

New Mexico Department of Health Strategic Plan

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New Mexico Department of Health Strategic Plan

Vision Statement

New Mexico is a healthy state in which to live and grow.

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.

Statement of Principles

The Department of Health has responsibility to improve the health of New Mexicans. All Department of Health programs and activities are driven by the following principles:

- The Department of Health believes prevention of illness, injury and disability and the promotion of health are the most effective things we can do to help New Mexicans maintain their health.
- The Department of Health respects diversity.
- The Department of Health involves communities in the design and coordination of service delivery.
- The Department of Health is committed to the practice of continuous quality improvement of our functions, processes and approaches to enhancing individual and community health.
- The Department of Health supports the development of a system of health services that balances needs, quality and available resources.
- The Department of Health encourages individuals to make responsible health choices and decisions.
- The Department of Health promotes social, environmental and economic well being to improve health.
- The Department of Health provides leadership and expertise to help assure positive health outcomes.
- The Department of Health is responsive to the people of New Mexico and delivers services with dignity, respect and commitment to quality.
- The Department of Health is committed to collaboration at all levels, both internally and externally.
- The Department of Health values its employees.

Core Functions of the Department of Health

The Department of Health's primary responsibility is to assess, monitor and improve the health status of New Mexicans. Core functions of the Department of Health in meeting its responsibilities include the development of broad health policy and assurance that critical safety

net services and interventions are provided. The Department of Health does not usually assess and assure the health of each individual in New Mexico just as policy is not developed on an individual-by-individual basis. Rather, the Department's role is to address population and health system issues, carry out activities to strengthen New Mexico's health system, including the provision of safety net services to people with special needs, and improve the health of the overall population.

The Department of Health conducts a wide range of activities, including prevention and early intervention activities, providing direct healthcare services, contracting for direct services, health status surveillance, response to epidemic outbreaks, disease prevention activities, and quality management of health systems. The core functions of assessment, policy development, and assurance are fundamental to each of these activities and other programs within the Department. These core functions of the Department are defined as follows:

- Assessment is the regular collection, analysis, interpretation, and communication of information about diseases, health conditions, risk behaviors, and strengths. Assessment activities are conducted both for the general population and for sub-populations. For example, statistics on health status, community health needs, and epidemiological information on health problems can be made available across the entire population, sub-populations with special health needs, or within defined geographic boundaries, such as counties.
- Policy development is the facilitation and implementation of comprehensive health policies for the public's health in general and priority health needs in particular. The Department of Health promotes the use of science-based information in decision-making about the public's health, and serves as a leader in developing health policy for certain populations, and is a participant in developing health policy for the State of New Mexico.
- Assurance means that programs and interventions necessary to maintain and improve health are provided. Assurance of services is achieved through multiple avenues, including encouraging action by other entities (private or public sector), requiring actions through regulation, and by providing services directly or through contractual arrangements. The Department of Health assures that services are provided and that those services meet quality standards. An important aspect of the assurance function is the Department's responsibility to assure access to a basic level of essential health services that are defined as "safety net services" within available resources.

Fundamental to the work of the Department of Health is implementation of community health improvement processes to support local solutions to local problems. A community health improvement process is a structured process or approach to developing community capacity around policy analysis, strategic planning, implementation and evaluation. A community health improvement process supports community mobilization to collect and use local data, set health priorities, and design, implement, and evaluate comprehensive, evidence-based programs that address community health and quality of life issues. In addition, a community health improvement process promotes shared responsibility and designated accountability for the health of the community.

The Department of Health is committed to the strengthening of collaborative efforts between Federal, State, Tribal and local and community partners to improve the health of New Mexicans. These collaborative efforts include cross-agency strategic planning and performance accountability as well as the design, development, delivery and maintenance of services that impact the health status of New Mexicans. As part of this commitment, DOH maintains appropriate working relationships with advisory, advocacy and community planning groups and other entities.

Safety Net Services

“Safety net services” are important healthcare services that use public resources to benefit individuals who would otherwise be unlikely to be able to obtain them *and* the absence of such services would have significant health consequences for individuals, communities, or society as a whole. The need for the Department of Health to provide these services generally results when the private market place fails to make accessible these services for a variety of reasons, e.g., high cost of service, difficult population to serve, and limited profit for service delivery. Those safety net services that must be provided by the Department of Health will change over time as a result of changes in the market place and changes in private sector capacity at the community level.

In certain circumstances, the Department of Health provides safety net services to assure the health of the public, as well as of people with special needs. With statutory authority for serving people with developmental disabilities, mental illness, and substance abuse/addictions, the Department of Health provides specialized health services. The design and delivery of these services are based upon a specific assessment of the health needs of the target population.

The function of assurance across the general population is carried out through the monitoring of health status, disease prevention programs, and surveillance of health threats and, in turn, responsive health protection activities. This function is carried out on a prioritized basis within available resources based upon the information derived from the assessment activities and guided by good policy. It includes direct public health services provided by the Department such as vital records, public health preparedness and response to disease outbreaks, provision of vaccine, communicable disease follow-up, the WIC nutrition program, and many more. Without the ability to predict several public health needs, such as response to outbreaks, natural disasters, and failure of the healthcare delivery systems which threaten the health of the public, the Department must maintain sufficient infrastructure to be able to respond in a timely comprehensive manner to safeguard population health and well-being.

In addition to providing services, the Department contracts and collaborates with many public and private organizations, agencies and individuals to assure essential public health services and enhance access to care. The Department contracts with organizations to enhance access to primary care services in rural and/or medically underserved communities, to develop community health planning, and to serve the needs of special populations. The Department also regulates, oversees, funds and coordinates various aspects of the healthcare system through health facilities licensing and regulation, emergency medical services system development and children’s medical services.

Health Disparities in New Mexico

A final aspect of the Department of Health's (DOH) safety net responsibilities is to better understand, acknowledge and implement effective strategies to reduce and eventually eliminate health status disparities between population groups. Health disparities are defined by the National Institutes of Health as, "differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups in the United States." Eliminating such disparities is one of the overarching goals of the *Healthy People 2010* health objectives for the nation. The DOH understands that the determinants of health status are a combination of biology (inherited genes), social and physical environment, healthy (or unhealthy) behaviors and access to healthcare. Race, ethnicity, socio-economic status, gender, disability, mental illness and other factors that differentiate population groups can variously affect these determinants, thus creating health status disparities. For example, the rates of death from diabetes are three times higher for Hispanics and eight times higher for Native Americans than for Anglo New Mexicans. To be effective and responsive as public health professionals we must use data to prioritize scarce resources and work with communities to carefully design interventions to target these groups at higher risk in regards to their environments, behaviors and their access to high quality care. To be effective in this effort, the DOH must also ensure that it's workforce is culturally competent and it's services are culturally sensitive. Addressing disparities is a fundamental commitment of the Department of Health.

New Mexico Department of Health Strategic Plan

PROGRAM AREA I: Prevention, Health Promotion and Early Intervention

Mission/Purpose: To provide a statewide system of health promotion, disease and injury prevention, community health improvement and other public health services, including locally available safety net clinical services, for the people of New Mexico so that the health of the public is protected and improved.

Goal A: Promote positive maternal, child, adolescent, and family health outcomes in New Mexico using evidence-based strategies and programs.

Objective 1: Improve the health of childbearing and child rearing (or parenting) New Mexicans to increase the proportion of planned births, reduce teen births and increase early prenatal care.

Strategies:

- Promote the use of evidence-based strategies for health improvement.
- Enhance local partnerships with the Departments of Children, Youth and Families, Human Services, Education and Labor.
- Partner with licensing boards, professional boards and health professional education programs to increase access to qualified healthcare providers.
- Partner with Health Plans, Primary Care Centers, Private Providers and other community organizations to expand outreach services and reproductive, pre-conceptional, and prenatal healthcare to women and men.
- Partner with HSD to explore the possible expansion of the family planning 1115 waiver to include pre-conceptional healthcare.
- Assure that DOH contractors utilize models of healthcare that include pre-conceptional and reproductive health.
- Promote universal screening and referral for violence, tobacco, alcohol, substance use, mental health, nutrition and other health related issues, and expand the implementation of VAST protocols by DOH staff and community service providers.
- Increase male involvement in the community health improvement process to promote responsible reproductive health and fatherhood.
- Develop and implement programs that emphasize male responsibility for reproductive health.
- Provide Abstinence Education programs and increase community awareness about program goals, components and evidence-based strategies.
- Promote youth development strategies in communities to address teen reproductive and parenting issues.
- Partner with private providers to improve their ability to provide confidential services to teens and partner with health plans to bring billing practices into compliance with confidentiality statutes and regulations.
- Implement SCHIP Home Visiting Services.

- Assure access to Department of Health's safety net services for indigents ineligible for Medicaid and for the geographically underserved.
- Identify and facilitate access to Medicaid for eligible individuals.
- Provide case management services to coordinate access to services.
- Improve access to and understanding and utilization of data, including health status data, at the state and local levels.
- Promote and implement cultural competency and sensitivity in services and programs, including health-marketing campaigns to promote prenatal care utilization.
- Promote the development of comprehensive, community-based maternal and child health services by using the community health improvement process to implement the County Maternal and Child Health Plan Act.

PM #	Performance Measures:	FY 01	FY 02	FY 03
I.A.1.1	*Number of adolescents aged 15-17 receiving DOH funded family planning clinical services.	8,495	9,000	9,500
I.A.1.2	*Teenage birth rate per one thousand population for females age fifteen through seventeen compared to the national average. <i>National average based on 1998 data was 30.4</i>	Est. 40.8	Est. 40.2	Est. 39.8
I.A.1.3	Number of unduplicated youth being served in the Abstinence Education Programs.	8,033	8,000	10,000
I.A.1.4	*Number of women and children served by the Families FIRST perinatal case management program.	6,304	6,500	6,700
I.A.1.5	*The number of women screened for VAST in local health offices.	Est. 2500	Develop Baseline	Establish Target

* House Bill 2 Performance Measure

Objective 2: Improve the health of all children through early identification, screening, early interventions and other preventive services.

Strategies:

- Partner with advocacy groups, private providers and third party payors to increase access to medical homes for children with special health care needs.
- Partner with HSD to improve access to dental services statewide.
- Support a multi-agency/disciplinary approach to wraparound services for children, including children with disabilities and their families, using the community health improvement process.
- Provide dental sealants on permanent molars and support communities to provide optimally fluoridated water.
- Provide coordinated medical services to children with chronic illness and disability.

