analysis, testing and licensing of providers, and EMS Fund Act fund distribution for the Emergency Medical Services Program.

- **Trauma Program** collaborates with multiple entities in the state in developing a statewide trauma system that assures timely, quality, cost-efficient and definitive care for the trauma patient. Additionally, the program pursues trauma prevention activities to decrease the incidence of trauma.
- **Emergency Medical Services (EMS) Program** works to provide an emergency medical services infrastructure that assures that all residents of New Mexico will have competent EMS personnel who arrive in a timely manner and provide quality emergency pre-hospital care when necessary. This program licenses all levels of EMS caregivers, and provides regulatory oversight for and certifies non-transporting medical rescues, emergency medical dispatch programs, and air ambulance services.
- **Stroke Program** collaborates among public and private sector partners in developing a statewide stroke system of care, including increasing public awareness and education. The program assists pre-hospital care providers and hospitals in developing a comprehensive stroke care clinical pathway, including the use of evidence-based guidelines and continuous process improvement.

Injury and Behavioral Epidemiology Bureau conducts surveillance of prescription and illicit drug and alcohol abuse, fatal and non-fatal injuries, and a wide variety of other health conditions, diseases, and related behaviors in the New Mexico population. It also addresses the \$4.8 billion per year burden of injury in NM by promoting and implementing evidence-based injury prevention strategies.

- **Office of Injury Prevention** monitors changes in the patterns of injuries experienced by New Mexicans, prepares and distributes statistics on injuries at local and state levels, operates firearm injury surveillance systems in hospital Emergency Departments, and conducts surveys on traffic safety issues.
- **Substance Abuse Epidemiology Section** describes and monitors the burden of substance use and mental health conditions in New Mexico, and provides policy recommendations as appropriate. This Section conducts surveillance of substance use behaviors, mental health conditions, drug overdose deaths, and other drug- and alcohol-related mortality.
- **Survey Section** is responsible for the Behavioral Risk Factor Surveillance System and Youth Risk and Resiliency surveys, population-based estimates of a wide variety of diseases and health conditions and associated behaviors in the adult population of New Mexico. The estimates derive in part from a state-of-the-art computer-assisted telephone interview system, which is capable of implementing health surveys following scientific sampling methods.

Community Health Assessment Section strengthens public health assessment capacity in DOH, counties and tribes throughout New Mexico. It provides training and technical assistance to DOH programs, counties, tribes and other local entities in the use and interpretation of public health data. It provides web-based and other access to meaningful data and information to support state and community assessment activities.

- **Tribal Epidemiology** improves epidemiologic and public health assessment capacity for New Mexico American Indian Tribes by working with the IHS, tribal epidemiology centers, DOH epidemiologists, and Tribal governments to improve collection, reporting, management and analysis of data for public health events. It develops, analyzes, and disseminates American Indian- and tribe-specific data.

PROGRAM AREA 4: LABORATORY SERVICES

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

Catalogue of programs and activities:

Activities conducted by SLD can be classified into one the following 11 core functions:

- Disease prevention, control and surveillance
- Reference and specialized testing
- Environmental health and protection
- Food safety
- Emergency response
- Lab improvement and regulation
- Policy development
- Public health-related research

- Training and education
- Partnerships and communication
- Integrated data management

These functions/activities are carried out by one of the bureaus listed below:

Biological Sciences Bureau conducts individual patient testing in support of prenatal and sexually transmitted disease clinics for the Public Health Division, and tests animals, livestock and wildlife for veterinarians through the Department of Agriculture. SLD is the only lab in New Mexico that tests for rabies and plague in animals and humans. In addition, it performs diagnostic testing for the Office of the Medical Investigator to determine cause of death. The Bureau is also the sole state lab facility responsible for the detection and control of infectious disease outbreaks in humans and animals, and it is the only food testing laboratory for the investigation and control of food borne illnesses. The Bureau is the state reference laboratory for “difficult to detect,” emerging and re-emerging diseases (e.g. SARS, avian flu, West Nile), performing this role for all of the hospitals and clinical labs in New Mexico. As the state’s bioterrorism response laboratory, SLD is the response lab for the US Postal Service and works closely with Department of Public Safety and the Federal Bureau of Investigation statewide. The Bureau also has a regulatory role, serving as the inspection arm for the Department of Agriculture and Environment Department certification programs of private drinking water testing and dairy testing labs within the state.

Chemistry Bureau conducts environmental testing of air, water and soil for the Environment Department, the Albuquerque and Bernalillo Environmental Health Divisions and tribal environmental agencies, and is the primacy laboratory for drinking water testing in New Mexico. The Bureau conducts environmental testing for organics, inorganic, heavy metals (lead, arsenic mercury) at environmental hazard sites, after environmental spills, and in investigations of human exposure to hazardous compounds (biomonitoring). The Bureau also is one of 10 national chemical terrorism response laboratories, and serves as a key player in the national chemical terrorism response plan.

