

New Mexico Department of Health

Interim Strategic Plan

A Healthier New Mexico
FY 2020



NEW MEXICO
DEPARTMENT OF
HEALTH





A Message from the Secretary

We present our Interim Strategic Plan with much pride and anticipation. The Department of Health has crafted this Interim Strategic Plan in order to conduct a robust FY20 strategic planning process. The intention is to have a plan that exemplifies and makes our mission, vision, values and priorities central to our organizational dynamic and direction. I feel confident that if done right, it will enculturate the Department with a results and performance orientation as well as increase transparency, alignment and accountability throughout NMDOH.

We took an interim approach so that we could address the transition to a new administration and identify meaningful pathways to improvement. Therefore, taking this opportunity to learn from the challenges and accomplishments of the past, so that we can prioritize clear goals for a better and healthier future.

The New Mexico Department of Health has a non-negotiable mission to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico. Our core values of accountability, communication, teamwork, respect, leadership and customer service must be embedded as best practices in each of our daily operations and communications across the Department.

This coming year we embrace our mission with a renewed vision as we look strategically at the operation of the Department. In FY20 we commit to five integrated goals: How the Department improves (1) the health status of all New Mexicans, (2) community engagement, (3) data and evaluation, (4) effective business processes and (5) employee competence. Each one of these goals consists of specific objectives and activities that inform how the agency will act on these top priorities.

Although the strategic plan is designed around Department of Health goals, we are also using a collaborative lens we believe will lead to more effective relationships amongst our sister agencies, external stakeholders, and our community health partners. We are confident that the Interim Strategic Plan will provide the required guidance to the Department to meet the identified FY20 goals, and at the same time will inform our strategic planning into the future.

A handwritten signature in blue ink that reads "Kathyleen M. Kunkel". The signature is fluid and cursive.

Kathyleen Kunkel
Cabinet Secretary
New Mexico Department of Health



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Senior Leadership Team

Cabinet Secretary Kathleen Kunkel

Deputy Cabinet Secretary Dr. Abinash Achrekar

Billy Jimenez, Karin Rhodes, Jason Cornwell, Michael Landen, Eric Chenier, Michael Edwards, Terry Reusser, Chris Burmeister, Dominick Zurlo, Aryan Showers, Dr. Thomas Massaro



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	<h2>A Healthier New Mexico!</h2>		
Our Values	Accountability	Communication	Teamwork
	Honor our commitments with honesty & integrity	Promote trust through mutual, honest and open dialogue	Share expertise and ideas through creative collaboration to work toward common goals
Our Values	Respect	Leadership	Customer Service
	Appreciate the dignity, knowledge and contributions of all persons	Promote growth and lead by example throughout the organization and communities	Place internal and external customers first and assure that their needs are met
Our Goals	Community Engagement	Data and Evaluation	Effective Business Practices
	Improve Organizational Communication & Collaboration	Provide benchmarks for public health practice improvements and monitor NM's health status	Develop policies and plans that support agency-wide health implementation & practice
	Employee Competence	Healthy New Mexico	
	Assure a competent and sustainable public health workforce	Improve Health Status of all New Mexicans	
Our Relationships	Funders	Community Partners	Tribes, Pueblos & Nations
	<ul style="list-style-type: none"> • Federal • State • Private: local & national 	<ul style="list-style-type: none"> • Universities & Colleges • Health Councils • Community Centers • Primary Care Organizations & Hospitals • Schools • Nonprofit Organizations • Faith Based Organizations • Corrections & Law Enforcement 	<ul style="list-style-type: none"> • Tribal Communities • Tribal Health Councils • Indian Health Services (IHS) • Bureau of Indian Education & Indian Affairs • Urban Indian Centers • American Indian Educational Institutions
	Policymakers		State Agencies
<ul style="list-style-type: none"> • Governor - Executive Branch • Legislative Branch, including Legislative Finance Committee • Legislative Council Services • Attorney General • Medical & Nursing Boards • Courts 		<ul style="list-style-type: none"> • Department of Finance & Administration • Human Services • Aging and Long-Term Services • Children, Youth & Families • Environment • Transportation • Public Safety & Corrections 	
Our Mission	Promote Health & Wellness	Improve Health Outcomes	Assure Safety Net Services



About Us

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, and 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, governance of these regions is provided by NMDOH, and they are organized to have staff resources in all counties in order to locally assess and address public health needs. So, while NMDOH's main campus is located in Santa Fe, there are 52 local public health offices around the state. These local offices provide necessary community-based perspectives, a coordinated service approach, and an integral focus on the delivery of public health.

