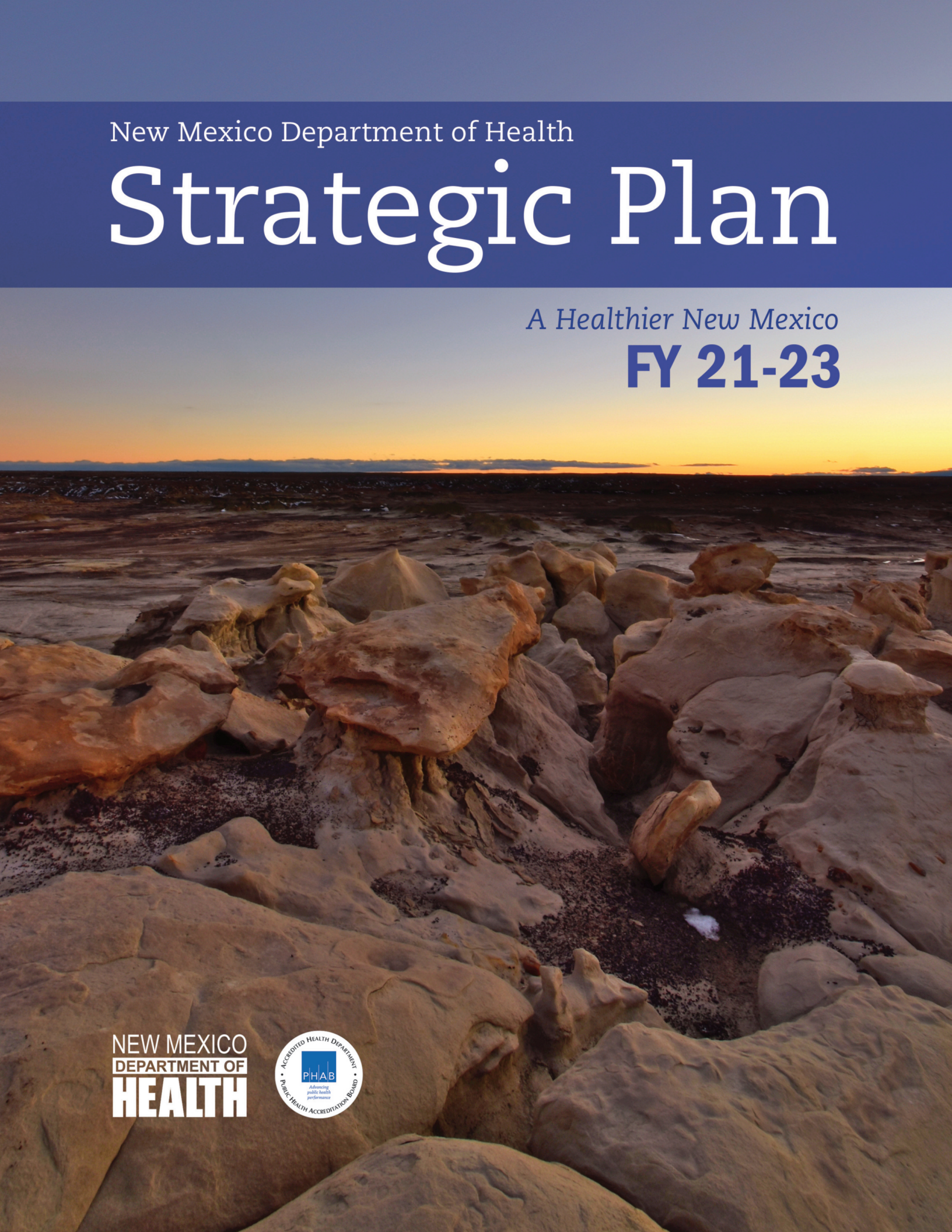
New Mexico Department of Health

Strategic Plan

A Healthier New Mexico

FY 21-23



NEW MEXICO DEPARTMENT OF HEALTH

ACCREDITED HEALTH DEPARTMENT • PUBLIC HEALTH ACCREDITATION BOARD • PHAB Advancing public health performance

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Cabinet Secretary Kathyleen Kunkel

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Mission

Promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico.

Vision

A healthier New Mexico!

Values

Accountability
Honesty, integrity, and honor commitments made

Communication
Promote trust through mutual, honest, and open dialogue

Teamwork
Share expertise and ideas through creative collaboration to work toward common goals

Respect
Appreciation for the dignity, knowledge, and contributions of all persons

Leadership
Promote growth and lead by example throughout the organization and in communities

Customer Service
Placing internal and external customers first, assure that their needs are met

Our Strategic Framework

Our Vision

A Healthier New Mexico!

Our Mission

- **Promote Health & Wellness**
- **Improve Health Outcomes**
- **Assure Safety Net Services**

Our Goals

- **Expand Access to Services**
- **Improve Health Status for all New Mexicans**
- **Ensure Safe Healthcare Environment Statewide**
- **Pursue Organizational Excellence**

Our Relationships

Funders

- Federal – CDC, HRSA, SAMHSA, etc.
- State
- Private: local & national

Community Partners

- Universities & Colleges
- Health Councils
- Community Centers
- Primary Care Organizations & Hospitals
- Schools
- Nonprofit Organizations
- Faith Based Organizations
- Corrections & Law Enforcement

Tribes, Pueblos & Nations

- Tribal Communities
- Tribal Health Councils
- Indian Health Services (IHS)
- Bureau of Indian Education & Indian Affairs
- Urban Indian Centers
- American Indian Educational Institutions

Policymakers

- Governor - Executive Branch
- Legislative Branch, including Legislative Finance Committee
- Legislative Council Services
- Attorney General
- Medical & Nursing Boards
- Courts

State Agencies

- Department of Finance & Administration
- Human Services
- Aging & Long-Term Services
- Children, Youth & Families
- Environment
- Transportation
- Public Safety & Corrections
- State Personnel

Our Values

Accountability

Honor our commitments with honesty & integrity

Communication

Promote trust through mutual, honest and open dialogue

Teamwork

Share expertise and ideas through creative collaboration to work toward common goals

Respect

Appreciate the dignity, knowledge and contributions of all persons

Leadership

Promote growth and lead by example throughout the organization and communities

Our Key Components

- **State Health Assessment**
- **State Health Improvement Plan**
- **Strategic Plan**
- **Performance Management**
- **Quality Improvement**
- **Workforce Development**

About NMDOH

The New Mexico Department of Health (NMDOH) is a centralized system of health services with a Cabinet Secretary, appointed by the Governor, overseeing the Department. New Mexico has 33 counties and 23 American Indian tribes, pueblos, nations with off reservation populations. In accordance with the State Tribal Collaboration Act, all state agencies must collaborate on a government-to-government basis, in order to promote more effective communication and relationships with the federally recognized tribes, pueblos, and nations in New Mexico.