Toxicology Bureau is the sole state forensic drug testing laboratory for the New Mexico Implied Consent Act (DWI testing) and for the Office of the Medical Examiner. As such, the Bureau tests for alcohol and drugs in DWI/DUID cases and on autopsy cases to determine cause of death. In addition to drug testing, the Bureau is responsible for setting DWI regulations, training and certifying biennially all law enforcement personnel in New Mexico as operators of breath alcohol analyzers. The Bureau also biennially certifies, inspects, and repairs all evidentiary breath alcohol analyzers used in New Mexico. Finally, the Bureau provides expert witness in defense of its results in DWI cases statewide, handling over 1,200 subpoenas per year.

Program Support Bureau of SLD provides all fiscal, purchasing, human resource, engineering and facility maintenance functions at SLD that support the scientific and business operations of the division.

PROGRAM AREA 6: FACILITIES MANAGEMENT

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

Catalogue of programs and activities:

OFM directly supervises six facilities and a community program: New Mexico Behavioral Health Institute, Fort Bayard Medical Center, Turquoise Lodge, New Mexico Rehabilitation Center, Sequoyah Adolescent Treatment Center, the New Mexico State Veterans Home and Los Lunas Community Program.

Fort Bayard Medical Center & Yucca Lodge

The mission of Fort Bayard Medical Center is to provide quality safety-net healthcare services for mentally and physically challenged individuals of all ages who need long-term care, short-term rehabilitation, and/or chemical dependency treatment.

Long-term care services are provided in the 200-bed dually certified nursing facility. Five residential care floors, including a certified Veteran's unit and locked units for Alzheimer's and dementia residents. Those patient care areas are supported by a host of other services, including pharmacy, therapies, social services, activities and support services such as laundry, housekeeping, maintenance, and food services.

Yucca Lodge is licensed as an adult residential care facility and provides inpatient chemical dependency and social detox services to clients throughout New Mexico. This chemical dependency treatment program has historically served New Mexicans with little or no health resources. Native American communities, the courts, probation & parole officers and allied agencies have provided referrals.

Los Lunas Community Program

The mission of the Los Lunas Community Program is the assurance of caring, high quality support, and services that assist New Mexicans with developmental disabilities to live a life, which is self-directed, includes good health, a safe environment, meaningful relationships and opportunities for personal growth in community based settings.

The Los Lunas Community Program (LLCP) provides direct supports and services to persons with developmental disabilities who reside in Valencia and Bernalillo counties.

The supports and services provided include:

Supported Living - The individuals live in a home with up to three other individuals, as determined by the Inter-disciplinary Team (IDT). The Los Lunas Community Program provides homes in neighborhoods throughout the county, both in rural and urban settings. Consumer programs are implemented as designed by the interdisciplinary teams. All homes are staffed by employees of the Los Lunas Community Program and are overseen by LLCP management staff. Staffing ratios are determined according to the needs of the consumers; this includes both residential as well as nursing staff.

Family Living - Providers are contracted through the agency. All providers are screened through interviews, background checks, reference checks and home visits. No more than 2 individuals are supported in any given home. Los Lunas supports both natural and surrogate families in this model. Each consumer is assigned a service coordinator to facilitate the provision of services, monitor program implementation, document progress and act a liaison between families/guardians, team members and the LLCP. Each consumer has both a home and main chart, which are maintained by the LLCP. Home-based providers are expected to participate fully in the IDT process. Training is provided free of charge by the LLCP.

Substitute Care/Respite Services - Services are offered through a contract with the substitute care/respite provider. Individuals who have been chosen by the family are approved by the Los Lunas Community Program and meet all other requirements, provide service as outlined in their contract. The person receiving services does all the scheduling.

Supported Employment - Provides face-to-face support of consumers in community based employment and may include cottage industry and self-employment settings. This model emphasizes individual goals, community inclusion and independence as well as health and safety. This model may require full time support in the beginning with support fading whenever possible as employment stabilizes. This service includes making arrangements for transportation, job development, and job placement. Employment services under this model may be interspersed with Community Membership/Volunteerism services in accordance with the Individualized Service Plan (ISP).

Adult Day Habilitation and Community Access - Services are based on individual need as determined by the IDT. Each consumer has an individualized schedule, which emphasizes integration and promotes neighborhood involvement. The Day program managers schedule for quality and integration with the ISP. Staff participating in the Day Habilitation program is in the community. Staffing ratios are determined by consumer need and may be adjusted according to the activities planned. Activities in the community include music therapy, arts and crafts classes, computer classes, and therapy and literacy programs. Many of the consumers spend and participate fully in community activities in Albuquerque, Los Lunas and Belen.

Tier III Crisis Supports - Service will be provided to individuals who's IDT has determined that Tier III Crisis support is necessary to maintain a safe environment where the individual can be stabilized. Supports may be provided in the individual's residence or in an alternative environment.

New Mexico Behavioral Health Institute

The mission of New Mexico Behavioral Health Institute is to meet the diverse and evolving mental and health care needs of all New Mexicans. To this end the New Mexico Behavioral Health Institute at Las Vegas leads in the development of a comprehensive, integrated network of services of the highest quality in collaboration with health care providers throughout the state of New Mexico.