<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:

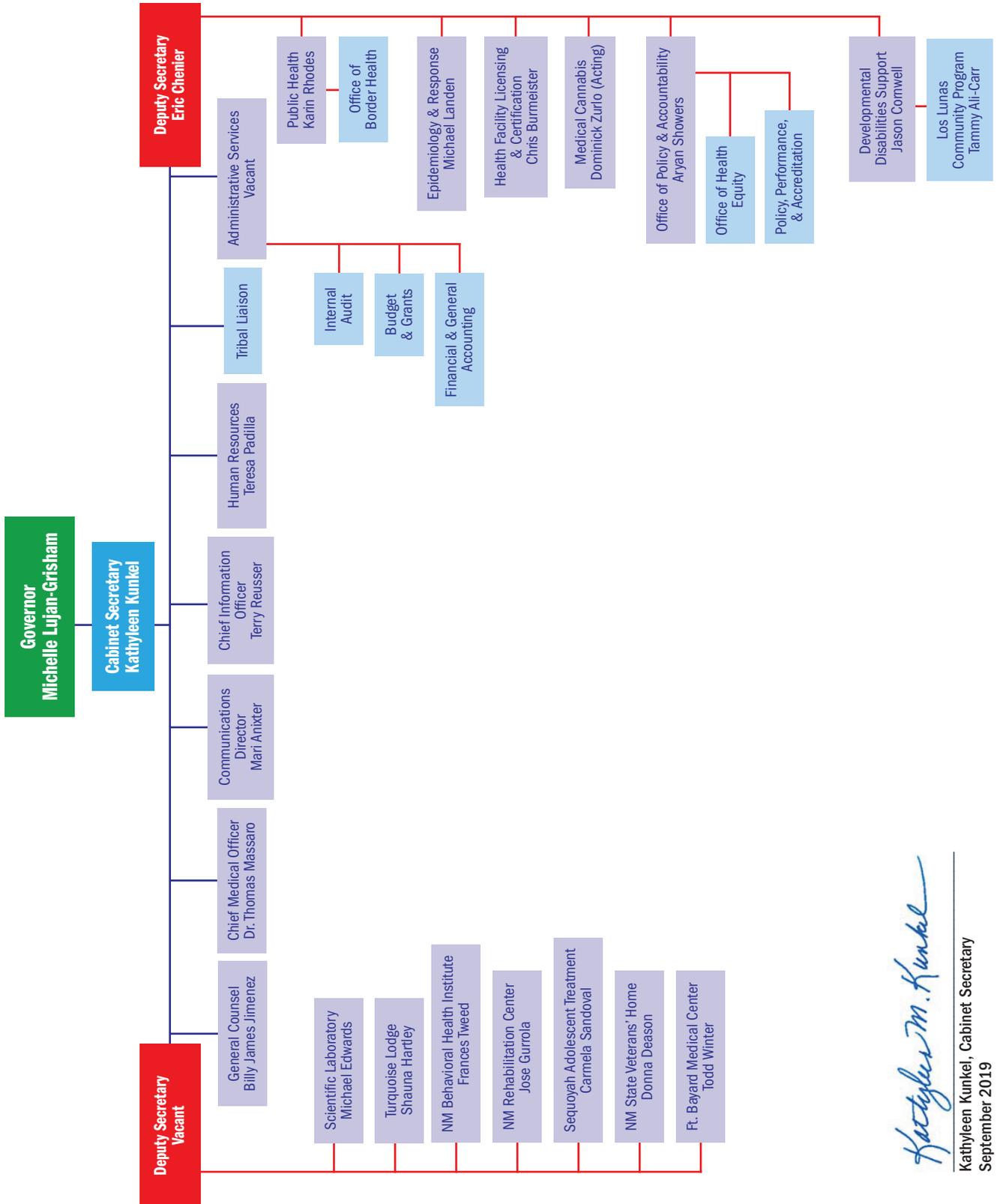
- **Assessment** - Monitor and assess health problems and then diagnose and investigate the problems' solutions.
- **Policy Development** - Inform, educate and empower people, mobilize community partnerships and then develop plans and policies around agreed upon health efforts.
- **Assurance** - Enforce 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 the eight divisions that make up NMDOH's organizational structure (Administrative Services, Public Health, Epidemiology and Response, Scientific Laboratory, Developmental Disabilities Support, Health Improvement, Facilities, and Medical Cannabis), NMDOH provides wide-ranging duties that formulate a statewide public health system. The Department pursues its vision and mission through population-based protection and prevention strategies, provision of health statistics and vital records, licensure and certification of health facilities, clinical testing services, and person-centered community access and supports, as well as many more activities.