The 33 counties are organized into five public health regions governed by NMDOH. Regional directors and staff provide services to every county within their region through the 52 public health offices that are located throughout the state. These local offices partner with their communities to ensure that services meet communities' specific needs

https://nmhealth.org/location/public/

According to the CDC, there are three primary core functions of public health with 10 corresponding essential health services. Since NMDOH is the main public health entity of New Mexico, we are charged with providing these three core function areas statewide:

- **Assessment** – Monitor and assess health problems and then diagnose and investigate the problems' solutions.
- **Policy Development** – Inform, educate and empower people, mobilize community partnerships and then develop plans and policies around agreed upon health efforts.
- **Assurance** – Enforce laws and regulations, guarantee a competent workforce, and evaluate service delivery's effectiveness to assure the provision of public health services and ensure the population's safety.

Combined with nine programmatic areas that make up NMDOH's organizational structure:

- Administrative Services
- Public Health
- Epidemiology and Response
- Scientific Laboratory
- Developmental Disabilities Support
- Health Certification, Licensing & Improvement
- Medical Cannabis
- Treatment & Long-Term Care Facilities
- Information Technology Services

NMDOH provides wide-ranging duties that formulate a statewide public health system. The Department achieves its mission and vision by promoting health and preventing disease, collecting, analyzing and disseminating data, licensing and certifying health facilities, and providing clinical testing services. The Department also operates health care facilities that serve veterans, persons with developmental disabilities, those with behavioral health issues, and those with rehabilitation needs.

A strategic plan ideally formulates our action plan for core service administration and is focused on what we do and how we operate, with the aim to directly effect and create our vision for a healthier New Mexico.

NMDOH in the Time of COVID-19

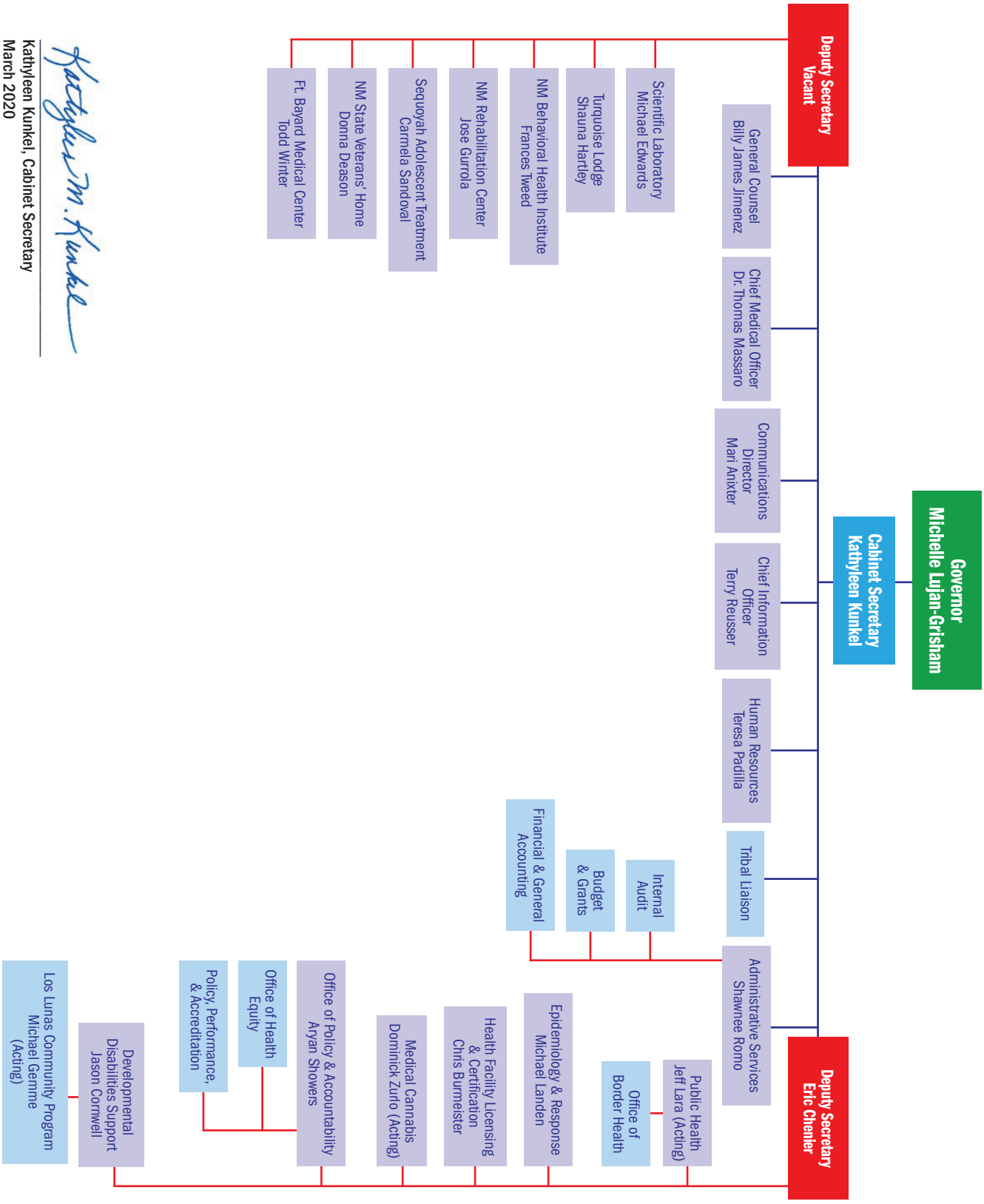
At the time of this writing, we do not yet know how the COVID-19 pandemic will impact NMDOH's future operations. Beginning in early March 2020, managing COVID-19 became the department's first priority, and remains so as of August 2020. Currently, most agency resources are dedicated to the pandemic response. The Public Health Division (PHD) and the Department's Operations Center (DOC) both activated their incident command systems when the pandemic began and have been operating at level one (the highest level) for the majority of that time. Level one ensures that staff and resources are available to respond to
health emergencies 24 hours per day, seven days per week.