- Enhance partnerships between the Women, Infant and Children Program (WIC) and Primary Care providers to increase access to medical homes, comprehensive well child visits, and immunizations.
- Identify and facilitate access to Medicaid for eligible children and youth.
- Provide payment for primary care services for children and youth whom otherwise are not eligible for Medicaid.
- Expand voluntary, primary prevention home visiting services for families through SCHIP.
- Promote universal screening for health risks/conditions including hearing and genetic screening and age appropriate child development and referral.
- Improve the nutrition of mothers and young children by promoting breast-feeding and improving participation in WIC, Commodity Supplemental Food Program and the Farmers Market Nutrition Program.
- Coordinate child-find/outreach activities to identify infants and toddlers with or at risk of developmental delay, among local health offices, primary care centers, acute care facilities, Family Infant Toddler early intervention providers, schools, local Income Support Division offices, Salud, community mental health providers and others.
- Provide a statewide comprehensive, integrated system of prevention, early intervention, support and care coordination/case management services for infants and toddlers with or at risk for developmental delay and their families.
- Redesign the Family Infant Toddler evaluation system/process to assure comprehensive, timely evaluations for all children and families.
- Provide evidence-based information to communities regarding the importance of healthy parent-child relationships.
- Enhance the capacity to monitor trends in children's health.
- Promote appropriate vaccinations for all children in New Mexico through the coordinated activities of public and private providers and expanded Vaccine for Children providers statewide.
- Partner with CYFD to expand daycare immunization requirements to non-licensed providers.

PM #	Performance Measures:	FY 01	FY 02	FY 03
I.A.2.1	Average number of individuals receiving WIC nutrition services(WIC, Commodity Foods and Farmers Market) based on participants per month and reflects federal budget allocations.	97,572	102,900	105,000
I.A.2.2	Number of women/families receiving DOH funded primary prevention home visiting services.	Client data not available	Obtain Client Level Data	Establish Target
I.A.2.3	Percent of second grade children in schools with a fifty percent or higher reduced or free lunch program with sealant on at least one permanent molar.	32%	35%	35%
I.A.2.4	*Number of children (0-4) with or at risk for developmental disabilities receiving FIT early intervention services.	5,234	6,019 Per FY02 appropriation	6,714 based on FY03 budget request

PM #	Performance Measures:	FY 01	FY 02	FY 03
I.A.2.5	*Percent of families who report, as an outcome of receiving early intervention services, an increased capacity to address their child's special needs.	85% agreed or strongly agreed	90%	95%
I.A.2.6	Number of children receiving services under CMS program. <i>(Increasing average cost per child)</i>	5,883	5,750	5,750
I.A.2.7	Number of children receiving services under Healthier Kids Fund program. <i>(Increasing average cost per child)</i>	4,500	4,000	3,500
I.A.2.8	Percentage of infants who are screened for hearing problems at birth.	99%	99%	99%
I.A.2.9	*Percent of New Mexico children whose immunizations are up-to-date through age two (35 months).	71.7%	75%	78%
I.A.2.10	Number of doses of childhood vaccines provided to community primary care physicians and public health clinics.	876,790	900,000	900,000
I.A.2.11	Number of Vaccines for Children (VFC) providers supported by state and federal childhood vaccine programs.	480	480	480

* House Bill 2 Performance Measure

Objective 3: Reduce individual and interpersonal violence in New Mexico in families, schools, communities and the workplace.

Strategies:

- Promote the use of evidence-based strategies in schools and other community programs for health improvement and violence prevention, including mentoring, Natural Helpers, and bully proof programs.
- Educate adults and peer educators on the warning signs for suicide, violent behavior, substance abuse, and untreated mental health conditions and increase skills on how to persuade the individual to seek mental health services.
- Expand behavioral health services in schools, including the School Behavioral Health Training Institute for classroom teachers, administrators and school health professionals to raise awareness of children's behavioral health issues, increase ability to identify students at-risk, and assure classroom management of student needs.
- Expand behavioral health early intervention services in schools for students who are undocumented and otherwise ineligible for Medicaid.
- Implement a behavioral health demonstration project in select middle schools, including screening and appropriate therapy interventions, with referrals as necessary.
- Conduct family-centered, interdisciplinary medical and psychosocial evaluation and assessment to support and strengthen the comprehensive diagnosis, treatment and

sexual violence prevention for children at risk for and surviving sexual violence trauma.

- Use the community health improvement process to strengthen school health advisory committees in addressing behavioral health issues.
- Provide sexual violence prevention educational materials and conduct community and professional training to prevent and identify child sexual abuse.
- Provide crisis response and post intervention services to survivors of violent and traumatic events.

PM #	Performance Measures:	FY 01	FY 02	FY 03
I.A.3.1	Number of adults and youth trained to recognize and respond to the warning signs of violence and untreated mental health conditions.	1,200	1,500	1,500
I.A.3.2	Number of school and community professionals trained to recognize and prevent child sexual abuse.	1,800	1,800	2,000
I.A.3.3	Number of crisis response services provided to emergency responders and other individuals who have experienced violent and traumatic events.	100	125	130

Objective 4: Reduce fatal and non-fatal unintentional injuries (i.e., motor vehicle crashes, falls, and poisonings, including overdoses and firearms) among New Mexicans.

Strategies:

- Educate the public (all ages) regarding motor vehicle occupant restraint use, particularly for children 18 years and under.
- Promote the development and enforcement of restraint use policies with policy makers and law enforcement personnel.
- Support child car seat distribution sites by providing car safety seats, particularly to low-income families, and train families in the correct installation and use of car seats.
- Provide overdose prevention education to injection drug users and other individuals at risk for drug and alcohol overdose.
- Provide firearm injury prevention education to health providers, parents and other adult caretakers.
- Expand injury prevention efforts to include the prevention of fall injury among all ages, with an emphasis on older adults.
- Provide leadership to coordinate treatment for mental health and substance abuse, including poly-substance use.
- Promote and assist with provider training regarding appropriate screening and counseling for substance abuse and other potential impairments in primary care and acute care settings (physicians are seen as credible authorities).
- Provide leadership to address data collection issues for non-fatal injury hospitalizations, including e-coding.
- Collect, analyze, distribute, and integrate health data, including non-fatal health outcomes.

- Influence payment sources, including insurers and health plans, to cover car seats and treatment for DWI/DUI offenders.
- Education of legislators, public officials, providers, and the public about the problem of motor vehicle-related crash deaths, about what works, and about the relationship of the community to the messages (community norms).

PM #	Performance Measures:	FY 01	FY 02	FY 03
I.A.4.1	Percent of front seat occupants riding in motor vehicles who use seatbelts.	87%	88%	88%
I.A.4.2	Percent of children and youth 18 years and under reporting restraint use while riding in a car or other vehicle driven by someone else (YRRS).	No Data	Develop Baseline	Establish Target
I.A.4.3	Number of child car seat restraints distributed to low income families with instruction.	2,000	2,200	2,400

Goal B: Enhance positive youth development and coordinate health services for youth.

Objective 1: Increase protective factors (e.g., attachment to community and caring adults) and decrease risk behavior leading to injury, premature death and disability (e.g., substance abuse and verbalizing suicide ideas) among youth.

Strategies:

- Describe and promote positive youth development concepts among DOH staff and contractors who provide services to and interact with youth.
- Require youth participation in health planning and evaluation at state and local level, including DOH contractors.
- Use the community health improvement process to address youth issues in communities.
- Promote and provide, directly or through contracts, a broad variety of accessible prevention programs designed to assist youth to acquire competencies necessary to make a successful transition from childhood to adulthood including: youth leadership, media literacy, youth clubs, work programs, after school programs, peer mentoring programs, Character Counts, life skills training, and family support services.
- Implement evidence-based primary prevention efforts that start prenatally and in early childhood such as home visiting and early childhood programs.
- Skills building for decision-making, problem-solving, conflict resolution and child development through home visiting, parent education, and adult role modeling.
- Enhance partnerships with faith-based groups, CYFD, HSD, law enforcement and state, local and tribal governments to support youth development.
- Maintain a systematic and strategic prevention planning process through the Cooperative Agreement Advisory Committee.
- Coordinate efforts of DOH and other state agencies regarding alcohol prevention, prevention training, access to resources and implementing standards of practice for alcohol prevention.

- Implement standards for Alcohol, Tobacco and Other Drug (ATOD) and prevention of mental illness.
- Partner with the Department of Public Safety to integrate current evidence-based alcohol use prevention programming in driver’s education/training programs.
- Promote social policies (environmental strategies) that improve laws, ordinances and norms to reduce ATOD use, including but not limited to :
 - Promote local ordinances to reduce the high density of alcohol outlets.
 - Promote and support efforts at the local community level to change community norms that accept frequent drinking and public intoxication.
 - Promote expansion of Alcohol Excise Tax Option to other counties in NM to raise the price of alcohol.
 - Promote counter marketing campaigns to provide messages on prevention and cessation that address both individual behaviors and public policy.
 - Promote counter-advertising efforts to limit advertising at school and publicly supported events.
 - Educate and train tobacco merchants on tobacco sales laws promoting zero tolerance to tobacco sales to minors.
- Use the community health improvement process to engage local District Attorneys, Judges and law enforcement for consistent enforcement of laws related to sales of alcohol to minors.
- Implement statewide tobacco use prevention, cessation strategies including counter marketing campaigns, youth initiatives, train the trainers, cessation counseling and treatment.

PM #	Performance measures:	FY 01	FY 02	FY 03
I.B.1.1	Percent of youth served by DOH who report that away from school they are part of clubs, sport teams, or other extra activities.	No Data	Develop Baseline	Establish Target
I.B.1.2	Percent of youth served by DOH who report there is an adult outside the home and school who care about them.	No Data	Develop Baseline	Establish Target
I.B.1.3	*Number of youth provided DOH-funded substance abuse prevention programming, including youth receiving short-term programming.	46,315	63,632	34,786
I.B.1.4	*Number of high-risk youth receiving extensive DOH-funded substance abuse prevention programming throughout the school year.	14,764	16,902	5,500
I.B.1.5	*Percent of pre-kindergarten to sixth-grade youth showing a reduction in severity of conduct problems after receiving DOH substance abuse prevention services.	No Baseline	10% Reduction	10% Reduction

PM #	Performance measures:	FY 01	FY 02	FY 03
I.B.1.6	* Percent of high-risk youth participants completing extensive DOH substance abuse prevention programming who report using alcohol in the past 30 days compared to a similar group of non-participants.	31% : 45%	31% : 45%	31% : 45%
I.B.1.7	Percent of high-risk youth participants completing extensive DOH substance abuse prevention programming who report using alcohol in the past 30 days compared to a similar group of non-participants. Grades 7-8	27% : 41%	27% : 41%	27% : 41%
I.B.1.8	Percent of high-risk youth participants completing extensive DOH substance abuse prevention programming who report using alcohol in the past 30 days compared to a similar group of non-participants. Grades 9-12	50% : 74%	50% : 74%	50% : 74%
I.B.1.9	*Percent of high-risk youth participants completing extensive DOH substance abuse prevention programming who report using tobacco in the past 30 days compared to a similar group of non-participants.	18%:26%	18%:26%	18%:26%
I.B.1.10	Percent of high-risk youth participants completing extensive DOH substance abuse prevention programming who report using tobacco in the past 30 days compared to a similar group of non-participants. Grades 7-8	15% : 22%	15% : 22%	15% : 22%
I.B.1.11	Percent of high-risk youth participants completing extensive DOH substance abuse prevention programming who report using tobacco in the past 30 days compared to a similar group of non-participants. Grades 9-12	32% : 47%	32% : 47%	32% : 47%
I.B.1.12	*Percent of high-risk youth participants completing extensive DOH substance abuse prevention programming who report using marijuana in the past 30 days compared to a similar group of non-participants.	20% : 29%	20% : 29%	20% : 29%

PM #	Performance measures:	FY 01	FY 02	FY 03
I.B.1.13	Percent of high-risk youth participants completing extensive DOH substance abuse prevention programming who report using marijuana in the past 30 days compared to a similar group of non-participants. Grades 7-8	20% : 27%	20% : 27%	20% : 27%
I.B.1.14	Percent of high-risk youth participants completing extensive DOH substance abuse prevention programming who report using marijuana in the past 30 days compared to a similar group of non-participants. Grades 9-12	32% : 34%	32% : 34%	32% : 34%
I.B.1.15	Number of New Mexicans who call the 1-800 number for advice on cessation after viewing the smoking cessation media blitz messages.	Develop Baseline	1000	1250
I.B.1.16	Percent of New Mexicans thinking of quitting smoking.	71%	72%	73%
I.B.1.17	Percent of adults (smokers and non-smokers) who prohibit smoking in the home.	64%	65%	66%
I.B.1.18	*Percent of merchants selling tobacco products to minors.	11.9%	11.4%	10.9%

* House Bill 2 Performance Measure

Objective 2: Promote and increase access to health services for youth, including primary care, dental care and behavioral health (mental health and substance use) services.