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.

This Fiscal Year (FY) 2020 Interim Strategic Plan takes a short-term one-year focus, so that we can conduct an in-depth long-range strategic planning process. Through that process, our intention is to scan through our programmatic activities, ascertain our greatest opportunities and biggest challenges, determine which require the most attention, and then glean input from our statewide entities and tribal governments to ensure we have a complete perspective that touches every aspect of our agency. With that picture, we hope to enliven our vision and mission and see direct impact and outcomes germinating from an actual plan of action, which we look forward to presenting and proposing for FY21-23, after our hearty FY20 process has completed.

Our Organizational Chart



Kathleen M. Kunkel

Kathleen Kunkel, Cabinet Secretary
September 2019

Our Divisions, Bureaus & Programs

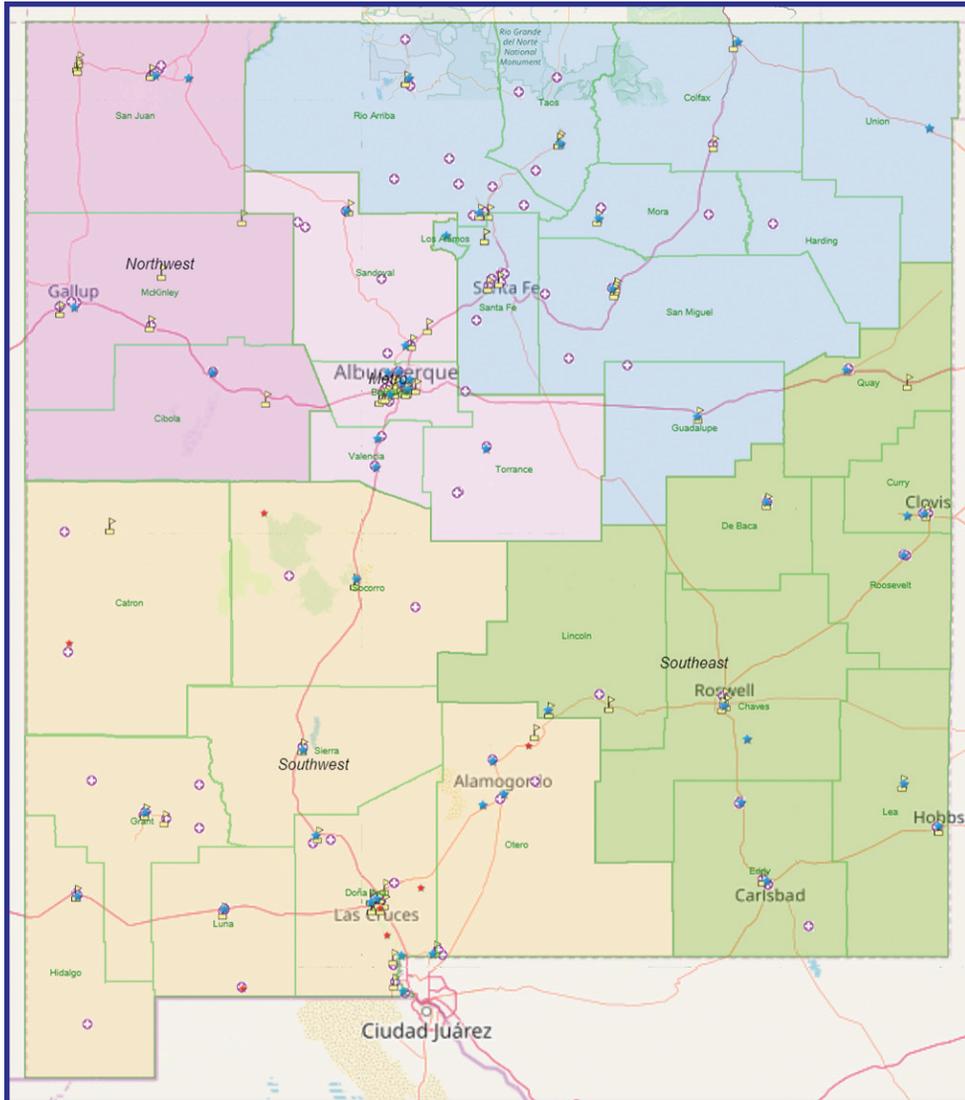
Public Health Division	Epidemiology & Response Division	Developmental Disabilities Supports Division
<p>Diabetes Prevention & Control</p> <p>Obesity, Nutrition & Physical Activity</p> <p>Tobacco Use Prevention & Control</p> <p>Family Health & Planning</p> <p>Heart Disease & Stroke Prevention</p> <p>Overdose Prevention & Harm Reduction</p> <p>Infectious Disease Prevention & Control</p> <p>School-Based Health</p> <p>Maternal & Child Health & MCH Epidemiology</p> <p>Oral Health</p> <p>Cancer Prevention & Control</p> <p>Refugee & Border Health</p> <p>Primary Care & Rural Health</p> <p>Children & Youth with Special Health Care Needs</p>	<p>Infectious Disease Tracking</p> <p>Public Health Surveillance</p> <p>Disease Control</p> <p>Injury Prevention</p> <p>Vital Records & Health Statistics</p> <p>Emergency Medical Systems & Health Emergency Management</p> <p>Environmental Health & Health Systems Epidemiology</p> <p>Health Assessments</p> <p>Substance Use Epidemiology</p>	<p>Home & Community Based Support</p> <p>Medically Fragile Program</p> <p>Mi Via Self-Directed Support</p> <p>Family Infant Toddler Program</p> <p>Autism Spectrum Disorder Services</p> <p>Medicaid Intake & Eligibility</p>
	Health Improvement Division	Scientific Laboratory Division
<p>Medical Cannabis Division</p> <p>Patient Registry</p> <p>Rule & Regulatory Promulgation</p> <p>Licensing Requirements Inventory Control & Quality Assurance</p>	<p>Health Facility Licensing</p> <p>Certified Nurse Aide Registry & Training</p> <p>Caregivers Criminal History Screening</p> <p>Employee Abuse Registry</p> <p>Abuse, Neglect & Exploitation Investigations (DD Waiver)</p>	<p>Indigenous & Exotic Infectious Disease Testing</p> <p>Blood Alcohol Testing</p> <p>Drinking Water Testing</p> <p>Chemical Contaminants and Toxin Exposure</p> <p>Drug Screening & Drug Confirmation Services</p>
		Office of Facilities Management
		<p>Behavioral Health</p> <p>Drug & Substance Abuse Treatment</p> <p>Nursing & Skilled Long-Term Care</p> <p>Administrative Oversight & Support</p> <p>Adolescent Residential Treatment</p>