NMDOH's regular programs and services continue to function with many employees teleworking to ensure COVID-safe workplace practices. Teleworking employees regularly take on COVID-19 response work, and they as well as all front-line response staff often work outside of usual business hours to manage the pandemic. Because of this, the department may not achieve its strategic plan goals in the ways it originally anticipated. Conversely, responding to the COVID-19 pandemic has significantly strengthened the department's community partnerships, intra-departmental and inter-divisional collaborations, and has provided an excellent opportunity to better understand the state's health and emergency response infrastructure. Both the COVID-19 response and NMDOH's regular operations depend on successfully performing the three core public health functions (Assessment, Assurance, and Policy Development) and on achieving the four strategic plan goals:

- To expand access to services;
- To improve health status for all New Mexicans;
- To ensure a safe healthcare environment statewide; and
- To pursue organizational excellence.

During this next strategic plan cycle, NMDOH will need to be vigilant and flexible in order to maintain its usual operations while simultaneously managing the COVID-19 pandemic. By doing that, all COVID related repercussions will reflect our commitment to our vision of creating a Healthier New Mexico.

Our Organizational Chart



Kathyleen M. Kunkel

Kathyleen Kunkel, Cabinet Secretary
March 2020

Goals & Services

- Improve application processes for qualified patients and caregivers.
- Ensure a well-regulated system allowing for the beneficial use of medical cannabis by qualified patients.
- Provide licensing and compliance oversight of medical cannabis cultivators and manufacturers to ensure safe medication.

MEDICAL CANNABIS

- Ensure a healthy, safe and accountable provider environment statewide.
- Improve the health status of the individuals served.
- Expand access to services.
- Pursue organizational excellence.

DEVELOPMENTAL DISABILITIES SUPPORTS

- Ensure safe healthcare services.
- Provide timely completion of oversight activities.
- Provide timely initiation of oversight activities.
- Pursue organizational excellence.

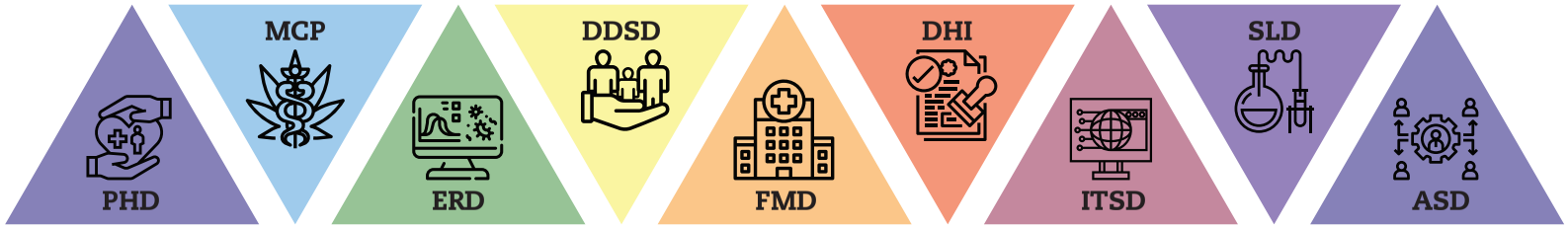
HEALTH CERTIFICATION & LICENSING IMPROVEMENT

- Provide analytical laboratory support and scientific advisement services.
- Conduct infectious disease tests threatening people, livestock and wildlife.
- Conduct environmental testing for hazardous materials and pollutants in water air and milk.
- Test for alcohol and drugs in DWI criminal and autopsy cases.

STATE LABORATORY

EXPAND ACCESS TO SERVICES

ENSURE SAFE HEALTHCARE ENVIRONMENT



IMPROVE HEALTH STATUS FOR ALL NEW MEXICANS

PURSUE ORGANIZATIONAL EXCELLENCE

PUBLIC HEALTH

- Use prevention strategies to promote positive health outcomes.
- Assure screening, assessment & appropriate response to improve health equity.
- Pursue collaboration & be responsive to the needs of PHD's stakeholder's and communities.
- Improve safety net services, especially in rural underserved areas.
- Improve public health infrastructure for the benefit of New Mexico.
- Respond to health emergencies.

EPIDEMIOLOGY & RESPONSE

- Track infectious diseases, injury, substance use and health statistics.
- Prevent disease and injury.
- Respond to public health emergencies.
- Provide vital records services.
- Assure quality emergency medical services.

STATE HEALTH FACILITIES

- Develop an integrated NMDOH Facilities system.
- Share, align, implement and improve internal NMDOH Facilities operations.
- Collaborate with our public & private partners to assess safety net services statewide.
- Determine NMDOH Facilities vision and then brand, promote and measure it.

INFORMATION TECHNOLOGY

- Deploy core support systems, rapidly explore and deploy technology and digital solutions.
- Improve processes to optimize business effectiveness, drive transformation, and establish excellence in process optimization.
- Understand constituents to build unique solutions that are person-centered. Identify and collaborate with partners for using shared services to streamline government.
- Provide a safe, secure and stable environment to work and share information effectively.