Strategies:

- Provide technical assistance to schools in order to enhance health and behavioral healthcare.
- Promote policies, standards and protocols that positively impact students and school health services.
- Develop, disseminate and train on school-based health center standards and protocols regarding school-based behavioral healthcare and mental health/substance abuse service delivery.
- Support local school districts to have an effective safe school policy, and retention policies such as suspension and expulsion.
- Partner with State Department of Education (SDE) and Human Services Department (HSD)/ SCHIP to expand school based health services for public, private and parochial schools.
- Partner with others including the Interdepartmental School Behavioral Health Partnership and the CAAC to coordinate and expand support for primary healthcare services in schools.
- Improve crisis response capability in schools with appropriate agency partners.

- Enhance family-focused behavioral health services to elementary and middle school aged youth (e.g., family management skills, parenting skills, improving parent-child relationships, conflict resolution, and mediation).
- Partner with SDE to support Health Service Coordinators to provide oversight to School Based Health Centers, School Advisory councils and coordination of school health services.
- Partner with SDE, Law Enforcement, CYFD and other agencies to promote evidence-based truancy and delinquency prevention programs.
- Use SCHIP to expand Screening and Risk Reduction Assessment and Referrals in the Schools in regard to alcohol, tobacco and other drug abuse and mental health issues.

PM #	Performance measures:	FY 01	FY 02	FY 03
I.B.2.1	Number of students receiving mental health and substance abuse services in school-based health centers.	1,616	1,600	1,600
I.B.2.2	Number of visits to same school based health centers per year.	20,419	20,400	20,400
I.B.2.3	Percentage of students with access to school based health centers.	11%	11%	11%

Goal C: Promote health; enhance quality of life; prevent and manage disability, infectious and chronic disease through coordinated efforts.

Objective 1: Prevent and Control the Occurrence and Spread of Infectious Diseases such as: HIV/AIDS, Hepatitis viral infection, Sexually Transmitted Diseases, Tuberculosis, and vaccine preventive illness.

Strategies:

- Coordinate regional and statewide planning and policy development for HIV/AIDS and Hepatitis prevention and service programs.
- Promote comprehensive and coordinated HIV/AIDS medical care in the Health Maintenance Alliance (HMA) managed care structure that provides appropriate allocation of resources statewide.
- Provide screening and outreach activities for HIV/AIDS and Hepatitis viral infections through public and private partnerships.
- Educate and support community primary care physicians and patients statewide on current HIV/AIDS and Hepatitis standards of care.
- Control the spread of HIV and hepatitis viral infections by applying evidence-based prevention strategies to at-risk populations.
- Expand harm reduction programs to reduce the transmission of HIV and Hepatitis viral infections and to improve the quality of life among injection drug users.
- Provide Sexually Transmitted Diseases (STD) diagnosis and treatment through local health offices, in partnership with communities and primary care clinics.
- Perform contact notification activities for individuals diagnosed with STDs in order to identify and treat people at high risk for STD infections.
- Provide training to primary care providers in the diagnosis and treatment of STDs.
- Integrate STD prevention and control efforts into community health improvement

processes.

- Provide diagnosis and supervised treatment for all individuals with active Tuberculosis and provide targeted testing and treatment for latent Tuberculosis to prevent the development of active Tuberculosis.
- Educate and support community primary care physicians and patients statewide on current Tuberculosis standards of care.
- Provide case investigation, outbreak control and vaccinations of high-risk individual for Hepatitis A and B.
- Promote appropriate prioritization and use of adult flu and pneumococcal vaccinations through collaboration with the private sector and coalitions throughout New Mexico in determining supply, developing educational strategies, and monitoring distribution.

PM #	Performance Measures:	FY 01	FY 02	FY 03
I.C.1.1	New Mexico mortality rate attributable to HIV/AIDS compared to the national average mortality rate for states collecting comparable data.	2.3%	<3%	<3%
I.C.1.2	Number of New Mexicans living with HIV/AIDS who receive health services through state and federally-funded programs.	1229	1290	1352
I.C.1.3	*Number of individuals at high risk for HIV and hepatitis viral infection, including injection drug users, receiving disease prevention education.	39,975	40,000	40,000
I.C.1.4	Number of clinic visits provided for the diagnosis and treatment of STDs by STD-trained clinicians at local health offices.	19,692	20,000	20,000
I.C.1.5	Number of contact notification activities provided to people named as contact of patients diagnosed with STDs.	2,136	2,000	2,000
I.C.1.6	Treatment completion rate for cases of active tuberculosis.	93%	>95%	>95%
I.C.1.7	Number of individuals treated for latent tuberculosis infection.	762	800	800

* House Bill 2 Performance Measure

Objective 2: Prevent and reduce disability due to chronic disease including Cancer and Diabetes.

Strategies:

- Implement the revised state cancer plan to increase protective behaviors and access to information, screening and treatment for reduction of cancer incidence, morbidity and mortality.

- Broaden the scope of participation in the Cancer Prevention and Control Advisory Committee to partner with diverse public and private cancer control agencies and organizations for a collaborative, community approach to reducing cancer incidence and mortality.
- Provide pap smears and mammograms to women over 50 who are uninsured or underinsured.
- Assist providers with setting goals for improving mammography re-screening rates.
- Provide comprehensive cancer education through an expanded media campaign.
- Increase the capacity to monitor the prevalence of cancer and associated risk factors.
- Use the community health improvement process to engage the community around issues of chronic disease prevention.
- Fund, support and provide technical assistance to primary care clinics to develop diabetes management infrastructure and practice standards for comprehensive diabetes care, patient education, and self-management.
- Promote implementation of American Diabetes Association Clinical Practice Guidelines and standardized prevention guidelines in health systems and health plans to improve diabetes practices by health professionals/providers.
- Increase public awareness about diabetes through proactive media messages, library materials, cooking classes and other community outreach.
- Promote diabetes risk reduction and foster the development of healthy children through appropriate physical activity and nutrition programs for school age children and their families.
- Disseminate current information on diabetes and risk factors to healthcare providers.
- Promote chronic disease risk reduction by encouraging health nutrition and moderate lifestyle physical activity for all, utilizing a broad spectrum of health education methods.
- Increase the number of influenza and pneumococcal vaccinations to people with diabetes.
- Increase the capacity to monitor the prevalence of diabetes and associated risk factors.

PM#	Performance Measures:	FY 01	FY 02	FY 03
I.C.2.1	Number of pap smears performed through the Breast & Cervical Cancer Detection Program.	7,965	12,000	12,090
I.C.2.2	Number of mammograms performed through the Breast & Cervical Cancer Detection Program.	7096	7,800	8525
I.C.2.3	Number of schools in New Mexico providing physical activity and nutrition programs (i.e., CATCH and 5 A Day Challenge programs).	44	44	44
I.C.2.4	*Percent of people with diabetes who have seen a healthcare provider in the past year.	93.5%	94%	94.5%

PM#	Performance Measures:	FY 01	FY 02	FY 03
I.C.2.5	Percentage of people with diabetes who have received a glycosated hemoglobin (HgA1c) at least once in the past year.	63%	64%	65%

* House Bill 2 Performance Measure

Objective 3: Promote the health of people with disabilities and reduce the impact of secondary conditions associated with disability.

Strategies:

- Promote implementation of the “Plan for Promoting the Health of New Mexicans with Disabilities” to reduce health disparities between people with disabilities in relation to the general population, with the following specific foci: access to care, health promotion and prevention of secondary conditions, promotion of physical activity and good nutrition, and meeting specific health needs of women with disabilities.
- Implement evidence-based health promotion interventions among people with disabilities.
- Develop and distribute health promotion resources and information on secondary conditions for people with disabilities, to include web pages, media, presentations, and a wellness newsletter.
- Collect, analyze, disseminate and utilize data from the Disability Supplement of the Behavioral Risk Factor Surveillance Survey.

Goal D: Promote comprehensive community health improvement processes to improve health status in communities, Reservations, Pueblos and Tribes.

Objective 1: Enhance community health improvement processes through community development and the use of local data and evidence-based interventions.

Strategies:

- Promote local leadership and local responsibility for community health improvement.
- Increase community health improvement skills of appropriate DOH staff (at the state, district and local level) and community partners through training in community development, community health assessment, use of data, use of evidence-based approaches, planning and policy development, implementation and evaluation.
- Jointly plan, develop and implement shared community health improvement goals and outcomes at the community level.
- Provide technical assistance to communities to improve health and social indicators.
- Enhance the effectiveness of existing community health improvement processes and develop strategies to respond to locally identified needs.
- Increase the number of counties with comprehensive community health improvement processes that have a written plan with community identified priorities based on data and that implement evidence-based approaches.

- Develop and implement a county-level assessment and data dissemination plan to adequately inform community health improvement processes.
- Develop and implement a standard evaluation process to assess the effectiveness of community health improvement processes.
- Maintain and update the NM Information for Health Improvement (NMIHI) database with priority health and social indicators and related risk and protective factors.

PM #	Performance Measures:	FY 01	FY 02	FY 03
I.D.1.1	Number of counties with comprehensive community health improvement processes that have a written plan with community-identified priorities (based on data) and that implement evidence-based approaches.	7	12	17

Objective 2: Assess and address poor health status due to disparities resulting from race/ethnicity, socioeconomic status, gender, disability, mental health and other factors.

Strategies:

- Address the affect of disparities on health status.
- Provide ongoing training in cultural competency, diversity, and the impact of social determinants on health to all DOH staff.
- Target communities with the poorest health and social indicators for technical and programmatic assistance.
- Implement the tribal consultation process, as appropriate, prior to making decisions regarding services provided for Native Americans.
- Monitor racial/ethnic disparities for major health status indicators.