Our Resources – Budget, Workforce & Administration

FY20 Operating Budget		
FY20 Revenues	General Fund	318,583,700
	Other Transfers	37,364,400
	Federal Revenues	113,484,800
	Other Revenues	123,330,800
	Total Revenue	592,763,700
FY20 Expenditures	Personal Services & Employee Benefits	227,009,500
	Contractual Services	79,894,800
	Other	153,283,600
	Other Financing Uses	132,575,800
	Total Expenditures	592,763,700
Full Time Equivalent (FTE) Positions	Permanent	2,723.5
	Term	1,031.0
	Temporary	15
	Total FTEs	3,769.5

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



PUBLIC HEALTH CLINICS, 2019

-  Public Health Office
-  Partner Location or Satellite Clinic

SCHOOL BASED HEALTH CENTERS



FEDERALLY QUALIFIED HEALTH CENTERS, NEW MEXICO



PUBLIC HEALTH REGION

-  Metro
-  Northwest
-  Northeast
-  Southeast
-  Southwest

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.



Our Public Health Accreditation Process

Accreditation Components & Best Practices

Public health accreditation offers the potential to support a strong internal infrastructure and expand NMDOH's capacity to impact population health by promoting engagement in quality and performance improvement, strengthening management processes, and improving accountability and transparency. Accreditation components require the development and integration of key best practices, with six corresponding plans that impact business processes, decision-making, and strategic thinking and alignment.

Those six best practice components are:

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."

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.

Strategic Plan – A 3 to 5-year plan, with Department goals, objectives, strategies, etc. that informs the agency how to act and which direction to 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.

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.

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.