ADMINISTRATIVE SERVICES

- Establish and maintain programs, personnel and operations.
- Secure and manage financial resources

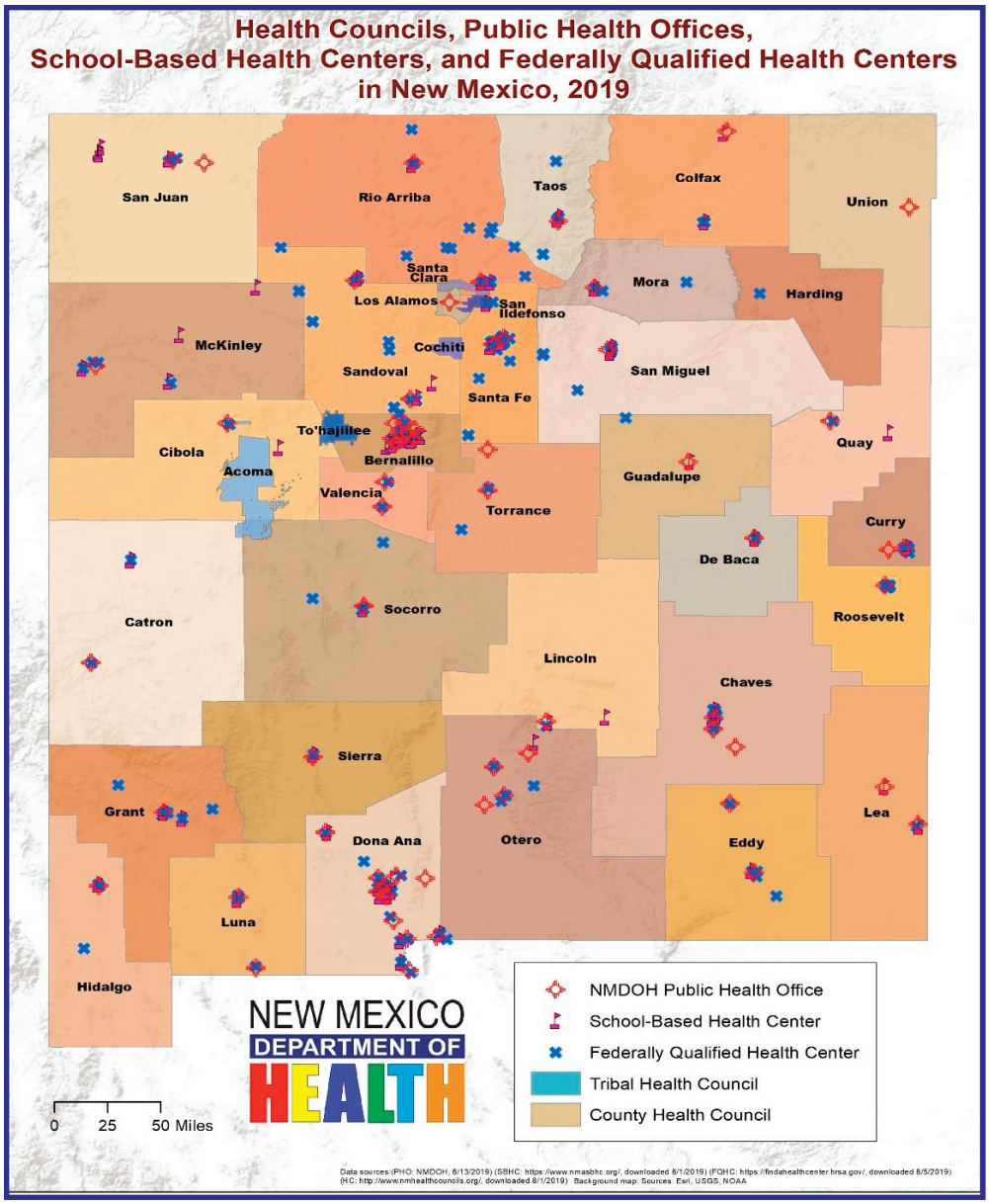
Our Resources – Budget, Workforce & Administration

FY21 Operating Budget

FY21 Revenues	General Fund	321,280.9
	Federal Revenues	104,796.5
	Other Revenues and Transfers	162,471.8
	Total Revenue	588,549.2
FY21 Expenditures	Personal Services & Employee Benefits	239,728.1
	Contractual Services	81,192.0
	Other	267,629.1
	Total Expenditures	588,549.2
Full Time Equivalent (FTE) Positions	Permanent	2,716.5
	Term	1,021.0
	Temporary	15
	Total FTEs	3,752.5

Several offices engage in cross-departmental efforts and provide important administrative supports, those offices include:

- The Office of the General Counsel
- The Public Information Office
- The Office of Internal Audit
- The Human Resource Bureau
- The Information Technology Services
- The Office of Policy and Accountability
- The Administrative Division's Budgetary Management
- The Office of the Tribal Liaison



NMDOH not only provides the 52 local public health offices throughout the state, but also works closely with local partners in order to assure a statewide delivery of public health services. Those partners include:

- **Health Councils**
  The coordinating entities responsible for health planning, assessment and collaboration at the local level. By working with local governments, health care providers, schools, nonprofit organizations, health advocates, community members and NMDOH, they can assess local needs, identify gaps in service, develop community health plans and priorities, coordinate community health initiatives, and identify the necessary resources.

- **Federally Qualified Health Centers (FQHCs)**
  An FQHC is an important component to the health care safety net and are community-based organizations providing comprehensive primary and preventive care, in areas designated by the federal government as medically underserved areas/populations.

- **School-Based Health Centers (SBHCs)**
  These centers provide easily accessible health care in schools, such as immunizations, behavioral health, and medical assistance, where students wouldn't readily receive care elsewhere.

National Public Health Reaccreditation

In November 2015, NMDOH was awarded public health accreditation by the Public Health Accreditation Board (PHAB). Launched nationally in 2011, public health accreditation is an important strategy to assure the quality and performance of the nation's public health agencies. Achieving public health accreditation demonstrates that the department is delivering the essential core functions and public health services according to a set of nationally recognized, practice-focused, and evidence-based standards.