NMBHI provides specialty health care services, which includes:

Adult Inpatient Psychiatric Hospitalization - Serve patients from the entire state of New Mexico by providing individualized short-term and long-term inpatient treatment.

Forensic Evaluations and Treatment - Forensic evaluation and treatment are provided to adult patients who have allegedly committed major felonies. These individuals are court ordered by New Mexico State District Courts to undergo pre-trial evaluations of competency to stand trial, criminal responsibility, and/or specific intent.

Sex Offender Treatment Program (STOP) - Adult sex offender treatment is provided through STOP. These patients have been convicted of offenses involving the sexual molestation of minors and participation in the program is a condition of their parole.

Center for Adolescent Relationship Exploration (C.A.R.E.) Program - The CARE PROGRAM is one of four adolescent sex offender programs that currently provide treatment in New Mexico. The CARE PROGRAM provides treatment to adolescents who have committed sexual offenses and suffer from major mental illness. All of the residents are males with ages ranging from 13 to 18. Many have histories of significant substance abuse problems, may have witnessed or been victims of extreme violence, many have themselves been sexually abused. These adolescents require intensive, as well as extended support because of the severity and complexity of their illnesses.

Community Based Services Division - Community Based Services provides mental health services to clients in three counties which include San Miguel, Mora, and Guadalupe. DD Waiver Case Management services are provided to over twenty (20) counties in New Mexico. Services include:

- Mental Health Outpatient Services including a 24 hour Crisis Line;
- Sexual Assault advocacy and therapy;
- Restorative Services;
- Case Management for Developmental Disabilities Waiver Clients;
- Case Management for Disabled and Elderly Waiver Clients;
- Foster Grandparents and Senior Companion Care Participants; and
- Residential Services consisting of two licensed Adult Residential Care Facilities (ARCF) for the Chronically Mentally Ill. The ARCF's focus on providing a highly structured therapeutic milieu intended to increase independence in the living environment of their choice.

Long-Term Care - provides nursing facility services for adults who are aged, disabled and/or chronically ill, who have moderate to severely physical, medical and/or cognitive needs or limitations and who require assistance in their activities of their daily living. A high percentage of the residents served in this division have a diagnosis of dementia which requires specialized staff training, treatment and care. Many residents suffer from mental illnesses that also require specialized care in addition to standard nursing care service.

New Mexico Rehabilitation Center

The mission of the New Mexico Rehabilitation Center is to provide quality comprehensive rehabilitation services to the citizens of the State of New Mexico.

This facility is certified by the Joint Commission on Accreditation of Healthcare Organizations and is licensed as a specialty hospital. It provides inpatient medical rehabilitation and inpatient alcohol and chemical dependency rehabilitation treatment services. Social detoxification and treatment are also available for both court-mandated and privately-referred individuals.

Medical Rehabilitation Unit: The MRU is a Medicare-certified rehabilitation unit designed to provide care to individuals needing inpatient care with qualifying diagnoses, such as traumatic brain injury, spinal cord injury, arthritis, neurological disorders, stroke, amputation, joint replacement, Parkinson's disease, debilitation and pain management. Services include the following:

- **Rehabilitation Nursing** - Implements each patient's medical care program as directed by his or her physician.
- **Occupational Therapy** - Designs and delivers activity-based therapy to promote independence in the areas of self care, home management and community reintegration.
- **Physical Therapy** - Evaluates and designs a treatment program to address limitations in physical function, mobility and safety.
- **Psychology** - Provides supportive services to assist the patient and family in adjusting to their disability
- **Speech-Language Pathology** - Assesses and treats individuals with communication and comprehension disorders, cognitive difficulties and swallowing disorders.
- **Dietary and Nutritional Counseling** - Supervises all meals to ensure patients receive the necessary nutrition.
- **Case Management** - Coordinates with the physician to ensure the patient's needs are met and involve the family and other caregivers in the patient's rehabilitation.

Chemical Dependency Unit: The CDU utilizes American Society of Addiction Medicine (ASAM) criteria for inpatient admission.

New Mexico State Veterans' Home

The mission of the New Mexico State Veterans' Home is to provide integrated services in an atmosphere that promotes the physical, social, and emotional well-being of every resident. Every effort to continuously improve care shall be made while safely assisting residents to live as independently as possible and as they choose, thereby assuring dignity and respect at all times.

Three levels of care are offered at this long-term care facility: Intermediate Care (nursing care), Skilled Nursing Care (more acute care) and Domiciliary (assisted living)

services, as well as a Secured Dementia Unit. In addition, the facility provides Inpatient and Outpatient Rehabilitative Services (PT, OT, SLP) including Inpatient and Outpatient Aquatic Therapy; Inpatient and Outpatient Laboratory; Inpatient Pharmacy Services.