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



Strategic Planning & Accreditation

As previously stated, strategic planning is a key component because it is the department's guide for action. When done right, the strategic planning process should:

- Align to accreditation components and reporting requirements;
- Provide agency direction and guidance;
- Communicate our goals and strategic priorities;
- Steer employees on how to identify and close programmatic gaps;
- Improve governance and workforce practices; and
- Strengthen government-to-government relationships.

There is much more beyond strategic planning that needs to be accomplished in FY20 in order to receive reaccreditation status. The reaccreditation expectations are so broad reaching that it's difficult to put them in individual context by goal area and thus they are grouped here instead of within the subsequent pages of goals, objectives and activities. Some of the reaccreditation requirements are to:

- **Provide evidence of two programmatic and one administrative QI projects**
- **Demonstrate relationship and alignment between the key accreditation components**
- **Create a job responsibilities template linking Dept.'s strategic plan and mission**
- **Review the agency branding plan**
- **Conduct a comprehensive State Health Improvement Planning process and plan**
- **Provide evidence of health equity, cultural competence and culturally appropriate policies**
- **Describe employee retention efforts and practices that promote collaborative learning**
- **Demonstrate institutionalized QI efforts, types of QI training available and QI's effect on Performance Management**
- **Revise HR and operational policies and procedures**
- **Describe efforts to ensure health department sustainability**

The reaccreditation process and expectations inform and influence many of NMDOH's efforts for FY20 and beyond.



Our Strategic FY20 Goals & Objectives

Distinguishing the SHIP from the Department's Strategic Plan

The State Health Improvement Plan (SHIP) outlines the population-based health outcomes for New Mexico, with a focus on disease prevention and health promotion. The SHIP fulfills the statutory requirements to:

- a) Identify state health and tribal priorities;
- b) Engage cross-disciplinary leaders as partners; and
- c) Include regional, community and tribal strategic planning input.

The SHIP's strategic planning process addresses the health status of New Mexico and works together with our partners to collectively focus on how to positively impact significant long-range health issues of the state.

Meanwhile, the agency's Strategic Plan specifically builds a common foundational guide, for NMDOH. If done right, the plan establishes the Department's direction, informs decision-making and assesses departmental performance. An organizational strategic plan specifies core function-oriented categories, key objectives and activities that indicate strategies to achieve overarching goals.

Basically, this plan sets forth a framework of what NMDOH plans to achieve, how it will achieve it and how it will know if it has been accomplished. Whereas, the SHIP addresses the state's health priorities and how New Mexico, together, will get results.

Background to FY20's Goals, Objectives & Activities

Many FY20 objectives and activities target accreditation expectations knowing that FY20 will be a busy year for reaccreditation documentation and demonstration. So, recognized needs were considered first, then those objectives were grouped into five primary goal categories, and finally the tasks/activities that seemed doable in FY20 were outlined for each objective.

The plan supports and complements the public health accreditation components and focuses on department-wide structural needs, like workforce development, statewide planning, policy & procedure review, quality improvement and performance management. 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.

Community Engagement

GOAL:

IMPROVE ORGANIZATIONAL COMMUNICATION & COLLABORATION

OBJECTIVES

Develop Departmental communication plans and improve agency-wide communication practices; including consistent messaging, proactive communications, crisis communications, and opportunities to strengthen our mission through collaboration among Divisions, Departments and Programs

Receive public participation in the State Health Improvement planning process

Lead a collaborative process that contributes to an ongoing state health assessment

Conduct Strategic Planning internal town halls

Disseminate results and collaborate with stakeholders for ambulatory care sensitive conditions (ACSC)

FY20 ACTIVITIES

1. Develop a strategic and integrated communications plan to consistently message each Division's mission within NMDOH's umbrella mission
2. Train Divisions in consistent use of branded communications and messaging
3. Look for key opportunities to gather stakeholders' input and feedback
4. Collect/review data to inform above opportunities
5. Promote Departmental offerings that are most needed and relevant to stakeholder groups
6. Attend, present and participate in local, regional, and state conferences, forums and meetings
7. Launch twitter campaign #Talk2TheDoc as an interactive conversation with Dr's Ash & Massaro
8. Schedule 'Lunch & Learn' sessions to foster and spread employee engagement agility, e.g. Social Media engagement 101 and Getting the Best out of CHILNet and Leveraging Departmental Communications and our DOH Brand.