PROGRAM AREA II: Health Systems Improvement and Public Health Support Systems

Mission/Purpose: To provide a statewide system of epidemiological services, primary care, rural health, emergency medical and quality management services for the people of New Mexico so that they can be assured of timely response to emergencies and threats to the public health, high quality health systems and access to basic health services.

Goal A: Assure statewide availability of essential public health functions, including: epidemiologic assessment, analysis and reporting of population health status and of public health conditions; maintain timely response to emergencies and threats to public health; maintain vital records and other health data; and provide independent public health laboratory services.

Objective 1: Provide vital records services to the public with assurance of integrity, accuracy and security of records.

Strategies:

- Enhance information systems that support quality health decision-making, including the re-engineering of the birth and death data collection systems.
- Operate a system of vital records and health statistics with assurance of integrity, timeliness, accuracy and security of vital data.

PM #	Performance Measures:	FY 01	FY 02	FY 03
II.A.1.1	*Percent of birth certificates issued within three weeks after receipt of completed request and fees.	93%	95%	95%
II.A.1.2	Percentage of death certificates issued within four weeks after receipt of completed request and fees.	96%	96%	96%

* House Bill 2 Performance Measure

Objective 2: Conduct disease and risk factor surveillance, surveys and special studies to monitor and identify conditions of public health importance, and to control disease outbreaks and urgent health conditions.

Strategies:

- Provide on-call inquiry response to the public healthcare practitioners and other professionals and organizations 24 hours a day, 365 days a year.
- Identify clusters or outbreaks of infectious diseases and other conditions of public health importance and assure effective response.
- Collaborate with and provide training to laboratories, hospitals and other reporting agencies to assure effective identification and disease control response.
- Conduct surveillance for 80 notifiable conditions, including infectious diseases, lead, environmental health conditions and injuries.

- Perform surveys and studies to collect data on disease, disability, injury, risk and health promoting factors, substance use and mental health problems among New Mexicans.
- Improve and expand public health preparedness capacity.
- Ensure a comprehensive and timely response to public health emergencies including environmental health emergencies (e.g., hazardous waste spills), bioterrorism, communicable and infectious diseases (e.g., influenza, hantavirus, plague, E. coli), manmade disasters (e.g., fire, explosions), and natural disasters (e.g., fires, flood, earthquake).
- Maintain and enhance bi-national communication efforts that will support action on disease outbreaks and urgent health conditions.
- Evaluate adverse effects caused by environmental exposures.

PM#	Performance Measures:	FY 01	FY 02	FY 03
II.A.2.1	*Percent of inquiries and incidents regarding urgent threats to public health that result in initiation of follow up investigation and/or control activities by the Office of Epidemiology within 30 minutes of initial notification.	Est. 95%	95%	95%
II.A.2.2	Number of professional and facility trainings conducted annually by DOH epidemiologists and statisticians.	Est. 125	150	150
II.A.2.3	Implementation of the Public Health Preparedness Plan.	Partial implementation: pilot testing underway	Full implementation of health alert network	Complete implementation

* House Bill 2 Performance Measure

Objective 3: Assess, analyze and report data on population-based health status indicators (e.g., population characteristics/social determinants, morbidity, mortality, healthy behaviors and health risk behaviors, access to and use of health and health-related services), selected public health conditions and vital statistics.

Strategies:

- Assess the state’s public health status and assess needs for preventive or therapeutic interventions or programs.
- Analyze data and information to develop strategies and policies.
- Produce and distribute reports on health statistics, maternal and child health, birth defects, maternal and child fatality reviews, and other reports on health conditions in New Mexico.
- Plan, develop, produce and disseminate the biannual report, *The State of Health in New Mexico* and promote its dissemination and use.
- Produce updates of health indicators for *The Vision of Health*.
- Integrate information systems, including statewide implementation of the Integrated Information for Public Health Official Records Management System (INPHORM), the Behavioral Health Information System (BHIS), and the Statewide Immunization Information Systems (SIIS).

- Work with Medical Assistance Division of the Human Services Department to bridge public health information systems with Medicaid databases.
- Present findings, summaries and reports of public interest to news media for dissemination to the public.
- Operate a system of health statistics with assurance of quality and accuracy of published health information.
- Present study findings, surveillance summaries and data interpretation to inform health program decisions and policy recommendations for public agencies and the state legislature.
- Cooperate on bi-national and bi-state surveys and studies that improve on tracking of health conditions, risk factors and public health activities affecting the New Mexico border population.
- Increase capacity to monitor fatal and non-fatal injury, including risk factors, through comprehensive injury data systems.

PM#	Performance Measures:	FY 01	FY 02	FY 03
II.A.3.1	Number of hospitals participating in Trauma Registry, Traumatic Brain Injury and Firearm Injury surveillance systems.	No data	Develop Baseline	Establish Targets
II.A.3.2	Percentage of responses to public and official requests for health data completed with appropriate timeliness and completeness.	Est. 95%	95%	95%

Objective 4: Provide education and training regarding public health conditions, disease control, and health data analysis.

Strategies:

- Provide information on health conditions to professionals and the general public, including interactive web-based information.
- Assist professionals, organizations and members of the public in analysis and interpretation of health-related data, including environmental data.
- Provide training to epidemiologists, health professionals, students and other interested parties on research design, measurement and assessment, sampling, data collection, database development, data management and statistical data analysis, program evaluation, and understanding technical reports and articles.

PM#	Performance Measures:	FY 01	FY 02	FY 03
II.A.4.1	Number of consultations provided by public health epidemiologists to other units of DOH, other organizations and communities.	No data	Develop Baseline	Establish Targets

Objective 5: Provide independent public health laboratory services in a timely fashion.

Strategies:

- Maintain third party certification of Department laboratories to assure quality.

- Provide laboratory analyses and analytical support to DOH, Department of Agriculture, Environment Department, Office of the Medical Investigator, hospitals and clinical laboratories as requested.
- Serve as liaison between state and Federal agencies (e.g., Centers for Disease Control and Prevention, Federal Bureau of Investigations, and Environmental Protection Agency) on issues of public health.

PM#	Performance Measures:	FY 01	FY 02	FY 03
II.A.5.1	*Percent of samples submitted to Scientific Laboratory that are analyzed within standard holding times.	97.5%	97.5%	97.5%
II.A.5.2	Moving Average Score in Chemistry and Biology in the certification of Scientific Laboratory by EPA and Clinical Laboratory Improvement Act (CLIA).	96% in Chemistry 95% in Biology	96% in Chemistry 95% in Biology	96% in Chemistry 95% in Biology

* House Bill 2 Performance Measure

Objective 6: Scientific Laboratory Division will provide education, expert testimony, training and certification to public and private sector entities and individuals employed in the collection of information relevant to public and environmental health as mandated by state and Federal regulations.

Strategies:

- Provide training and certification of law enforcement officers for activities under state Implied Consent law.
- Provide certification inspections for water and dairy laboratories for Departments of Environment and Agriculture.
- Provide education, expert testimony and evidentiary level information in support of legal proceedings as requested.
- Provide leadership and technical oversight to the Centers for Medicare and Medicaid Services (CMS) certified clinical labs in public health offices.

PM#	Performance Measures:	FY 01	FY 02	FY 03
II.A.6.1	*Number of law enforcement officers trained and certified to conduct forensically defensible breath and alcohol analyses.	1,666	1,600	1,600
II.A.6.2	Number of incidents of evidentiary data from Scientific Laboratory being disqualified because of any shortcomings in the work of the Scientific Laboratory.	0 Incidents.	0 Incidents.	0 Incidents.

* House Bill 2 Performance Measure

Goal B: Assure access to and quality of basic health systems such as primary care, and rural health, and emergency medical services.

Objective 1: Assure access to basic primary care services and rural health systems through the combined efforts of the Rural Primary Health Care Act (RPHCA), the New Mexico Health Service Corps and various federal initiatives and programs (e.g., the National Health Service Corp, J-1 Visa Waiver, the Medicare Flexibility Program, etc.).

Strategies:

- Effectively administer RPHCA programs and monitor contracts to assure that primary care sites are maintained and enhanced.
- Provide face-to-face and distance technical assistance to community-based primary care centers and to underserved communities in order to sustain and improve local and regional healthcare systems.
- Recruit and retain health professionals through a system of various programs and support in collaboration with the Commission for Higher Education, the Health Policy Commission, professional organizations, UNM School of Medicine, and others.
- Collect and analyze service provision data and recruited health professional information from contractors and other sources to monitor productivity and better assess workforce needs.
- Monitor the quality of community-based primary care centers' performance and operations and develop improvement interventions as necessary.
- Support the enrollment of infants, children, adolescents and pregnant women into qualifying programs, e.g., Medicaid, Healthier Kids Fund, SCHIP, etc.
- Assist communities in the planning and development of rural health systems, including the certification of critical access hospitals.
- Expand workforce and facility capacity in order to expand access to dental care and mental health services in underserved New Mexico.
- Monitor and report on key, significant clinical performance indicators to enhance quality of services in community-based primary care centers.
- Routinely assess health professional needs and requirements (e.g., primary care, dental, mental health and others) and make formal designation requests to the federal government to maximize NM's eligibility for federal support.

PM#	Performance Measures:	FY 01	FY 02	FY 03
II.B.1.1	Number of primary healthcare and emergency medical professionals supported or obligated per year and working in underserved areas.	61	60	60
II.B.1.2	Percent of children up to 24 months of age, seen during the contract year, who have been immunized.	No Data	Develop Baseline	Establish Target
II.B.1.3	Percent of children and adolescents, seen during the contract year, who have received an EPSDT screen.	No Data	Develop Baseline	Establish Target
II.B.1.4	Percent of diagnosed diabetes, seen during the contract year, who have received the HgA1c test.	No Data	Develop Baseline	Establish Target

PM#	Performance Measures:	FY 01	FY 02	FY 03
II.B.1.5	*Percent of Primary Care Centers’ reporting performance data on the above clinical indicators in the contract year.	No Data	Develop Baseline	Establish Target

* House Bill 2 Performance Measure

Objective 2: Provide timely and comprehensive emergency medical services.

Strategies:

- Provide Emergency Medical Services (EMS) support including licensure and certification, financial support, training and technical assistance to ensure that people are served by timely and comprehensive EMS response.
- Insure a minimum EMS standard of pre-hospital healthcare provider/service.
- Annually, examine and certify/license new EMS providers (e.g., Emergency Medical Technicians [EMTs], EMS 1st Responders, and Emergency Medical Dispatchers).
- Certify air ambulance services.
- Administer and distribute the EMS Fund according to EMS Fund Act and regulations.
- Assure effective and efficient emergency and medical communication systems.
- Monitor GSD activities to ensure the communication system is operational 95% of the time.
- Provide analyses to reduce morbidity and mortality.
- Assure a comprehensive and timely system of trauma care.
- Increase the NM Crisis Network in order to deal with the aftermath of violence, injuries and other crises.
- Provide post-incident emotional, psychological and resource support.
- Collect and analyze pre-hospital EMS response data and hospital trauma systems data.
- Annually assess quality assurance and quality improvement activities within EMS, including the delivery of physician medical direction.
- Develop a plan to improve access to EMS including emergency highway phones, training for law enforcement first response, services to the elderly, etc.