Sequoyah Adolescent Treatment Center

The mission of the Sequoyah Adolescent Treatment Center is to provide care, treatment, and reintegration into society for adolescents who are violent or have a history of violence, have a mental disorder, and are amenable to treatment. The purpose is also to provide a residential treatment program for adolescents with severe emotional disturbances for the purpose of developing skills necessary for successful transition into the community. Services are to be provided based upon client's need and integrated within the continuum of services offered throughout the state. Provision of services is consistent with the least restrictive means principle.

Services provided through psychiatry, psychology, education, milieu, nursing, recreation social work, art therapy, speech and language services staff. Contracted services include pediatrics, dentistry, optometry, and nutrition.

Turquoise Lodge Hospital

The mission of Turquoise Lodge Hospital is to provide intervention, treatment and rehabilitation of the disease of chemical dependency to include co-occurring disorders, to adult New Mexico residents. Services are provided to meet the patient's individual treatment and cultural needs in the least restrictive environment appropriate to patient needs, either on site or through referral services to state wide providers.

Chemical dependency services provided:

- Inpatient detoxification – ASAM levels medically managed 3.7D and 4D (1st floor)
- Inpatient rehabilitation – ASAM levels medically monitored 3.5, 3.7, 4.0 (2nd floor)

They provide a full comprehensive medical detox for all substances and a complete mental health rehabilitation program for all patients including psychosocial services that integrate the patient into a continuum of care. Their services include the family, and also address co-occurring disorders that typically accompany the primary diagnosis of chemical dependency for our population. More than 80% of their patients have co-occurring disorders that include mental health, medical or secondary addiction issues. More than 50% of our population annually served are Opioid Dependiant and utilize Buprenorphine medication during their detox service. We are the only hospital in the state that provides a Buprenorphine protocol for heroin withdrawal.

In addition to overseeing the Department's facilities, the Office of Facility Management provides procedural and policy oversight in the following areas:

Systems of care activities include the standardization of practices in the long-term care and chemical dependency units, work force recruitment and retention for the health professions in the facilities, and the establishment and maintenance of national accreditation standards. In addition, OFM administers the maintenance of state licensing and certification standards, participation and coordination with the Value Options system of care and the newly implemented Coordinated Long-Term Care

Services, and participation and coordination with the incident command process for emergency response.

Department-specific activities include primary staff support of the Governing Board process, the coordination of facility issues and facility-specific meetings. OFM oversees the standardization of systems and processes among the facilities, including facility strategic planning in keeping with the Department's process, budget alignment in keeping with performance-based budgeting, HIPAA compliance, FSEP compliance, and legislative coordination for facility issues. Other departmental functions addressed through OFM include human resource review issues, the placement of infectious patients in state facilities, financial issues including capital projects and the processing of managed care contracts, and the coordination of information technology efforts including the need to assure high speed communication lines and appropriate use of the clinical medical record.

Performance improvement activities within the facility system are a high priority for the Department. OFM oversees major initiatives in this area. They include practitioner credentialing, the standardization of incident management processes and medication error reporting, practitioner peer review, nursing home quality standards, and clinical performance improvement activities. Annual compliance reviews are conducted as both monitoring and training exercises for facility staff.

PROGRAM AREA 7: DEVELOPMENTAL DISABILITIES SUPPORT SERVICES

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

Catalogue of programs and activities:

Adult State General Funded (SGF) Services are provided to adult individuals who meet the state definition for developmental disabilities (DD) and are provided to eligible individuals who are waiting for DD Waiver services. Services include adult residential, vocational, self-directed family supports, respite services and other special services. Note: for adults with autism, the only service we currently offer is technical assistance to the inter-disciplinary team from the Center for Developmental Disabilities.

Developmental Disabilities Home and Community-Based Medicaid Waiver Program provides services and supports to individuals of all ages with mental retardation, developmental disabilities and related conditions. The purpose of the program is to provide an alternative to institutional care by arranging needed supports in the community. Each individual can access a combination of services to meet his or her specific needs. Services include residential, supported employment, habilitation community integration, therapies, personal care, respite, nutritional counseling, and nursing.

Family Infant Toddler (FIT) Program is an entitlement program under the Individuals with Disabilities Education Act, (IDEA), Part C. This program serves families of children from birth to 3 years old who have or are at risk of developmental delay. The FIT

Program provides an array of early intervention supports and services (service coordination, developmental consultation, therapies, family counseling and others) to enhance the parents' ability to meet the developmental needs of their infant or toddler. Supports and services are provided within the family's everyday routines and through activities in home and community settings.

Medically Fragile Waiver (MFW) Program serves individuals of all ages who are eligible for services based on the determination that they have a medically fragile condition and have a developmental disability (or are developmentally delayed or at risk for developmental delay prior to age 8). A medically fragile condition is defined as a chronic physical condition that results in a prolonged dependency on medical care, such as daily skilled nursing intervention. The program provides the medical support to individuals on the waiver to give families a reprieve from the responsibilities associated with constant care and monitoring. The waiver also supports the primary caregiver, allowing the medically fragile individual to live with their family or in a home environment.