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

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

1. Conduct Divisional internal "town hall" sessions
2. Accomplish two objectives: Explain the importance of Strategic Planning to the workforce and gain workforce input and feedback to the Strategic Plan
3. Incorporate the input into the Strategic Plan

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

Data & Evaluation

GOAL:

PROVIDE BENCHMARKS FOR PRACTICE IMPROVEMENTS & MONITOR STATE HEALTH STATUS

OBJECTIVES	FY20 ACTIVITIES
Become a data driven decision-making organization	<ol style="list-style-type: none"> 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 analyst, 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
Track and support existing public health measures and priorities, while continuing to improve data collection activities	<ol style="list-style-type: none"> 1. Give Divisional authority to performance measure identification and tracking 2. Push performance measure orientation toward more outcome and output measures 3. Focus explanatory population-based indicators toward the SHIP, since they require long-range, cross agency influence 4. Provide budgetary background with performance measure reporting, where applicable
Publish updated NM-IBIS Community Health Status Indicators (CHSIs) annually	<ol style="list-style-type: none"> 1. Involve community and tribal stakeholders in defining priority indicators for community health assessment 2. Engage NMDOH program and epidemiologist staff in defining/operationalizing measures appropriately 3. Ensure NMDOH program and epidemiologist staff maintain data and narrative context for NM-IBIS CHSIs annually
Roll-out SB-58's programmatic inventory process in conjunction with a health equity assessment (SB-58 Establishes an evidence-based programmatic inventory tied to the performance-based budget process)	<ol style="list-style-type: none"> 1. Get feedback from PHD on their inventory process and collect advice and tips for other NMDOH Divisions 2. Develop a Health Equity Program Assessment that would be included in the programmatic inventory process 3. Have each division review their evidence-based programmatic ratings and fill out the SB-58 spreadsheet 4. Provide OPA/PHD technical assistance 5. Develop an SB-58 inventory database

Effective Business Practices

GOAL:

DEVELOP POLICIES & PLANS THAT SUPPORT AGENCY-WIDE HEALTH EFFORTS

OBJECTIVES	FY20 ACTIVITIES
Conduct a thorough year-long Strategic Planning process	See page 19 for FY20 Activities
Review agency-wide policies and procedures (P&Ps)	<ol style="list-style-type: none"> 1. Purchase PolicyTek software platform 2. Roll-over existing P&P's 3. Evaluate and update existing P&Ps 4. Integrate other workforce policies
Participate in consumer-centric collaborative Health & Human Services initiatives	<ol style="list-style-type: none"> 1. Be lead agency in guiding and facilitating governmental Health & Human Services provision improvements 2. Work with Human Services, Aging & Long-Term Services, Children Youth and Families, and other agencies as identified through the Medicaid Health & Human Services 2020 (HHS2020) initiative
Incorporate Facilities' economic feasibility and master planning framework into the Infrastructure Capital Improvement Plan (ICIP) process	<ol style="list-style-type: none"> 1. Develop DOH Facilities' vision 2. Conduct economic feasibility assessment 3. Determine programmatic impact 4. Conduct master planning efforts 5. Provide framework during FY20 legislative session
Redesign waivers to eliminate the DDW waitlist	<ol style="list-style-type: none"> 1. Design and implement three phased plan to eliminate wait list 2. Create and implement a Supports Waiver 3. Secure Rate increase for providers 4. Disengage seven remaining requirements in the Jackson Settlement
Develop a Climate Adaptation Plan that can address climate-associated public health concerns tailored to New Mexico specific needs, by the end of 2020	<ol style="list-style-type: none"> 1. Identify partners and stakeholders to provide input in the prioritization of NM specific climate and health needs activities 2. Develop a protocol for estimating the additional burden of health outcomes due to climate change 3. Identify funding opportunities for implementation of the Climate Adaptation Plan 4. Identify resources, infrastructure and strategies to address health outcomes resulting from climate variability across the state
Design and implement New Mexico's All Payer Claims Database (APCD)	<ol style="list-style-type: none"> 1. Complete the stakeholder engagement process for the APCD 2. Hire staff to support the APCD 3. Design the APCD 4. Develop an RFP for an APCD in New Mexico 5. Select a vendor to implement New Mexico's APCD

Employee Competence

GOAL:

ASSURE A COMPETENT PUBLIC HEALTH WORKFORCE

OBJECTIVES	FY20 ACTIVITIES
Operationalize workforce development activities	<ol style="list-style-type: none"> 1. Create training policy 2. Conduct workforce survey 3. Integrate health equity policy and training into workforce practices, e.g. employee evaluation, onboarding, etc. 4. Conduct language access assessment 5. Establish workforce development steering committee 6. Initiate standardized hiring, onboarding, offboarding, training, and employee evaluation practices
Develop competency-based training	<ol style="list-style-type: none"> 1. Develop just-in-time/burst courses 2. Fill Learning Management Center vacancies 3. Create manager's/supervisor's training 4. Establish trainer's forum 5. Formulate and implement QI/PM training curriculums
Launch TRAIN as NMDOH's Learning Management System	<ol style="list-style-type: none"> 1. Partner with leaders throughout the agency to customize system structure 2. Develop a more robust training curriculum to address agency needs 3. Give the Department's management more direct access to manage employee development 4. Provide professional development and continuing education opportunities through TRAIN
Shift toward a culture of quality by developing a quality improvement process	<ol style="list-style-type: none"> 1. Conduct a QI workgroup session to study agency-wide training activities, discern QI training gap areas, and determine next steps 2. Formalize an NMDOH QI process that outlines the resources and tools to implement a programmatic QI project 3. Conduct administrative and programmatic QI projects and provide evidence to the Reaccreditation documentation process

Healthy New Mexico

GOAL:

IMPROVE HEALTH STATUS OF ALL NEW MEXICANS

OBJECTIVES	FY20 ACTIVITIES
<p>Implement the State Health Improvement Plan (SHIP) priorities</p>	<ol style="list-style-type: none"> 1. Identify NMDOH leads 2. Involve and engage stakeholder groups and other state health-oriented agencies 3. Determine best implementation practices in concert with external stakeholders 4. Involve pertinent state partners in state health priority setting and implementation efforts, i.e. HSD, Aging & CYFD 5. Determine cross-agency strategies for collective statewide action
<p>Promote effective substance use disorder treatment</p>	<ol style="list-style-type: none"> 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
<p>Enact the County and Tribal Health Councils Act and restore & rebuild Health Councils' capacity</p>	<ol style="list-style-type: none"> 1. Advocate for the reinstatement of funding, so that Health Councils can build skills & capacity, coordinate activities, and evaluate outcomes 2. Empower Health Councils to prepare community health assessments, monitor and provide community-based health care programs and services, and gather data to evaluate Health Council effectiveness 3. Support tribal communities to establish health councils, where requested, and to maintain tribal councils' involvement throughout restoration process 4. Support tribal capacity to develop and enhance community health assessments

Our FY20 Strategic Planning Process

Month	Key Activities	Key Dates
AUGUST 2019	Submit Interim Strategic Plan to DFA with budget process	Sept. 1, 2019
SEPTEMBER 2019	Conduct FY21-23 Strategic Planning Retreat	Sept. 6, 2019
OCTOBER 2019	Compile Strategic Plan Retreat Summary and finalize with Senior Leadership	Oct. 31, 2019
NOVEMBER-DECEMBER 2019	<ul style="list-style-type: none"> - Develop Strategic Plan communication plan - Develop clear talking points and FY21-23 goals, objectives and activities to use during legislative session and throughout town hall sessions - Do “internal town halls” to promote the Strategic Plan with NMDOH workforce and get further input and feedback 	
JANUARY 2020	Legislative Session Begins	Jan. 21, 2020
FEBRUARY-MARCH 2020	<ul style="list-style-type: none"> - Review employee feedback and make amendments to the plan - Finalize FY21-23 NMDOH Strategic Plan - Formulate Strategic Planning Implementation Council 	
APRIL 2020	<ul style="list-style-type: none"> - Implementation Council meets and begins to develop next steps (division work plans, performance reporting standards/strategic execution plans, division strategic planning, SB-58 programmatic inventories, etc.) 	
MAY 2020	<ul style="list-style-type: none"> - Begin collection of information/data through implementation efforts - Begin to develop performance measures aligned with new Strategic Plan, prior to FY22 AGA process 	
JUNE 2020	<ul style="list-style-type: none"> - Produce and publish a three-year Strategic Plan for FY21-23 - Have finalized plan and any ensuing performance measures ready for Accountability in Government Act /Performance-Based Budgeting process 	June 15, 2020

Our FY20 Performance Measures

Related Goals – Provide Benchmarks for Practice Improvements & Monitor State Health Status/Improve Health Status of all New Mexicans