PM#	Performance Measures:	FY 01	FY 02	FY 03
II.B.2.1	*Percentage of individuals living in urban areas served by a comprehensive EMS response within 10 minutes for first response and within 15 minutes for an ambulance.	90% combined rural/urban	90%	90%
II.B.2.2	Percentage of individuals living in rural areas served by a comprehensive EMS response within 15 minutes for first response and within 20 minutes for an ambulance.	90% combined rural/urban	90%	90%
II.B.2.3	Percentage of people routinely served by advanced level (EMT-Intermediate and EMT-Paramedic) EMS services.	88%	88%	88%
II.B.2.4	Number of training courses conducted in Emergency Medical Dispatch.	12	8	8

PM#	Performance Measures:	FY 01	FY 02	FY 03
II.B.2.5	Percentage of ambulance service providers with major deficiencies who receive technical assistance and/or corrective action visitation from DOH within 30 days, as identified by the Public Regulation Commission.	100%	100%	100%

* House Bill 2 Performance Measure

Goal C: Assure compliance with standards of care in hospitals, nursing homes and other healthcare facilities and community programs through various quality improvement activities.

Objective 1: Prevent/reduce abuse, neglect and exploitation through timely action by the Division of Health Improvement.

Strategies:

- Prevent convicted felons from working as direct caregivers in non-acute care settings through implementation of the Caregivers Criminal History Screening Program.
- Prevent nursing assistants with employment history of abuse and neglect from working in health facilities by implementing the Certified Nurse Aide Registry.
- Provide ongoing and timely investigations of abuse, neglect, and exploitation in community programs.
- Manage a Community Incident Management System.
- Provide ongoing investigations of complaints in healthcare facilities.
- Manage a complaint resolution system for Healthcare facilities.
- Create trends reports for Long-Term Services Division and Behavioral Health Services Division to identify system issues and technical assistance needs.
- Prevent unnecessary deaths by conducting departmental mortality reviews of deaths in communities, identifying systematic issues and providing technical assistance.
- Implement appropriate sanctions to assure compliance with standards.

PM#	Performance Measures:	FY 01	FY 02	FY 03
II.C.1.1	*Percent of community-based program complaint investigations completed by Division of Health Improvement Incident Management System within 45 days.	86%	88%	90%
II.C.1.2	Percent and number of abuse, neglect and exploitation complaints and other reportable incidents reviewed and investigated annually in the Community Agency Incident Management System.	100% 2137	100% 2500	100% 2500
II.C.1.3	Percent of health facility complaint investigations completed by allotted time frames.	0 Cases received	100%	100%

* House Bill 2 Performance Measure

Objective 2: Improve the quality and frequency of healthcare facility and community-based program reviews annually.

Strategies:

- License and/or certify healthcare facilities.
- Compare state survey activity with national benchmarks.
- Collect and analyze data regarding community programs (i.e., Long-Term Services and Behavioral Health Services) performance through site visits, investigations, trend reports, and performance measures.
- Provide consultation to Public Health Division on quality management issues.
- Coordinate and consult with other state agencies.
- Focus quality reviews on medical and program issues.
- Convene a Sanctions Committee to establish consistency across the Department for contract accountability.
- Facilitate monthly regional meetings with state agencies.
- Facilitate quarterly regional meetings with providers and consumers.
- Complete customer/provider satisfaction surveys regarding Division of Health Improvement Quality Management activity.
- Facilitate consumer evaluation of quality of behavioral health services through the Council on Consumer Affairs.
- Develop and implement regulations.
- Conduct targeted focused groups on health system issues.

PM#	Performance Measures:	FY 01	FY 02	FY 03
II.C.2.1	*The number of Long-Term Services, DD Waiver Supported Living and Day Habilitation providers receiving unannounced, on-site health and safety reviews.	16	20	24
II.C.2.2	Percent and number of nursing facilities and ICFs/MR surveyed by Licensing and Certification Bureau. <i>(“Annual” surveys occur according to CMS regulation between 9 and 15 months post the previous survey. ICF/MR surveys occur every 12 months.)</i>	100% 84	100% 127	100% 127
II.C.2.3	*Number of oversight reviews and technical assistance visits conducted of behavioral health services Regional Care Coordinators (RCCs) providers.	8	10	12

* House Bill 2 Performance Measure

Objective 3: Promote best practices in healthcare facilities and community programs through training and technical assistance annually.

Strategies:

- Identify best practices in health programs and facilities.
- Provide technical assistance to expand opportunities for improvement.
- Provide technical assistance to providers regarding internal program QI processes.
- Provide program specific strategies to address deficiencies.
- Provide training on Continuous Quality Improvement principles and tools.
- Provide statewide training to providers and consumers on identifying and reporting abuse, neglect, and exploitation.
- Provide technical assistance, based on trend reports, to providers regarding improvement strategies.
- The Behavioral Health Services Division and the Division of Health Improvement shall continue the coordinated implementation and quality improvement process (i.e., BHSQIC) for community behavioral health providers.

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PROGRAM AREA III: Behavioral Health Treatment

Mission/Purpose: To provide an effective, accessible, regionally coordinated and integrated continuum of behavioral health treatment services which are consumer driven and provided in the least restrictive setting, for eligible persons in New Mexico so that they may become stabilized and their functioning levels may improve.

Goal A: Assure timely access to an effective, consumer-driven, integrated continuum of services for adults with behavioral health needs, serving clients in the least restrictive and most appropriate setting in order to stabilize and improve the functioning levels of persons being served.

Objective 1: Assure quality of care to stabilize and improve the functioning level and quality of life of persons receiving community-based and facility-based behavioral health services.

Strategies:

- Assure that the Regional Care Coordinators meet the behavioral health standards with respect to cultural competency, quality improvement, services accessibility and availability, utilization, management, housing, supported employment and consumer empowerment.
- Maintain compliance with quality of care standards required for JCAHO and CARF accreditation in DOH facilities.
- Maintain compliance with quality of care standards required for JCAHO accreditation in LVMC community-based services.
- Assess client improvement in community-based settings.
- Assure that DOH facility service measures and practices meet or exceed available national or regional comparison groups averages.
- Assure quality of all practitioners providing DOH-funded community and facility-based behavioral health services.
- The Behavioral Health Services Division and the Division of Health Improvement shall continue the coordinated implementation and quality improvement process (i.e., BHSQIC) for community behavioral health providers.

PM#	Performance Measures:	FY 01	FY 02	FY 03
III.A.1.1	*Las Vegas Medical Center behavioral health facility will retain accreditation by the Joint Commission on Accreditation of Healthcare Organizations.	Retained	Retain	Retain
III.A.1.2	*Turquoise Lodge behavioral health facility will retain accreditation by the Commission on Accreditation of Rehabilitation Facilities.	Retained	Retain	Retain

PM#	Performance Measures:	FY 01	FY 02	FY 03
III.A.1.3	Fort Bayard Medical Center behavioral health facility will achieve accreditation by the Commission on Accreditation of Rehabilitation Facilities.	Prepare	Prepare	Obtain
III.A.1.4	*New Mexico Rehabilitation Center behavioral health facility will retain accreditation by the Joint Commission on Accreditation of Healthcare Organizations and the Commission on Accreditation of Rehabilitation Facilities.	Retained	Retain	Retain
III.A.1.5	Rate of seclusion hours used per 1000 patient days for LVMC adult psychiatric services compared to the national average for similar facilities.	0.9% v 1.16% National Average	0.9% v 1.16% National Average	0.9% v 1.16% National Average.
III.A.1.6	Rate of restraint used per 1000 patient days for LVMC adult psychiatric services compared to the national average for similar facilities.	0.07% v 1.15% National Average	0.07% v 1.15% National Average	0.07% v 1.15% National Average
III.A.1.7	*Percent of adults served in community-based behavioral health programs who indicate an improvement in the quality of their lives and increased independent functioning in their community as a result of their treatment experience. <i>Consumer Survey</i>	74%	79%	84%
III.A.1.8	Percent of adults receiving community-based mental health services whom experience a decreased level of psychological distress. <i>A sample of chart audits in all 5 regions will be conducted by November 01 to establish baseline.</i>	No Baseline	Develop Baseline	Establish Target
III.A.1.9	Percent of seriously disabled mentally ill (SDMI) adults, registered in the RCCP, who are placed in protective custody.	No Baseline	Develop Baseline	Establish Taragets
III.A.1.10	*Percent of adults receiving community-based substance abuse services who experience diminishing severity of problems after treatment. <i>Consumer Survey</i>	79%	80%	80%
III.A.1.11	*LVMC re-admission rate per 1000 patient days within 30 days compared to the national average. <i>National Average 6.39</i>	2.417 per 1000 patient days compared to the national average	2.5 per 1000 patient days compared to national average	2.7 per 1000 patient days compared to national average

PM#	Performance Measures:	FY 01	FY 02	FY 03
III.A.1.12	All five regions will achieve and maintain substantial compliance with behavioral health network standards.	All five regions achieve 80% overall compliance	All five regions achieve 80% overall compliance	All five regions achieve 85% overall compliance

* House Bill 2 Performance Measure

Objective 2: Develop and implement an accessible and coordinated continuum of quality behavioral health services for eligible adults, including those with dual or multiple diagnoses, with integrated mental health and substance abuse treatment services and coordinated community-based services and facility-based services.

Strategies:

- Provide regional coordination of community-based behavioral health services focused on client outcomes through regional care coordination contracts with performance incentives.
- Assure treatment planning and continuing care between Regional Care Coordinators, community providers and DOH facilities.
- Utilize uniform placement criteria in community-based settings in determining most appropriate level of care in the most integrated setting.
- Assure that persons with dual or multiple diagnoses (i.e., two or more diagnoses which include mental illness, substance abuse, polysubstance abuse, developmental disability, and/or traumatic brain injury) are able to access appropriate treatment.
- Assure the development and implementation of integrated assessments, treatment planning, and clinical case management interventions for adults with co-occurring disorders.
- Assure that the adult system of behavioral health services accommodates a smooth transition for youth from the children’s behavioral health service system.
- Assure “best practice” models and/or “science-based” approaches for behavioral health services interventions in community clinical practices across the continuum of services, including crisis diversion/interventions. [“Best practice” and “science-based” mean treatments and/or clinical interventions that are efficacious based on research and accepted standards of practice in the psychiatric, psychological, and addictions fields of practice.]
- Increase community capacity to serve individuals with high acuity needs by developing and implementing intensive community-based services including case management, crisis response, housing, employment, and other social supports.
- Increase community capacity to serve individuals with high acuity needs by developing jail diversion and post-release programs.
- Increase community capacity to serve individuals with high acuity needs by making appropriate psychotropic medications available to clients receiving treatment in community settings.
- Initiate a behavioral health gap analysis process to identify services needed and available for adult consumers in need of behavioral health services.
- Participate in interagency collaborative efforts to address barriers in the provision of appropriate integrated services across funding streams.