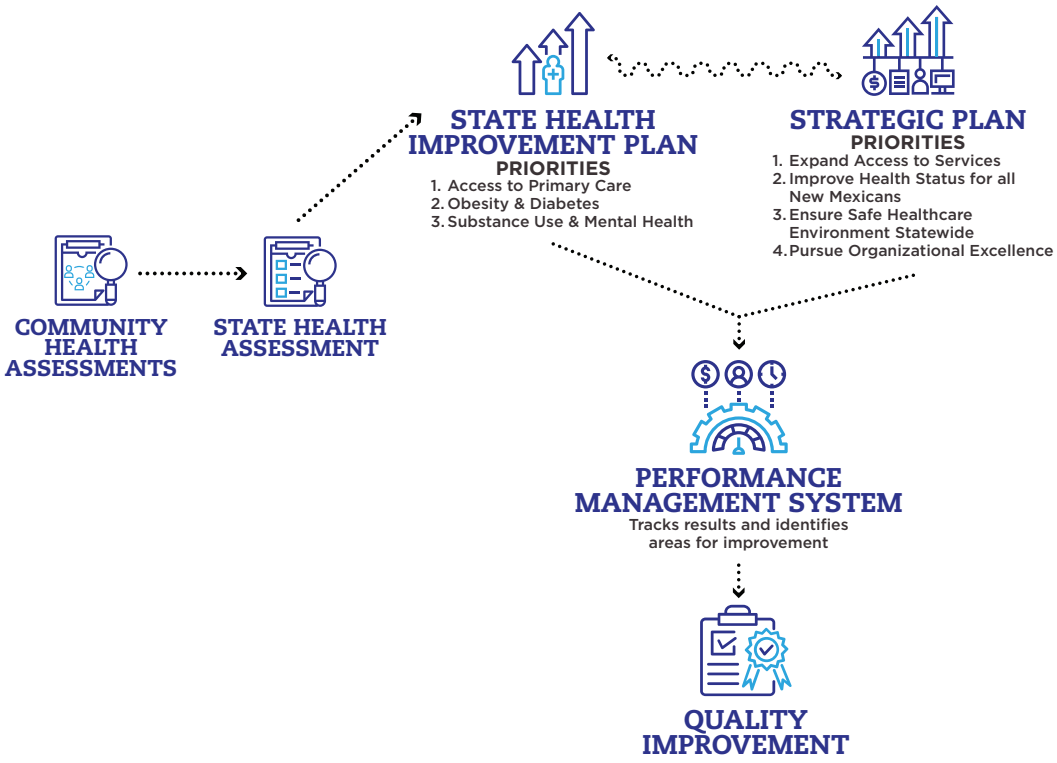
Getting reaccredited means NMDOH is succeeding at the pursuit of organizational excellence since PHAB's purpose is to foster a commitment to quality improvement, performance management, accountability, transparency and the capacity to deliver the Ten Essential Public Health Services.

According to PHAB "accreditation means excellence" and being a nationally accredited health department demonstrates a consistent commitment to engendering the public's trust and proves the worth and quality of the accredited organization's capabilities.

NMDOH will be submitting their reaccreditation application in March 2021 and excitedly awaits PHAB's review. Public health accreditation offers the potential to support a strong internal infrastructure and expand NMDOH's overall capacity.

Key Interlocking Planning and Assessment Components

With PHAB's push toward defined expectations and best practices, the Accreditation Board outlines the consistent application of key components that should be a blueprint for a nationally recognized and accredited health department. The interlocking planning, assessment and operational components provide standards and measures that ensure a health department's ability to deliver the ten essential public health services and sets the context for organizational excellence, which NMDOH is solidifying as an infrastructural framework.



Key Component Descriptions

STATE HEALTH ASSESSMENT (SHA) – An evaluation of New Mexico's population health status. A big picture perspective gleaned from a variety of data sources that paints the current health of New Mexico as "it is."

The NMDOH model begins with community health assessments at the local level. These assessments identify key health needs and issues through a comprehensive data collection process. Ideally, community health assessments should directly inform NMDOH's State of Health in New Mexico report, which is an overall state health assessment. The state health assessment evaluates New Mexico's various populations and reflects the big picture of our current state of health in NM.

STATE HEALTH IMPROVEMENT PLAN (SHIP) – A long-term plan addressing the state of health "to be". The SHIP takes the assessment, multiple data sources and stakeholder input, including those of sovereign nations, to ascertain the top population-based health priorities for New Mexico and develops strategies for the state and tribal leaders to tackle those priorities. The SHIP goes beyond the Department's scope and ideally should act as an inter-agency statewide strategic health improvement plan.

The statutorily required State Health Improvement Plan (SHIP) is NMDOH's proposed long-term state health plan and uses data from the community and state health assessments to determine the most pressing health priorities. Through the SHIP, evidence-based strategies are developed for department action. The SHIP goes beyond DOH's scope and acts as an inter-agency, tribal, and community-oriented health improvement plan for the entire state.

STRATEGIC PLAN – A 3-year plan, with department goals, objectives, strategies, etc. that informs how the agency will act and which direction it will go. It drives internal best practices that align with carrying out the SHIP and the state of health because it fundamentally guides the Department's action, steers it along top priorities, and outlines effective management practices, which then assist the agency in fulfilling its mission and vision most effectively.

The SHIP works in tandem with the strategic plan, but the strategic plan is department specific and guides the department's direction for a three-year period. The strategic plan is fundamental to the department achieving its key objectives and identifying best practices.

PERFORMANCE MANAGEMENT SYSTEM – A system to monitor and show progress toward expected programmatic outcomes. Ideally, the measures should be strategic in nature and determined by the organizational strategic plan's objectives and activities as well as the State Health Improvement Plan priorities.

NMDOH has established a performance management system that goes beyond Accountability in Government Act (AGA) requirements by determining internal programmatic performance measures as well as statewide population-based indicators and inter-agency strategies via the SHIP. While the AGA measures represent both SHIP and strategic plan priorities, there are areas where it is necessary to monitor and track administrative and operational effectiveness and progress. Ultimately, each division should be strategically aligned with the department's overall strategic plan by determining suitable internal objectives and corresponding performance measures.

Quality Improvement – A problem solving process rooted in the application of various tools that, when utilized, looks at the root cause of the problem and identifies ways to make sustaining system change improvements.

A well-functioning performance management system should reveal areas for improvement to NMDOH leadership. When targets are not met or the expected results fall short, the department's quality improvement system is designed to assist with determining solutions to identified problem areas through targeted quality improvement projects, workforce development, and training.