Mi Via Waiver Program is a collaborative effort between the Aging and Long-Term Services Department, the Human Services Department and the Department of Health. Participants or registrants for the Developmental Disability and Medically Fragile waivers can select Mi Via as an alternative by request to a DDS Regional Office or the MF Waiver Program Manager. The money follows the person from the traditional waivers to the Mi Via Waiver, allowing a participant to return to the traditional waivers at any time. Participants on the Mi Via Waiver are allowed more choice, control, flexibility and freedom in planning, budgeting and managing their own services and supports and in building their own lives. With assistance and support from family, contractors and hired supports, participants arrange for services, including the hiring and managing of their own employees.

Self-Directed Family Support Program began as a grant-funded pilot project in three communities. Since the inception of the program in FY01, the program expanded to include all regions of New Mexico and is funded through state general funds. Becoming more cost effective each year, the program allows for individual choice of goods and services through stipends that temporarily meet the needs of children and adults.

Children's Autism Services Initiative includes interdisciplinary evaluations, intensive mentoring with parents of children through age 5 with Autism Spectrum Disorder, Adaptive Skill Building services for 80 children age 6 to 18, and parent-to-parent support. In addition, this initiative provides training to professionals working with individuals with Autism Spectrum Disorder

PROGRAM AREA 8: HEALTH CERTIFICATION, LICENSING AND OVERSIGHT

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

Catalogue of programs and activities:

Health Facility Licensing and Certification Bureau surveys health facilities for state licensure and federal certification and health facility complaint resolution.

Incident Management Bureau investigates abuse and neglect allegations in community-based programs.

Quality Management Bureau conducts onsite quality assurance and oversight of community programs such as Medically Fragile Waiver, Family, Infant and Toddler program, and Disabled & Elderly Waiver providers.

Caregivers Criminal History Screening Program conducts statewide and nationwide criminal background screening of all caregivers.

The Medical Officer conducts mortality reviews and provides technical assistance and

SECTION V. TRAINING AND EMPLOYEE NOTIFICATION

The 2009 State-Tribal Collaboration Act, signed by Governor Richardson on March 19, 2009, directs all cabinet-level state agency managers and employees who have ongoing communication with New Mexico's Indian nations, tribes or pueblos to complete a training provided by the State Personnel Office (SPO) and the Indian Affairs Department. The following is a list of managers and employees by classification title, location and number that require training.

DOH Program	Classification	Location	# FTE
ASD	Staff	Santa Fe	1
ASD	Epidemiologist-A	Santa Fe	3
ASD	Health Educator-A	Santa Fe	2
ASD	Exec Sec & Adm Asst-O	Santa Fe	1
ASD	Gen I	Santa Fe	1
ASD	Mgt Analyst-B	Santa Fe	1
ASD	Soc/Com SV Coord-A	Santa Fe	1
EPI	Epidemiologist – A	Santa Fe	7
EPI	Epidemiologist – O	Santa Fe	5
EPI	A/O II	Santa Fe	1
EPI	Certified Nurse Practitioner	Santa Fe	1
EPI	Enviro Science & Specialist – A	Santa Fe	1
EPI	Family & General Practitioner – O	Santa Fe	2
EPI	General Counsel	Santa Fe	1
EPI	Health Educator – A	Santa Fe	6
EPI	Health Educator – O	Santa Fe	1
EPI	Lawyer – A	Santa Fe	1

DOH Program	Classification	Location	# FTE
EPI	Management Analyst – A	Santa Fe	1
EPI	Physicians Assistant	Santa Fe	1
EPI	Registered Nurse – A	Santa Fe	1
EPI	Staff	Santa Fe	1
EPI	Veterinarian - A	Santa Fe	1
SLD	Exec Mgr/Forensic Scientist	Albuquerque	1
SLD	Env Scientist & Spec Mgr.	Albuquerque	3
SLD	Chemists	Albuquerque	53
SLD	Gen Env Scientist	Albuquerque	1
SLD	Microbiologists	Albuquerque	32
SLD	Life/Phy/Soc./Sci Techs	Albuquerque	10
SLD	Admin OPS Mgr.	Albuquerque	1
SLD	Purchasing Agent	Albuquerque	2
SLD	Fin Spec	Albuquerque	3
SLD	Med Sci, xcpt Epidemiologists	Albuquerque	4
PHD	Certified Nurse Practitioner	Farmington	1
PHD	Certified Nurse Practitioner	Albuquerque	1
PHD	Certified Nurse Practitioner	Albuquerque	5
PHD	Dietician & Nutritionist-A	Albuquerque	1
PHD	Dietician & Nutritionist-A	Albuquerque	1
PHD	Dietician & Nutritionist-A	Sandoval County	1
PHD	Dietician & Nutritionist-B	Belen	2
PHD	Dietician & Nutritionist-B	Bloomfield	2
PHD	Dietician & Nutritionist-B	Farmington	1
PHD	Dietician & Nutritionist-B	Grants	1
PHD	Dietician & Nutritionist-B	Albuquerque	3
PHD	Dietician & Nutritionist-B	Albuquerque	6
PHD	Dietician & Nutritionist-B	Albuquerque	1
PHD	Dietician & Nutritionist-B	Sandoval County	5
PHD	Dietician & Nutritionist-B	Albuquerque	2
PHD	Dietician & Nutritionist-B	Albuquerque	1
PHD	Dietician & Nutritionist-O	Belen	1
PHD	TUPAC Health Educator	Santa Fe	1
PHD	Social Worker	Santa Fe	1