- Develop an online query process for facilities and Regional Care Coordinators to improve care coordination for persons receiving behavioral health services across the continuum of care.
- Develop an automated electronic process to facilitate access to client data across all DOH programs for persons receiving behavioral health services.
- Promote the development of community-based behavioral health services across the state proportionate to population needs.
- Provide community-based forensic evaluation services statewide, in addition to the existing facility-based services.
- Collaborate with RCCs and MAD staff to implement the new medical necessity definition and the crisis response system.

PM#	Performance Measures:	FY 01	FY 02	FY 03
III.A.2.1	*Percent of eligible adults with urgent behavioral health treatment needs who have first face-to-face meeting with a community-based behavioral health professional within 24 hours of request for services.	71%	81%	86%
III.A.2.2	*Percent of eligible adults with routine behavioral health treatment needs who have first face to face meeting with a community based behavioral health professional within 10 business days of request for services.	83%	85%	87%
III.A.2.3	Percent of eligible adults with dual diagnosis of mental disorder and substance abuse disorder with urgent behavioral health treatment needs who have first face-to-face meeting with a community-based behavioral health professional within 24 hours of request for services.	73%	83%	88%
III.A.2.4	Percent of eligible adults with dual diagnosis of mental disorder and substance abuse disorder with routine behavioral health treatment needs who have first face-to-face meeting with a community-based behavioral health professional within 10 business days of request for services.	79%	84%	86%
III.A.2.5	Percent of eligible adults who present with psychiatric issues receiving community-based behavioral health services who are screened for substance abuse. <i>Conduct chart audits in a sample of clients in each region by November, 2001</i>	No baseline. In FY01, instituted universal integrated screening protocols:	Develop baseline.	Minimum target of 65%

PM#	Performance Measures:	FY 01	FY 02	FY 03
III.A.2.6	Percent of eligible adults who present with substance abuse issues receiving community-based behavioral health services who are screened for mental illness. <i>Conduct chart audits in a sample of clients in each region by November, 2001</i>	No baseline. In FY01, instituted universal integrated screening protocols:	Develop baseline.	Minimum target of 65%
III.A.2.7	Percent of adults receiving community-based behavioral health services for which housing is a treatment issue who report that their housing situation is being addressed. <i>Consumer Survey</i>	59%	64%	69%
III.A.2.8	Percent of adults receiving community-based behavioral health services for which employment is a treatment issue who are receiving employment related services. <i>Consumer Survey</i>	59%	64%	69%
III.A.2.9	*Percent of adults registered in the Regional Care Coordination Plan discharged from psychiatric inpatient care that receive follow-up care within 7 days.	No baseline.	Develop baseline.	Minimum of 75%
III.A.2.10	*Number of active clients provided DOH substance abuse treatment services during the fiscal year.	7,826	10,255	10,513
III.A.2.11	*Number of detoxification and residential bed days provided to DOH substance abuse treatment clients during the fiscal year.	77,745	81,646	81,646
III.A.2.12	*Number of outpatient service hours provided to DOH substance abuse clients during the fiscal year.	103,778	145,156	145,156
III.A.2.13	*Number of DOH clients receiving mental health/substance abuse integrated treatment services in accordance with best practices for co-occurring disorders.	800	1,600	2,310

* House Bill 2 Performance Measure

Objective 3: Assure access to quality safety net services at DOH facilities for adults whose behavioral health needs require residential treatment services.

Strategies:

- Provide services at DOH behavioral health facilities to insure that the safety net of services is appropriately available.

- DOH behavioral health facilities will develop an inter-facility system to meet the specialized safety net service needs of adults with behavioral health treatment needs.
- Develop LVMC’s capacity to serve the increasing number of adults with mental illnesses demonstrating high acuity.
- DOH facilities treating adults with substance abuse will coordinate detoxification and rehabilitation services so that individuals may receive appropriate services in the closest possible proximity to their homes.
- Develop the use of telemedicine to assist in assessment, consultation and treatment for adults in DOH facilities and in community systems of care.
- Department of Health facilities will collaborate with the Regional Care Coordinators in discharge planning to facilitate appropriate follow up care.
- Turquoise Lodge will develop a pilot program and study for acupuncture treatment.
- Department of Health facilities will expand and further develop family programs to promote a more complete recovery environment.
- DOH facilities will develop and expand aftercare services.
- LVMC will provide technical assistance to community mental health providers to insure individuals can receive services in their communities.
- DOH facilities will implement new and evolving models of harm reduction and treatment for substance abuse.

PM#	Performance Measures:	FY 01	FY 02	FY 03
III.A.3.1	Number of telemedicine events that are used to support timely referrals and consults by the facilities. <i>Las Vegas Medical Center, New Mexico Rehabilitation Center, Turquoise Lodge and Yucca Lodge.</i>	51	143	285
III.A.3.2	Number of court ordered adults served in Las Vegas Medical Center Forensic Unit.	86	94	100

Objective 4: Assure that the community and facility-based behavioral health system for adults is consumer-driven and culturally sensitive.

Strategies:

- DOH will institute the concepts of “recovery” and “empowerment” through adult consumer partnerships in policy decision-making, services delivery design, and evaluation of behavioral health services at the department, facility, community and provider level.
- DOH providers will partner with adults and/or their legal representatives to direct the planning, delivery and evaluation of services.
- DOH will facilitate adults to actively participate in decision-making concerning their treatment.
- DOH and its contractors will provide training to treatment staff to improve sensitivity to ethnicity, language, culture, age, etc.

- BHSD will establish and maintain processes for Native American input, involvement and advisory capacity in community-based system development.
- DOH facilities will have family and client representation on their respective governing bodies.
- BHSD will establish and support the statewide Council on Consumer Affairs, which is comprised entirely of adult consumers and is responsible for advising BHSD on the behavioral health service delivery system.
- Adults will be informed of their rights, responsibilities and treatment options.
- DOH will promote access to treatment guardianship when a client is unable to make treatment choices.
- Quality of life, dignity and self-improvement will be consistently promoted for adults receiving DOH behavioral health services.
- Assure that services are culturally sensitive and of sufficient duration and level of intensity to achieve successful outcomes.

PM#	Performance Measures:	FY 01	FY 02	FY 03
III.A.4.1	Percent of behavioral health community providers who inform their adult clients of their rights and the complaint process.	80% statewide compliance with Behavioral Health Network Standards.	90%	95%
III.A.4.2	Percent of consumers represented on regional advisory boards, advisory councils and state level advisory councils.	RAC: 30% SAC: 21%	RAC:33% SAC: 33%	RAC:33% SAC: 33%
III.A.4.3	Percent of consumers surveyed who receive community-based services who report being actively involved in their treatment planning. <i>Consumer Survey</i>	88 %	89%	90%
III.A.4.4	Percent of consumers surveyed who receive community-based services who report they received services sensitive to their cultural needs.	No baseline.	Develop baseline	75%

Objective 5: Adults receiving DOH-funded behavioral health services will be free from abuse, neglect, exploitation or serious injury.

Strategies:

- Assure incident management and response systems for all DOH-funded behavioral health service systems.
- Caregiver criminal records screening will be required for all employees of DOH-funded behavioral health services as required.
- Seek and identify medication errors and develop and implement system-based interventions to reduce medication error rates, including searches for “near misses” and resolution prior to injury.

Goal B: Assure that critical elements of safety net services are available for children and adolescents with special behavioral health needs.

Objective 1: Sequoyah Adolescent Treatment Center will provide behavioral health services for adolescents who are mentally ill, violent, and who meet admission criteria.

Strategies:

- Operate a secure thirty-six (36) bed residential treatment facility to provide services to adolescents who are mentally ill and violent as part of the continuum of care.
- Maintain compliance with current quality of care standards required for JCAHO accreditation and CYFD licensure (e.g., on-call psychologist and transitional social worker).
- Comply with appropriate federal and state legislation, including the NM Children’s Mental Health and Developmental Disabilities Code.
- Establish and maintain inter and intra-agency partnerships including facilities, community providers and DOH divisions to support quality health and behavioral health services to DOH clients (e.g., Adolescent Transition Group (ATG) and Sexual Offender Roundtable (SORT)).
- Provide training to treatment staff to improve clinical knowledge as well as sensitivity on ethnicity, language, culture, etc., through the purchase of a clinical database for staff training (e.g., PsychInfo, Medline).
- Facilitate the quarterly advisory board meeting, which includes broad representation of professionals, consumers and citizens with an interest in and knowledge of adolescent mental health issues.
- Develop the use of telemedicine to assist in assessment, consultation and treatment for children and adolescents in the facility.
- Develop transition services to community care and the adult behavioral health system (e.g., vocational education, transition social worker).
- Develop and implement an on-site pharmacy at Sequoyah.
- Assure quality and competency of all practitioners providing DOH-funded community and facility-based behavioral health services.

PM#	Performance Measures:	FY 01	FY 02	FY 03
III.B.1.1	*Sequoyah will retain accreditation by Joint Commission on Accreditation of Healthcare Organizations (JCAHO).	Retained	Retain	Retain
III.B.1.2	Medication Error Rate at Sequoyah Adolescent Treatment Center.	.16%	.15%	.15%
III.B.1.3	Number of Patient Injuries @ Sequoyah Adolescent Treatment Center.	5	5	5

* House Bill 2 Performance Measure

Objective 2: The Las Vegas Medical Center will provide adolescent treatment services through the Center for Adolescent Relationship Exploration (CARE Unit), a residential treatment facility, for adolescents who are mentally ill, have acted out in a sexually inappropriate manner and who meet admission criteria.

Strategies:

- Operate a safe sixteen (16)-bed residential treatment facility to provide services to adolescents as part of the continuum of care.
- Maintain compliance with current quality of care standards required for JCAHO accreditation and state licensure.
- Comply with appropriate federal and state legislation, including the NM Children’s Mental Health and Developmental Disabilities Code.
- Establish and maintain inter and intra-agency partnerships including facilities, community providers and DOH divisions to support quality health and behavioral health services to DOH clients (e.g., Adolescent Transition Group (ATG) and Sexual Offender Roundtable (SORT)).
- Provide training to treatment staff to improve knowledge, sensitivity and expertise on ethnicity, language, culture, etc.
- Assure the development and implementation of integrated assessments, treatment planning, and clinical case management interventions.
- Assure that services are of sufficient duration and level of intensity to achieve successful outcomes.
- Maintain and expand telemedicine capabilities.
- Assure quality and competency of all practitioners providing DOH-funded community and facility-based behavioral health services.