WORKFORCE DEVELOPMENT – Operational and training practices that build employee competency based in the knowledge, skills and attitudes (KSAs) necessary to do their jobs and are used to develop and assess the next generation of the public health workforce.

NMDOH is committed to continually improving public health workforce competency to support the mission of creating a healthier New Mexico. Overall, these interrelated components push NMDOH to continuously review and work toward systematic alignment and high performance. With a comprehensive strategic plan, a highly institutionalized performance management system, a data driven analysis of New Mexico's health status, and the regular determination of state health priorities, NMDOH will continually advance a culture of quality and performance and deliver results to the people of New Mexico.

NMDOH's FY21-23 Strategic Goals, Objectives & Activities

While this strategic plan does not reflect all of the department's activities, the selected areas have wide-ranging effect and build a solid foundation for NMDOH to fulfill the promise of creating a healthier New Mexico.

GOAL: EXPAND ACCESS TO SERVICES

OBJECTIVES	ACTIVITIES	LEAD	TIMEFRAME
Operationalize COVID-19 response	1. Draft a plan for ongoing COVID-19 management. 2. Work with private partners (hospitals, clinics, pharmacies, etc.) to establish routine testing infrastructure so that public health can focus on rapid response and safety-net testing. 3. Draft a plan for COVID-19 vaccine promotion and rollout. 4. Assure optimal case investigation and contact tracing. 5. Track COVID-19 throughout the state and in special populations.	PHD ERD	FY21
Promote partnerships and collaboration with FQHCs, SBHCs and state agencies and assess duplication efforts with our partners	1. Reduce redundancies in services. 2. Provide resources/funding to support full array of primary care and mental health services in all regions.	PHD	FY21-23
Assess primary care system in each county (IHS & Tribal services included), determine gaps and then develop new programs to address unmet needs	1. Develop assessment tools/processes. 2. Analyze the data. 3. Involve and collaborate with community partners. 4. Ensure complimenting services with local partners. 5. Reduce barriers to existing services.	PHD	FY21-23
Improve accessibility to program enrollment	1. Implement online patient portal to increase access for individuals to enroll as a qualified patient in Medical Cannabis. 2. Improve and streamline paper application processing to reduce patient wait times.	MCP	FY21
Ensure qualified patients have access to safe medical cannabis	1. Evaluate availability methods to expand access to medical cannabis for qualified patients. 2. Identify methods to expand access to medical cannabis for qualified patients, especially in rural areas. 3. Ensure product testing and labeling of medical cannabis.	MCP	FY21-23

GOAL: IMPROVE HEALTH STATUS FOR ALL NEW MEXICANS

OBJECTIVES	ACTIVITIES	LEAD	TIMEFRAME
Promote effective substance use disorder treatment	1. Map existing substance use treatment facilities, include tribal locations, and identify gaps. 2. Institute evaluation tools, with Behavioral Health Supports Division, and apply to known programs. 3. Expand Medical Assisted Treatment in Public Health Clinics and Primary Care Facilities. 4. Identify effective interventions for alcohol and methamphetamine abuse.	PHD ERD	FY21-23
Decrease diseases of despair (suicide & drug and alcohol related deaths), decrease mortality rates and thereby reduce SHIP priorities by 5%	1. Integrate behavioral health services in healthcare settings. 2. Reduce firearm access. 3. Reduce Adverse Childhood Experiences (ACEs). 4. Improve access to mental health in schools. 5. Increase engagement treatment (AOD). 6. Increase harm reduction activities and naloxone dispersion.	ERD PHD	FY21-23
Disseminate results and collaborate with stakeholders for ambulatory care sensitive conditions (ACSC)	1. Identify appropriate stakeholders to distribute results, including hospitals, NM Hospital Association, healthcare providers, policy makers, and others. 2. Collaborate with internal and external stakeholders that have the potential to implement interventions and provide input into possible factors associated with ASCS hospitalizations.	ERD	FY21-23
Receive public participation in the State Health Improvement planning process and implement the SHIP through partnerships, coalitions and workgroups	1. Present SHIP state health priorities, indicators and strategies to LHHS and receive legislator input. 2. Ensure public participation and public input are integrated into the implementation process. 3. Convene regional meetings to receive public review and comment. 4. Collaborate with the governments of American Indian tribes, pueblos and nations, as well as off-reservation population and tribal serving organizations.	ERD PHD	FY21
Lead a collaborative process that contributes to an ongoing state health assessment	1. Engage community stakeholders from a variety of state sectors in development of state health assessment priorities. 2. Communicate with community and tribal stakeholders on a regular basis. 3. Document results.	ERD PHD	FY21

GOAL: ENSURE SAFE HEALTHCARE ENVIRONMENT STATEWIDE

OBJECTIVES	ACTIVITIES	LEAD	TIMEFRAME
Institute Quality Assurance & Quality Improvement Infrastructure	1. Promote the QI Plan's Infrastructure and components. 2. Identify divisional QI Catalysts and provide QI training, resources and tools. 3. Engage more of the existing QI & PM expertise in QI activities. 4. Engage in QI projects that utilize QI Catalysts and specialists. 5. Develop QI competencies and implement a competency-based training and development program.	OPA	FY21-22
Improve NMDOH Facilities by implementing Economic Feasibility report suggestions	1. Share tools and processes to improve efficiency and standardize practices (eHR, TJC reviews, P&Ps, training & education, billing, teleconferencing capabilities, etc.). 2. Create a unified operational strategic plan. 3. Identify public and private partners with similar services and establish relationships with partners to form continuum of care models. 4. Develop a unified vision & mission statement for the integrated NMDOH facilities system.	ASD OTS FMD	FY21-23
Assure well trained, competent and professional workforce	1. Assess workforce training and development needs. 2. Develop competency-based training and development programs. 3. Promote continuing education opportunities available through TRAIN and other partners.	TRAIN & Learning Mgt. Center	FY21-23
Maintain accreditation and health standards	1. Conduct skills assessments for both licensed and certified staff to ensure quality of care for all residents/patients. 2. Enhance infection control protocols in the era of COVID. Have routine rounds by infection control senior leadership to ensure compliance and education. 3. Add internal tracer/audit/survey activities. 4. Collect and coordinate data, narratives and documents necessary for public health reaccreditation. 5. Seek public health reaccreditation.	FMD OPA	FY21-23