DOH Program	Classification	Location	# FTE
PHD	Staff Manager	Santa Fe	1
PHD	Registered Nurse - A	Santa Fe	3
PHD	Health Educator - A	Santa Fe	3
PHD	Health Educator - O	Santa Fe	1
PHD	Line II	Santa Fe	2
PHD	Office Clerk – Gen – A	Santa Fe	1
PHD	A/O II	Santa Fe	1
PHD	Management Analyst – A	Santa Fe	1
PHD	Management Analyst - O	Santa Fe	1
PHD	Epidemiologist-A	Santa Fe	1
PHD	Epidemiologist-O	Santa Fe	1
PHD	Epidemiologist-O	Santa Fe	1
PHD	Health Educator A	Santa Fe	3
PHD	Epidemiologist-A	Santa Fe	1
PHD	Administrative Operations Manager II	Santa Fe	1
PHD	Medical Director/Family and General Practitioner	Santa Fe	1
PHD	Staff Development Specialist	Santa Fe	1
PHD	Clerk Specialist	Santa Fe	1
PHD	FIT Coordinator/Health Educator	Santa Fe	1
PHD	Staff Manager	Santa Fe	1
PHD	Line II	Santa Fe	1
PHD	Medical Director, FHB	Santa Fe	1
PHD	- WIC Nutrition Service Manager	Santa Fe	1
PHD	Reg Nurse-O	Albuquerque	1
PHD	Health Educator	Roswell	1
PHD	Dietician & Nutritionist-O	McKinley County	1
PHD	Family and General Pract-O	McKinley County	1
PHD	Health Educator-A	McKinley County	2
PHD	Health Educator-O	McKinley County	1
PHD	Office Clerk, General-A	McKinley County	2
PHD	Office Clerk, General-A	McKinley County	1
PHD	Office Clerk, General-O	McKinley County	1
PHD	Reg Nurse-A	McKinley County	2
PHD	Staff-Nursing	McKinley County	1

DOH Program	Classification	Location	# FTE
PHD	Office Clerk, General-A	Belen	1
PHD	Office Clerk, General-O	Belen	2
PHD	Reg Nurse-A	Belen	3
PHD	Dietician & Nutritionist-O	Los Lunas	1
PHD	Health Educator-A	Los Lunas	1
PHD	Office Clerk, General-A	Los Lunas	2
PHD	Office Clerk, General-O	Los Lunas	4
PHD	Reg Nurse-A	Los Lunas	2
PHD	Line -I Nursing	Bloomfield	1
PHD	Office Clerk, General-A	Bloomfield	1
PHD	Office Clerk, General-O	Bloomfield	1
PHD	Dietician & Nutritionist-O	Farmington	1
PHD	Health Educator-A	Farmington	1
PHD	Health Educator-B	Farmington	1
PHD	Medical & Public Health SW-O	Farmington	1
PHD	Office Clerk, General-A	Farmington	2
PHD	Office Clerk, General-O	Farmington	2
PHD	Reg Nurse-A	Farmington	3
PHD	SOC/COM SV COORD-A	Farmington	1
PHD	Public Health Nurse	Tierra Amarillo	1
PHD	Public Health Clerk	Tierra Amarillo	1
PHD	Health Educator	Taos	1
PHD	Medical & Public Health SW-O	Sandoval County	1
PHD	Office Clerk, General-A	Sandoval County	3
PHD	Office Clerk, General-O	Sandoval County	2
PHD	Staff	Sandoval County	1
PHD	Staff-Nursing	Sandoval County	1
PHD	Office Clerk, General-O	Cuba	1
PHD	Reg Nurse-A	Cuba	1
PHD	Dietician & Nutritionist-O	Grants	1
PHD	Office Clerk, General-A	Grants	3
PHD	Office Clerk, General-O	Grants	1
PHD	Reg Nurse-A	Grants	1
PHD	Staff	Grants	1