PM#	Performance Measures:	FY 01	FY 02	FY 03
III.B.2.1	Number of seclusions/restraints utilized per year.	5	5	5
III.B.2.2	Percent of children/adolescents who have successfully completed treatment consistent with the treatment plan.	86%	86%	86%
III.B.2.3	Number of telemedicine events to unite those families who are unable, but willing, to participate in their children’s treatment in other settings.	15	20	20

Objective 3: DOH shall insure the safety of children and youth receiving behavioral health services in DOH facilities.

Strategies:

- Review and management of medication administration will be required for all DOH-funded behavioral health services.
- Incident management and response systems for all DOH-funded behavioral health service systems will be required.

- Caregiver criminal records screening will be required for all employees of DOH-funded behavioral health services as required.
- Employees of DOH-funded behavioral health facilities shall have criminal records background checks within timeframes established by the law.

PROGRAM AREA IV: Long-Term Care

Mission/Purpose: To provide an effective, efficient and accessible system of regionally-based long-term care services for eligible New Mexicans so that their quality of life and independence can be maximized.

Goal: Develop an effective, efficient, regionally-based system of integrated long-term care services that are accessible and support choice made by eligible persons and that provide a safety net for people with special needs.

Objective 1: The quality of life of persons is stabilized and improved as a result of receiving community or facility-based long term care services.

- 1a.** Assure that these persons are free from abuse, neglect, exploitation or serious injury.
- 1b.** Support individuals to maintain or gain independence as a result of services.

Strategies:

- Provide opportunities for individuals receiving long-term services to engage in activities to promote independence.
- Utilize Division of Health Improvement to develop a system to assure clinical care standards for special needs populations.
- DOH facilities will retain accreditation; non-accredited facilities will attain accreditation.
- DOH facilities and DOH-funded community based programs will undergo long-term care service programmatic and environmental reviews by DOH, Division of Health Improvement.
- DOH facilities will develop an integrated inter-facility system that has the capacity to meet the specialized "safety net" service needs of eligible individuals.
- DOH facilities will develop and monitor quality and performance using input from stakeholders.
- Develop, disseminate and educate provider networks on clinical and program standards in community programs and DOH facilities to stabilize and improve service delivery.
- Maintain incident management and response systems for all DOH-funded long-term care service systems.
- Require caregiver criminal records screening for all employees of DOH-funded long-term care services.
- Develop and monitor medication administration programs for all DOH-funded long-term care services providers.
- Develop and promote self-directed service options (i.e., services in which individuals manage their own plan of care and staffing).
- Develop and promote family support service options (e.g., respite).
- Access to primary healthcare and specialized therapy services will be made available for all individuals participating in DOHfunded long-term care services.

- DOH will evaluate direct care staff salaries and staff retention for long-term care services.
- Assure that long-term care services are based upon the individuals needs and choices as described in the individual plan of care.
- Implement activities to disengage from the Jackson litigation.

PM#	Performance Measures:	FY 01	FY 02	FY 03
IV.A.1.1	* Fort Bayard Medical Center will work to acquire JCAHO accreditation.	Work toward	Work toward	Acquire
IV.A.1.2	* New Mexico Rehabilitation Center long-term care facility will retain JCAHO accreditation.	Retained	Retain	Retain
IV.A.1.3	*Las Vegas Medical Center long-term care facility will retain JCAHO accreditation.	Retained	Retain	Retain
IV.A.1.4	* New Mexico Veterans' Center long-term care facility will retain JCAHO accreditation.	Acquired	Retain	Retain
IV.A.1.5	Percent of nursing facility residents with unplanned weight loss greater than, or equal to, 5% of total body weight within a thirty-day period.	Develop baseline	<4%	<4%
IV.A.1.6	Percent of transfers to inpatient acute care facilities from DOH nursing facilities, which are due to fractures.	Develop baseline	<7%	<6%
IV.A.1.7	Average total change in Functional Independence Measure (FIM) score in patients completing medical rehabilitation at New Mexico Rehabilitation Center compared to national average.	Within a 95% confidence Interval	Within a 95% confidence Interval	Within a 95% confidence Interval
IV.A.1.8	Percent of residents at a DOH nursing facility whom acquires a symptomatic urinary tract infection while residing at the facility.	<5%	<5%	<5%
IV.A.1.9	Percent of residents at New Mexico Rehabilitation Center who acquire a Nosocomial Urinary Tract Infection while residing at the facility.	<5%	<5%	<5%
IV.A.1.10	*Percent of individual service plans for community-based long-term care programs that contain specific strategies to promote or maintain independence such as daily living skills, work, and functional skills.	98%	98%	98%
IV.A.1.11	Percent of DOH-operated facilities that have a system to monitor, review and correct medication errors that meets accepted standards of care.	75%	100%	100%

PM#	Performance Measures:	FY 01	FY 02	FY 03
IV.A.1.12	*Rate of abuse, neglect and exploitation in DOH-funded facilities and community-based long-term care services programs as confirmed by the Division of Health Improvement (DHI) or substantiated through Adult Protective Services (APS) program of CYFD.	10%	9%	8%
IV.A.1.13	*Percent of long-term services contractors' direct contact staff who leaves employment annually.	49.2%	47.2%	44.2%
IV.A.1.14	Percent of Plans of Action commitments completed in conjunction with the Jackson litigation disengagement.	100%	100%	Maintain

* House Bill 2 Performance Measure

Objective 2: Community-based long-term care services are accessible in a timely manner.

Strategies:

- Establish and maintain a partnership between facilities, community providers and DOH divisions to support quality health and behavioral health services to DOH adult clients.
- Promote informed choice to individuals needing services through a single point of entry system.
- Publish and make available easily understood information about accessing long-term care services for use by individuals, families and organizations in a variety of languages and formats.
- Inform individuals, families and community agencies of available long-term care services and the application or registration process to access the services.
- Promote expansion of community-based long-term care services and the development of accessible housing that supports continued living in the individual's home and / or community.
- Promote distribution of long-term care services throughout the state in proportion to the population and needs.
- Promote the development of information resources for long-term care services that improves availability of information for application and access to long-term care services, improves timeliness of DOH responses to individuals needing and receiving services and improves use of information in program planning and service delivery.
- Assess providers for staff retention and recruitment issues in DOH Long-Term Care Services.

PM#	Performance Measures:	FY 01	FY 02	FY 03
IV.A.2.1	Percent of registrants for community based long-term care services informed of services available and the process for accessing services.	Develop baseline	80%	90%
IV.A.2.2	*Number of customers/registrants requesting and actively waiting for admission to the Developmental Disabilities Medicaid Waiver program on the measurement date.	2,125	2,400	2,400
IV.A.2.3	*Number of customers/registrants requesting and actively waiting for admission to the Disabled and Elderly Medicaid Waiver program on the measurement date.	3033	Transferred to HSD	Transferred to HSD
IV.A.2.4	Number of customers/registrants requesting and actively waiting for admission to the Medically Fragile Medicaid Waiver program on the measurement date.	104	40	40
IV.A.2.5	Number of customers/registrants requesting and actively waiting for admission to Traumatic Brain Injury Fund services on the measurement date.	39	40	40
IV.A.2.6	*Length of time passed since the date of registration for the Developmental Disabilities Medicaid Waiver program for the first person still waiting for allocation from the DOH Central Registry on the measurement date.	42 months	60 months	60 months
IV.A.2.7	*Length of time passed since the date of registration for the Disabled and Elderly Medicaid Waiver program for the first person still waiting for allocation from the DOH Central Registry on the measurement date.	19 months	Transferred to HSD	Transferred to HSD
IV.A.2.8	Length of time passed since the date of registration for the Medically Fragile Medicaid Waiver program for the first person still waiting for allocation from the DOH Central Registry on the measurement date.	12 months	8 months	8 months
IV.A.2.9	Length of time passed since the date of registration for Traumatic Brain Injury Fund services for the first person still waiting for allocation from the DOH Central Registry on the measurement date.	5 months	5 months	5 months

* House Bill 2 Performance Measure

Objective 3: Individuals receiving services, or their legal representatives, participate in the planning, delivery and evaluation of services.

Strategies:

- Assure that individuals are informed of their rights and responsibilities, and their choices and logical natural consequences.
- Assure that long-term care services are based upon the individual's needs and choices as described in the individual care/service plan.
- Assure that providers in all DOH-funded long-term care service systems provide opportunities for participant advisory groups and invite individuals in services to participate in policy development and offer suggestions on improving quality of life and quality of care for residents.

PM#	Performance Measures:	FY 01	FY 02	FY 03
IV.A.3.1	Percent of persons admitted during the fiscal year to the following programs who are informed of their rights, and responsibilities at the time of admission. Developmental Disabilities Medicaid Waiver, Medically Fragile Medicaid Waiver and Traumatic Brain Injury Fund.	Develop baseline	99% for DD 99% for DE	99% for DD
IV.A.3.2	Percent of providers of the following programs that include input from participants annually into the individual's services planning process: Developmental Disabilities Medicaid Waiver program, Medically Fragile Medicaid Waiver and Traumatic Brain Injury Fund services.	DDW = 95% MF=95% TBI = Pending	DDW = 98% MF=98% TBI = 95%	DDW = 98% MF=98% TBI = 98%
IV.A.3.3	Percent of individuals in Developmental Disabilities Medicaid Waiver services who have received the therapeutic services (e.g., psychiatric, OT, PT, etc.) identified in their individual service plans.	BT=87% OT=72% PT=74% ST=82%	BT=85% OT=85% PT=85% ST=85%	BT=85% OT=85% PT=85% ST=85%

Objective 4: Community-based long-term care services deliver a readily available continuum of long-term care options.

Strategies:

- DOH facilities will expand their services to include community-based long-term care services to safety net populations (e.g., assisted living, day care, PACE programs, Medicaid waiver, therapy services, etc.).
- DOH will participate in the development of a Medicaid 1115 waiver application or other options that support flexible long-term care services funding that permits individuals to choose between facility-based and community-based services.

- DOH will develop competency and capacity in its provider networks to serve special populations in community-based long-term care systems.
- DOH will participate in promoting development of community-based independent and semi-independent housing and living arrangements.
- DOH will conduct regular cost evaluations for community-based services and propose cost of living and service rate adjustments to retain trained qualified direct service staff.
- Develop and integrate Intermediate Care Facilities for the Mentally Retarded (ICF-MRs) into the community-based system.

PM#	Performance Measure	FY01	FY02	FY03
IV.A.4.1	Number of Medicaid Waiver Participants receiving part of their waiver services from Las Vegas Medical Center.	70	72	72
IV.A.4.2	Number of Medicaid Waiver Participants receiving part of their waiver services from New Mexico Veterans' Center.	0	20	20
IV.A.4.3	Number of Medicaid Waiver Participants receiving part of their waiver services from New Mexico Rehabilitation Center.	60	100	100
IV.A.4.4	Number of Medicaid Waiver Participants receiving part of their waiver services from Fort Bayard Medical Center.	70	75	80

Objective 5: The Department of Health provides ancillary support and safety net services to individuals with developmental disabilities statewide.