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 eleven 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 FY20 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	FY18 Baseline	FY20 Target
Percent of preschoolers (19-35 months) who are indicated as being fully immunized	61.8%	≥ 65%
Percent of NMDOH-funded school-based health centers that demonstrate improvement in their primary care or behavioral health care focus area	66%	≥ 95%
Percent of older adults who have ever been vaccinated against pneumococcal disease	73%	≥ 75%
Percent of vital records front counter customers who are satisfied with the service they received	99.6%	≥ 98%
Percent of the New Mexico population served during mass distribution of antibiotics and/or vaccinations through public/private partnerships in the event of a public health emergency	14.7%	≥ 19%
Percent of eligible third-party revenue collected at all agency facilities	88.1%	≥ 93%
Number of significant medication errors per 100 patients	***	≤ 2%
Percent of developmental disabilities waiver applicants who have a service plan in place within 90 days of income and clinical eligibility	72.7%	≥ 95%
Percent of long-term care residents experiencing facility acquired pressure injuries (Veterans' Home)	***	<2%
Customer overall satisfaction (Veterans' Home)	***	96%
Number of residents requiring re-hospitalization within 30 days of admission (Veterans' Home)	***	<3
Percent of adults on the DD Waiver who receive employment supports	***	≥ 34%
Number of individuals receiving developmental disability waiver services	Explanatory	
Number of individuals on the developmental disabilities waiver waiting list	Explanatory	
Percent of participants on the DD Waiver who have a General Event Report	***	≤ 30%
Rate of abuse for DD Waiver and Mi Via waiver clients	6.8%	≤ 7%
Rate of re-abuse (same person within 12 months) for DD Waiver and Mi Via waiver clients	6.8%	≥ 6%
Percent of long-stay nursing home residents receiving psychoactive drugs without evidence of psychotic or related condition	Explanatory	

Measure	FY18 Baseline	FY20 Target
Percent of abuse, neglect, and exploitation investigations completed according to established timelines	***	90%
Percent of complete medical cannabis client applications approved or denied within thirty calendar days of receipt	99%	≥ 99%
Percent of registry identification cards issued within 5 business days of application approval	98.5%	≥ 98%
Rate of cardiovascular disease (heart disease and stroke) deaths per 100,000 population (ICD10: I20-I25, I60-I69)	Explanatory	
Percent of NM hospitals certified for stroke care	16.2%	≥ 22%
Rate of diabetes hospitalization per 1,000 people with diagnosed diabetes	Explanatory	
Percent of participants in the National Diabetes Prevention Program that were referred by a health care provider through the agency-sponsored referral system	***	≥ 25%
Percent of third grade children who are considered obese	Explanatory	
Percent of children in Healthy Kids, Healthy Communities with increased opportunities for healthy eating in public elementary schools	88.9%	≥ 89%
Percent of adults who are considered obese	Explanatory	
Percent of adolescents who smoke	Explanatory	
Percent of adults who smoke	Explanatory	
Percent of New Mexico adult cigarette smokers who access cessation services	2.8%	≥ 2.89%
Number of births to teens per 1,000 females aged 15-19		
Number of teens that successfully complete teen pregnancy prevention programming (includes TOP, Project AIM, and ¡Cuidate!)	232	≥ 325
Percent of female clients ages 15-19 seen in NMDOH public health offices who are provided most or moderately effective contraceptives	61%	≥ 62.5%
Rate of drug overdose deaths per 100,000 population	Explanatory	
Number of successful overdose reversals per client enrolled in the NMDOH Harm Reduction Program	.331	.30
Percent of retail pharmacies that dispense naloxone	72.6%	≥ 80%
Percent of opioid patients also prescribed benzodiazepines	13.1%	≤ 5%
Rate of alcohol-related deaths per 100,000 population	Explanatory	
Percent of county and tribal health councils that include in their plans evidence-based strategies to reduce alcohol-related harms	11%	≥ 15%
Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 15 calendar days	44%	≥ 90%
Percent of self-reported sexual assaults per 100,000 population	Explanatory	
Rate of fall-related deaths per 100,000 adults, aged 65 years or older	Explanatory	
Percent of long-term care residents experiencing one or more falls with major injury	3.9%	≤ 3%

For more retrospective information and background to any or all of our performance measures, you'll find quarterly reports available at: <https://nmhealth.org/about/asd/opa/pip/publications/>

NEW MEXICO
DEPARTMENT OF
HEALTH

New Mexico Department of Health
1190 South St. Francis Drive
Santa Fe, NM 87505

Phone: (505) 827-2613
Fax: (505) 827-2530