DOH Program	Classification	Location	# FTE
PHD	Health Educator-A	Alamosa	1
PHD	Health Educator-B	Alamosa	1
PHD	Office Clerk, General-A	Alamosa	1
PHD	Reg Nurse-A	Alamosa	1
PHD	Dietician & Nutritionist-O	Albuquerque	2
PHD	Dietician & Nutritionist-O	Albuquerque	2
PHD	Dietician & Nutritionist-O	Albuquerque	1
PHD	Dietician & Nutritionist-O	Albuquerque	2
PHD	Dietician & Nutritionist-O	Albuquerque	1
PHD	Dietician & Nutritionist-O	Albuquerque	1
PHD	Epidemiologist-A	Albuquerque	1
PHD	Epidemiologist-O	Albuquerque	1
PHD	Family and General Pract-A	Albuquerque	1
PHD	Family and General Pract-O	Albuquerque	3
PHD	Gen I	Albuquerque	1
PHD	Health Educator-A	Albuquerque	5
PHD	Health Educator-A	Albuquerque	2
PHD	Health Educator-A	Albuquerque	1
PHD	Health Educator-B	Albuquerque	1
PHD	Health Educator-B	Albuquerque	6
PHD	Health Educator-O	Albuquerque	2
PHD	Interpreter & Translation-O	Albuquerque	1
PHD	Line II	Albuquerque	1
PHD	Line II	Albuquerque	1
PHD	Medical & Clinician Lab Tech-O	Albuquerque	1
PHD	Medical & Public Health SW-A	Albuquerque	1
PHD	Medical & Public Health SW-O	Albuquerque	6
PHD	Medical & Public Health SW-O	Albuquerque	2
PHD	Medical Secretary - O	Albuquerque	1
PHD	Office Clerk, General-A	Albuquerque	1
PHD	Office Clerk, General-A	Albuquerque	2
PHD	Office Clerk, General-A	Albuquerque	1
PHD	Office Clerk, General-A	Albuquerque	3
PHD	Office Clerk, General-A	Albuquerque	10

DOH Program	Classification	Location	# FTE
PHD	Office Clerk, General-O	Albuquerque	1
PHD	Office Clerk, General-O	Albuquerque	1
PHD	Office Clerk, General-O	Albuquerque	5
PHD	Office Clerk, General-O	Albuquerque	4
PHD	Office Clerk, General-O	Albuquerque	1
PHD	Office Clerk, General-O	Albuquerque	3
PHD	Office Clerk, General-O	Albuquerque	2
PHD	Reg Nurse-A	Albuquerque	1
PHD	Reg Nurse-A	Albuquerque	4
PHD	Reg Nurse-A	Albuquerque	1
PHD	Reg Nurse-A	Albuquerque	3
PHD	Reg Nurse-A	Albuquerque	3
PHD	Reg Nurse-A	Albuquerque	5
PHD	Reg Nurse-A	Albuquerque	9
PHD	SOC/COM SV COORD-A	Albuquerque	1
PHD	SOC/COM SV COORD-A	Albuquerque	1
PHD	SOC/COM SV COORD-A	Albuquerque	1
PHD	Staff	Albuquerque	1
PHD	Staff-Nursing	Albuquerque	1
PHD	STAFF	Albuquerque	1
PHD	SOC/COM SV COORD-A	Albuquerque	3
PHD	HEALTH EDUCATOR-A	Albuquerque	2
PHD	FIN SPEC, AO-O	Albuquerque	1
PHD	PHYSICIAN ASSIST-O	Albuquerque	1
PHD	Reg Nurse-O	Farmington	2
PHD	Reg Nurse-O	McKinley County	1
DDSD	SOC/COM SV COORD	Santa Fe	5
DDSD	SOC/COM SV COORD	Albuquerque	3
DDSD	SOC/COM SV COORD	Gallup	2
DDSD	SOC/COM SV COORD	Farmington	3
DDSD	SOC/COM SV COORD	Taos	1
DDSD	MGT ANALYST	Santa Fe	1
DDSD	SEC, EX LGL/MED/EXE	Santa Fe	1
DDSD	SEC, EX LGL/MED/EXE	Albuquerque	1

DOH Program	Classification	Location	# FTE
DDSD	REG NURSE	Albuquerque	1
DDSD	REG NURSE	Gallup	1
DDSD	A/O II	Santa Fe	1
DDSD	A/O II	Albuquerque	1
DDSD	CLINC CSNG/SCH PSY	Albuquerque	1
DDSD	CLINC CSNG/SCH PSY	Farmington	1
DDSD	STAFF	Albuquerque	1
DDSD	STAFF	Gallup	1
DDSD	STAFF	Taos	1
DDSD	SPECIAL PROJECTS COORD II	Taos	1
DDSD	LINE II	Albuquerque	1
DDSD	OFFICE & ADMIN SUP	Gallup	1
DDSD	TRAIN & DEV SPEC	Farmington	1
DDSD	UPHOLSTER	Los Lunas	1
DDSD	MED APPLIANCE TECH	Los Lunas	1
DDSD	GEN 1	Santa Fe	1
TOTAL			433

VI. KEY NAMES AND CONTACT INFORMATION

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

Division	Name/Title	Email	Phone
Office of the Secretary	Alfredo Vigil, Cabinet Secretary	Alfredo.Vigil@state.nm.us	(505) 827-2613
Office of the Secretary	Jessica Sutin, Deputy Secretary of Programs	Jessica.Sutin@state.nm.us	(505) 827-2613
Office of the Secretary	Karen Armitage, Chief Medical Officer	Karen.Armitage@state.nm.us	(505) 827-2613
Office of the Secretary	Katrina Hotrum, Deputy Secretary of Facilities	Katrina.Hotrum@state.nm.us	(505) 827-2962