GOAL: PURSUE ORGANIZATIONAL EXCELLENCE

OBJECTIVES	ACTIVITIES	LEAD	TIMEFRAME
Implement workforce development processes	1. Identify workforce core competencies and develop appropriate training and development program. 2. Conduct the Public Health Workforce Interests and Needs Survey (PH WINS) when made available by the Public Health Foundation. 3. Utilize the MEP/EEP process fully. 4. Distribute onboarding Smartsheet checklist for new hires. 5. Put roles, responsibilities, accountability and authorities in all job classifications. 6. Adhere to the employee evaluation system.	OPA	FY21-23
Follow consistent application of rules, policies and procedures	1. Set-up and implement agency-wide usage of PolicyTech. 2. Train, uniformly, personnel on the processes of policy input, review and attestation. 3. Implement questionnaires following all policies to ensure understanding and compliance. 4. Develop policy and procedure roles and responsibilities. 5. Communicate expectations and changes.	OPA	FY21-23
Become a data driven decision-making organization	1. Continue to build out the Public Health Informatics Program. 2. Establish a data analytics service for the business. 3. Create processes, procedures, protocols and standards for data systems management. 4. Create roles and job classifications, i.e., data scientist, data officer, data engineer, etc. to assure Informatics excellence and success. 5. Expand Informatics membership and participation. 6. Have executive sponsorship meet quarterly. 7. Form teams and subcommittees as necessary. 8. Create strategy, policy, procedures for master data management.	ITSD	FY21-23

Our FY21 Performance Measures

New Mexico's Accountability in Government Act (AGA) instituted a performance-based budgeting system. The AGA states that all state agencies should be evaluated for their performance in achieving desired outputs and outcomes in efficiently operating programs. Through statute, the AGA established a framework for annually determining performance measures tied to the budgeting process as well as legislative evaluations and accountability.

Below, you'll find thirteen population-based indicators in blue. These indicators help us track and measure our collective desired result for all of New Mexico and are reported out annually. While the performance measures for FY21 represent a collection of measurable program goals that describe and quantify the achievement NMDOH intends to accomplish in relation to those overarching indicators, as well as showing and tracking strategic operational and programmatic efforts.

Together, the indicators and performance measures help us monitor whether we are reaching the desired effect upon our mission to promote health and wellness, improve health outcomes, and assure safety net services for all people of New Mexico.

Measure	Lead Division	FY19 Baseline	FY21 Target
Percent of preschoolers (19-35 months) who are indicated as being fully immunized	PHD	63.9%	≥65%
Percent of NMDOH-funded school-based health centers that demonstrate improvement in their primary care or behavioral health care focus area	PHD	86%	≥95%
Percent of older adults who have ever been vaccinated against pneumococcal disease	PHD	71.3%	≥75%
Percent of participants in the National Diabetes Prevention Program that were referred by a health care provider through the agency-sponsored referral system	PHD	29%	≥25%
Percent of death certificates completed by Bureau of Vital Records and Health Statistics within 10 days of death	ERD	New	50%
Average time to provide birth certificate to customer	ERD	New	5 days
Percent of public health threat samples for communicable diseases and other threatening illnesses that are completed and reported to the submitting agency within published turnaround times	SLD	97.15%	90%
Percent of environmental samples for chemical contamination that are completed and reported to the submitting agency within 60 business days	SLD	90.7%	90%
Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 30 calendar days	SLD	44%	95%
Percent of eligible third-party revenue collected at all agency facilities	FMD	83%	≥93%
Number of overtime hours worked	FMD	New	387,000
Number of direct care contracted hours	FMD	New Baseline	
Percent of dementia only residents on antipsychotics	FMD	New	16%
Number of significant medication errors per 100 patients	FMD	2.4	≤2.0
Customer overall satisfaction (State Veterans' Home)	FMD	Explanatory (FY19 actual was 85%	
Percent of long-term Veterans Home residents experiencing facility acquired pressure injuries	FMD	.8%	<2%
Percent of beds occupied	FMD	New	≥90%

Measure	Lead Division	FY19 Baseline	FY21 Target
Percent of adolescent residents who successfully complete program	FMD	78.4%	≥90%
Rate of abuse for developmental disability waiver and mi via waiver clients	DHI	Explanatory (FY19 actual was 10.6%)	
Rate of re-abuse for developmental disabilities waiver and mi via waiver clients	DHI	Explanatory (CY19 actual was 6.6%)	
Percent of abuse, neglect, and exploitation investigations completed within required timeframes	DHI	48.6%	86%
Percent of health facility survey statement of deficiencies (CMS form 2567/state form) distributed to the facility within 10 days of survey exit	DHI	73.3%	85%
Percent of Nursing Home (NH) survey citation(s) upheld as valid when reviewed by the Centers for Medicare and Medicaid Services (CMS) and through Informal Dispute Resolution (IDR)	DHI	85%	90%
Percent of improved accuracy in nursing home Incident Reports (IRs) submitted following participation in a DHI quality training on reporting requirements	DHI	New	≥85%
Percent of (IMB) assigned investigations initiated within required timelines	DHI	New	86%
Number of Caregiver Criminal History Screenings (CCHS background checks) completed and the average processing time to complete a background check	DHI	New	≤12
Percent of assisted living facilities complaint surveys initiated within required timeframes	DHI	New	85%
Percent of assisted living facilities in compliance with caregiver criminal history screenings' requirements	DHI	New	85%
Percent of Caregiver Criminal History Screening (CCHS) Appeal Clearance recidivism/re-offense (conviction) after a successful appeal	DHI	4	≤12
Percent of Quality Management Bureau (QMB) 1915c Home and Community-Based Services Waiver (HCBS) (DDW, Mi Via, Med Frag.) report of findings distributed within 21 working days from end of survey	DHI	49.2%	86%
Percent of developmental disabilities waiver applicants who have a service plan and budget in place within 90 days of income and clinical eligibility	DDSD	87%	≥95%
Percent of adults of working age (22 to 64 years), served on the DD Waiver (traditional or Mi Via) who receive employment supports	DDSD	29.3%	≥34%
Number of individuals receiving developmental disability waiver services	DDSD	Explanatory (FY19 actual was 5,064)	
Number of people on the waiting list that are formally assessed once allocated to the DD Waivers	DDSD	New	100%
Number of individuals on the developmental disabilities waiver waiting list	DDSD	Explanatory (FY19 actual was 4,641)	
Percent of Developmental Disabilities Waiver providers in compliance with General Events timely reporting requirements (2-day rule)	DDSD	66.4%	86%
Percent of complete medical cannabis client applications approved or denied within thirty calendar days of receipt	MCP	99%	≤99%
Percent of registry identification cards issued within 5 business days of application approval	MCP	99%	≥98%

Measure	Lead Division	FY19 Baseline	FY21 Target
Percent of third grade children who are considered obese		Explanatory (CY19 actual was 22.9%)	
Percent of children in Healthy Kids, Healthy Communities with increased opportunities for healthy eating in public elementary schools	PHD	98.8%	≥89.5%
Percent of adolescents who smoke		Explanatory (CY18 actual was 10.6%)	
Percent of adults who smoke		Explanatory (CY18 actual was 15.2%)	
Percent of New Mexico adult cigarette smokers who access cessation services	PHD	2.7%	≥2.5%
Number of births to teens per 1,000 females aged 15-19		Explanatory	
Number of teens that successfully complete teen pregnancy prevention programming (includes TOP, Project AIM, and ¡Cuídate!)	PHD	512	≥325
Percent of female clients ages 15-19 seen in NMDOH public health offices who are provided most or moderately effective contraceptives	PHD	68.5%	≥62.5%
Rate of drug overdose deaths per 100,000 population		Explanatory (CY18 actual was 26.6)	
Number of successful overdose reversals per clients enrolled in the NMDOH Harm Reduction Program	PHD	3,446	3,000
Percent of retail pharmacies that dispense naloxone	ERD	82.9%	≥85%
Percent of opioid patients also prescribed benzodiazepines	ERD	11.7%	≤5%
Number of naltrexone initiations on opioid use disorders	FMD	New	12
Number of buprenorphine inductions conducted or conducted after referrals on opioid use disorders	FMD	New	240
Number of Narcan kits distributed or prescribed	FMD	New	180
Rate of medical detox occupancy at Turquoise Lodge Hospital	FMD	83.3	75%
Percent of priority Request For Treatment clients who are provided an admission appointment to Turquoise Lodge's program within 2 Days	FMD	68%	50%
Percent of youth who were sexually assaulted in the last 12 months		Explanatory (CY18 actual was .6%)	
Number of youth who have completed an evidence-based or evidence-supported sexual assault primary prevention program	ERD	5,905	7,000
Rate of heart disease and stroke (Cardiovascular disease) deaths per 100,000 population		Explanatory (CY18 actual was 193)	
Percent of NM hospitals certified for stroke care	ERD	16.2%	24%
Rate of avoidable hospitalizations		Explanatory (CY18 actual was 785)	
Rate of heat related illness hospitalizations		Explanatory (CY18 actual was 1.7)	
Rate of alcohol-related deaths per 100,000 population		Explanatory (CY18 actual was 70.3)	

Measure	Lead Division	FY19 Baseline	FY21 Target
Percent of persons receiving alcohol screening and brief intervention (a-SBI) services	ERD	New	≤5%
Number of naltrexone initiations on alcohol use disorders	FMD	New	360
Rate of suicide per 100,000 population		Explanatory	
Number of community members trained in evidence-based suicide prevention practices	ERD	522	225
Percent of hospitals with emergency department based self-harm secondary prevention program	ERD	New	7%
Rate of pneumonia and Influenza deaths per 100,000 population		Explanatory (CY18 actual was 14.5)	
Percent of cities and counties with Access and Functional Needs (AFN) plans that help prepare vulnerable populations for a public health emergency	ERD	New	33%
Percent of persons hospitalized for influenza who were treated with antivirals within 2 days of onset of illness	ERD	New	50%
Rate of fall-related deaths per 100,000 adults, aged 65 years or older		Explanatory (CY18 actual was 93.9)	
Percent of hospitals with emergency department based secondary prevention of older adult fractures due to falls programs	ERD	New	5%
Percent of long-term care residents experiencing one or more falls with major injury	FMD	3.9%	≤3%

Baselines and targets will be updated in annual Strategic Plan progress reports.

Our FY21 COVID Performance Measures

Below, you'll find a set of performance measures NMDOH has specifically adopted for the COVID-19 pandemic. Performance management relies on the use of defined outcomes or outputs to cyclically evaluate and respond to performance and sometimes the best laid plans get thrown asunder with unanticipated public health emergencies. A well-functioning performance management system should not only reveal areas for improvement to leadership but also be a transparent accountability to the people served. Because of NMDOH's commitment to continually improving public health and supporting the mission of creating a healthier New Mexico, it seems fundamentally important to demonstrate the actions we are taking to ensure the health of all New Mexicans in a time of uncertainty.

These performance measures offer a small spectrum of NMDOH's response to COVID-19 and will be included in our quarterly reports.

Measure	Division	Target
Number of COVID-19 swab tests performed	PHD	Explanatory
Number of hours between the time a case is identified and when the case is contacted by Epidemiology and Response Division to isolate.	ERD	≤24 hours
Number of hours between the time a case contact is identified and when the case contact is contacted by Epidemiology and Response Division to quarantine.	ERD	≤36 hours
Percent of facility admissions (and hospital readmissions) having two verified COVID-19 negative tests	FMD	100%
Percent of staff tested for COVID-19	FMD	20%
Percent of patients/residents tested for COVID-19	FMD	25%
Number and percent of individuals receiving Home and Community Based Services (HCBS) who have received a COVID-19 test	DDSD	Explanatory
Number and percent of individuals receiving Home and Community Based Services (HCBS) who are confirmed positive for COVID-19	DDSD	Explanatory
Percent of providers who submitted or approved GERs in a timely manner related to COVID	DDSD	TBD
Percent of COVID-19 tests resulted within 48 hours of receipt in the laboratory	SLD	95%

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