Division	Name/Title	Email	Phone
Division of Policy and Performance	Sam Howarth, Division Director	Sam.Howarth@state.nm.us	(505) 231-3192
Division of Policy and Performance, Office of American Indian Health	Ron Reid, American Indian Liaison	Ron.Reid@state.nm.us	(505) 827-2627
Public Health Division	Jack Callaghan, Division Director	Jack.Callaghan@state.nm.us	(505) 827-2389
Public Health Division	Jane Peacock, Deputy Director	Jane.Peacock@state.nm.us	(505) 827-2504
Public Health Division	Susan M. Bosarge, Tribal Liaison Office of Substance Abuse Prevention	Susan.Bosarge@state.nm.us	(505) 827-2610
Public Health Division	Christina Carrillo y Padilla, Program Manager Office of Community Health	Christina.CarrilloPadilla@state.nm.us	(505) 476-3082
Public Health Division	Judith Gabriele, Diabetes Program Manager	Judith.Gabriele@state.nm.us	(505) 476-7613
Epidemiology and Response Division	Mack Sewell	Mack.Sewell@state.nm.us	(505) 827-0006
Epidemiology and Response Division	Joe Baca, Native American Planner-Bureau of Health Emergency Management	Joe.Baca@state.nm.us	(505) 476-8206
Developmental Disabilities Supports	Mikki Rogers, Division Director	Mikki.Rogers@state.nm.us	(505) 827-2574
Developmental	Andy Gomm,	Andy.Gomm@state.nm.us	(505) 476-8975

Division	Name/Title	Email	Phone
Disabilities Supports	FIT Program Manager		

For a complete list of contact information, go to: <http://www.health.state.nm.us/doh-phones.htm>, www.nmhealth.org or to the American Indian Health Services Directory.

SECTION VII. APPENDICES

Below is a list of DOH Agreements, MOUs/MOAs with tribes that are currently in effect.

Tribe	Agency	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
Nation of Oklahoma	DOH	EBT WIC Support	NMDOH – CNO MOA	In effect	Brenda Carter	(918) 453-5291
Pueblo of Isleta	DOH	EBT WIC Support	NMDOH – POI MOA	In effect	Mary Dominguez	(505) 924-3181
Pueblo of Laguna	DOH	Family Infant Toddler Program	Provider Agreement	In effect	Andy Gomm	(505) 476-8975
Mescalero Apache	DOH	Family Infant Toddler Program	Provider Agreement	In effect	Andy Gomm	(505) 476-8975
Navajo Nation	DOH	Family Infant Toddler Program	MOA	In Process – Should be in effect as of 9/09	Andy Gomm	(505) 476-8975
Navajo Nation	DOH	Tuberculosis direct-observed therapy	MOA	In effect	Renai Edwards	(505) 827-2106
Pueblo of Acoma	DOH	Community Health Improvement Council	MOA	In effect	BJ Butler	(505) 827-2519
Pueblo of Cochiti	DOH	Community Health Improvement Council	MOA	In effect	BJ Butler	(505) 827-2519
San Ildefonso	DOH	Community Health	MOA	In effect	BJ Butler	(505) 827-2519

Tribe	Agency	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
Pueblo		Improvement Council				
Santa Clara Pueblo	DOH	Community Health Improvement Council	MOA	In effect	BJ Butler	(505) 827-2519
Mescalero Apache Schools	DOH	Primary & behavioral health care in school-based health center	MOA	In effect	Jim Farmer	(505) 222-8682
Navajo Preparatory School	DOH	Primary & behavioral health care in school-based health center	MOA	In effect	Jim Farmer	(505) 222-8682
Pueblo of San Felipe	DOH	Primary & behavioral health care in school-based health center	MOA	In effect	Jim Farmer	(505) 222-8682
Pueblo of Laguna Dept. of Education	DOH	Teen Pregnancy Education	MOA	In effect	Wanicha Barupa	(505) 476-8870
Mescalero Apache Tribe	DOH	Tobacco-related activities	MOA	In effect	Larry Elmore	(505) 222-8618
Navajo Nation	DOH	Sexually transmitted disease activities	MOA	In effect	Carmelita Garcia	(505) 476-3611
Mescalero Apache Tribe	DOH	WIC services	MOA	In effect	Barbara Garza	(505) 528-5135
Five Sandoval Indian Pueblos	DOH	Tobacco-related activities	MOA	In effect	Larry Elmore	(505) 222-8618
Canoncito Band of Navajos Health Center Corp	DOH	Community Health Improvement Council	PSC	In effect	BJ Butler	(505) 827-2519
Navajo Preparatory	DOH	Tobacco-related	PSC	In effect	Larry Elmore	(505) 222-8618

Tribe	Agency	Broad Activity	Agreement Name	Current Status	Contact(s)	Phone #
School		activities				
Pueblo Isleta	DOH	WIC services	MOU	In Effect	Deanna Torres	(505) 476-8814
Navajo Area Indian Health Service	DOH	Receipt, Storage and Staging site for the Strategic National Stockpile program	MOA	In Effect	Eric Category	(505) 476-8217