Strategies:

- Operate the Los Lunas Community Program to include statewide-specialized programs and crisis response services.
- Ensure access to therapy services for participants in DOH-funded long-term care community service systems.
- Ensure access to dental care and treatments for individuals with developmental disabilities.
- Train private dentists to expand pool of trained dentists or hygienists capable of serving individuals with developmental disabilities.
- Ensure access to augmentative communication systems for individuals with developmental disabilities.
- Expand home-based and respite support services.
- Provide technical assistance to home and community-based providers.

PM#	Performance Measures:	FY 01	FY 02	FY 03
IV.A.5.1	*Number of crisis referrals for individuals with developmental disabilities that are addressed by the Los Lunas Community Program crisis network.	100	95	80
IV.A.5.2	Number of OT, PT, and SLP therapists recruited by Los Lunas Community Program to work in DD Waiver services.	55	60	65
IV.A.5.3	Number of individuals with developmental disabilities receiving dental care through the Los Lunas Community Program. <i>(FY00 and FY01 show number dental procedures conducted compared to target)</i>	5,700	5,700	5,700
IV.A.5.4	Number of individuals with developmental disabilities receiving 24-hour residential Waiver services from the Los Lunas Community Program.	130	140	150

* House Bill 2 Performance Measure

Objective 6: Department of Health long-term care services are culturally competent services.

Strategies:

- DOH will assure that individuals in LTSD-funded and facility-based services receive supports and communication using their primary language and are provided appropriate interpretive services and augmentative communication supports.
- DOH will publish and make available easily understood information about accessing long-term care services for use by individuals, families and organizations in a variety of languages and formats.
- DOH will integrate and monitor residents’ rights to include, but not limited to, personal values and beliefs, cultural and spiritual preferences, and life long patterns of living as fundamental elements of care and care planning for individuals receiving DOH services.

PM#	Performance Measures:	FY 01	FY 02	FY 03
IV.A.6.1	Percent of DOH facilities and long-term care referral offices who have assessed primary language and culture identifications of individuals served/eligible to be served.	No Baseline	Develop Baseline	Establish Target
IV.A.6.2	Percent of DOH referral offices and facilities who have interpretive services available to individuals with limited English proficiency served/eligible to be served.	No Baseline	Develop Baseline	Establish Target

IV.A.6.3	Percent of DOH referral offices and facilities who have DOH- written materials available in Spanish.	No Baseline	Develop Baseline	Establish Target
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PROGRAM AREA V: Administration

Mission/Purpose: To provide leadership, policy development and business support functions to Department of Health divisions, facilities and employees so that they may achieve the mission and goals of the Department of Health.

Goal A: The Secretary's Office will provide leadership, state health policy development, coordination of all Information Technology activities, legal support and program/fiscal oversight of all Department of Health programs and activities.

Objective 1: Provide leadership, guidance and direction to management throughout the Department.

Strategies:

- Assure a high level of professional management for all Department programs.
- Provide regular guidance and direction to division directors, facility administrators and other key management staff.
- Provide guidance and direction on legal matters of the Department.
- Assure all Department of Health administrative and financial transactions are in compliance with law and policy, including performing internal audits and investigations.
- Lead the quarterly Governing Board meetings of all Department of Health facilities.
- Support policies that advocate for the well being of Department employees.
- Develop program and budget priorities and align resources to accomplish these priorities.
- Present sound budget requests to the Governor and the Legislature, maximizing effectiveness and efficiency in the use of resources to improve the health of New Mexicans.
- Foster and refine processes for cross-divisional coordinated policy and program development and implementation.
- Assure an effective cross-divisional response to public health emergencies.
- Enhance partnerships with communities, providers and other stakeholders.
- Provide leadership in the Department of Health strategic planning, performance measurement, strategic and quality management processes, including department and contractor strategic alignment, performance monitoring and evaluation.
- Seek and utilize input from consumers and advocacy groups, legislators, task forces and commissions, in the development of the Department of Health strategic plan.

Objective 2: Provide leadership in the development of state public health policy and practices; confer with stakeholders and the general public on important health issues; and advocate for and recommend improvements in health policy and programs to the Governor, the Legislature and other federal, state, tribal, and local governmental entities.

Strategies:

- Develop health policy in conjunction with key external healthcare organizations, professional associations, New Mexico's congressional delegation, etc.
- Promote inter-agency communication and coordination in health program planning, service delivery, program monitoring and quality assurance.
- Foster and refine processes for cross-agency policy and program development and implementation.
- Provide leadership in healthcare strategic planning, focusing on key health status indicators and broad-based strategies to improve health outcomes by energizing, aligning and coordinating stakeholder efforts.
- Provide leadership regarding clinical activities and coordinate internal and external clinical policy development.
- Initiate a collaborative effort with the Department of Labor, State Department of Education and professional organizations to develop the healthcare work force sufficient to build healthcare system capacity and adequately recruit and retain healthcare professionals.
- Keep the Governor and his staff well informed on important health issues and implements the Governor's policy directives.
- Establish and maintain strong lines of communication with communities, advocacy groups, task forces and commissions, associations, and other stakeholders.
- Keep the media and the public informed of important public health information and activities.
- Develop and implement effective marketing strategies to promote health and prevent disease.
- Develop and advocate for proposals for new legislation addressing specific health issues.
- Testify and present analyses and recommendations to health-related legislative committees, advocacy groups, and related Executive agencies.
- Provide timely and comprehensive analyses of health-related bills during the legislative session and timely responses to legislative requests.

Objective 3: Office of General Counsel will take appropriate legal actions to support the department in achieving its public health goals.**Strategies:**

- Advise and consult with Department management to provide preventive legal strategies and counsel.
- Promulgate new Department policies, procedures, and regulations and review/update existing policies, procedures and regulations as necessary.
- Draft, review and recommend proposed legislation.
- Advise and consult with Department management to address crises and emergencies.
- Assure legal sufficiency and compliance with state and federal law of all Department contracts and amendments.

- Provide legal support to the Department in personnel actions that have been or may be appealed to the State Personnel Board or State District Court.
- Initiate receivership actions on behalf of the Department for the protection of consumers in the community and in healthcare facilities.
- Provide legal support and successfully defend appeals of sanction actions against providers.
- Provide leadership regarding the legal issues related to the implementation of HIPAA.

Objective 4: The DOH Chief Information Officer will provide leadership regarding information technology (IT) policy development and implementation across the Department.

Strategies:

- The DOH Chief Information Officer (CIO) will provide leadership through the Information Technology Steering Committee (ITSC) in planning and operating collaboratively across all divisions and facilities.
- DOH will organize IT functions and staff to improve the efficiency and cost effectiveness of IT services across the Department.
- DOH will develop, implement, monitor and enforce IT standards that conform to best practices and state and federal mandates.
- DOH will include IT considerations in all strategic planning, strategic management and budget request processes.
- DOH will develop the capacity to share data appropriately with other public/private business associates.
- In the event of a disaster, DOH will have the ability to restore IT functions that support the resumption of mission critical business functions.
- DOH will utilize web technology when integrating and sharing data and have standard deployment of information published on the Web.
- Work collaboratively with the Information Technology Management Office regarding Web technology standards and issues.
- DOH will provide IT leadership in collaboration with the IT Commission by actively participating in the Health Information Management Team (HIMT) and other Commission subcommittees, attending IT Commission meetings and making presentations as requested, and planning and implementing IT solutions in accordance with policies, procedures and directives set forth by the IT Commission.
- All facilities and divisions will fully utilize of the DOH Integrated Client Data System.
- DOH will coordinate and consolidate IT procurement to leverage purchasing power across the Department where practical and possible to assure alignment with the DOH Strategic Plan and the DOH IT Plan.
- DOH will have a workforce trained to proficiency in the use of DOH-approved technologies, (e.g., hardware and software).
- DOH's annual budget request will include adequate funds for IT hardware and software maintenance and funding for essential IT projects.

- DOH will establish a schedule and request a budget for replacement of aging software and hardware.
- DOH will plan and implement technical security across the Department.

Objective 5: Provide state-of-the-art information technology (IT) solutions to assist DOH programs in improving the quality and delivery of healthcare in New Mexico.

Strategies:

- Provide comprehensive, coordinated and efficient IT services across the Department that supports current and planned DOH program activities.
- DOH IT staff will provide timely and efficient IT services to support health programs, clinical, financial and other administrative functions across the Department.
- The Department of Health will fully implement the DOH Integrated Client Data System to better inform and empower the DOH workforce.
- DOH will maintain, expand, enhance and optimize the DOH Intranet in a comprehensive and coordinated manner.
- Develop and implement a DOH hardware plan for Internet and Intranet servers and connectivity.
- A wide range of health information and resources will be available online through the DOH website, including the health status indicator data by county and DOH contract information.
- DOH will recruit, train, and retain competent and qualified IT personnel while attaining and maintaining equity in compensation of IT personnel across the Department.
- Plan and implement a single DOH Help Desk to provide technical assistance to the DOH workforce.
- DOH will maintain and optimize the DOH Groupware system in a comprehensive and coordinated manner.
- DOH IT staff will provide services with a primary focus on the customer, communicating effectively with DOH division and facility program staff, with external agencies as appropriate (GSD, HSD, CYFD, HPC), and with IT vendors and contractors.

Objective 6: The Office of the Secretary will provide leadership to achieve full compliance with the requirements of Subtitle F, Title II of the Health Insurance Portability and Accountability Act (HIPAA), Administrative Simplification.

Strategies:

- DOH will adopt and implement the HIPAA Transaction and Code Set and Privacy standards across the Department by the mandated deadlines.
- DOH will adopt and implement the HIPAA Security and all other standards and rules across the Department when published.
- Train appropriate DOH staff about the HIPAA requirements and their responsibilities under the law as implementation is achieved.

- DOH will conduct awareness training for management, facility and program staff.
- DOH will complete assessments of transactions and code sets and privacy requirements of HIPAA and DOH’s current level of compliance.
- DOH will analyze gaps between current compliance and HIPAA requirements.
- DOH will prepare action plans to remediate existing data systems, policies and procedures.
- DOH will conduct training on HIPAA-compliant policies and procedures.

PM#	Performance Measure	FY01	FY02	FY03
V.A.6.1	*Comply with the federal Health Insurance Portability and Accountability Act including development and deployment of information systems disaster recovery plan.	Plan	Progress	Compliance

* House Bill 2 Performance Measure

Goal B: Manage the Department’s financial resources with timeliness, effectiveness and efficiency.

Objective 1: Manage cash, budgeting, procurement, accounting and reporting functions in an efficient, timely and accurate manner.

Strategies:

- The DOH divisions, facilities and ASD are committed to quality improvement, high level of coordination and improvement of procedures in administrative areas.
- DOH divisions, facilities and ASD commit to full, appropriate and joint participation in the design and implementation of administrative tools, systems, policies, procedures and practices.
- DOH will develop and implement an aggressive, on-going, training program on key administrative processes:
 - financial and human resource document preparation and processing
 - regular updates on DFA, GSD and SPO policy and procedure changes
 - training in strong customer service orientation of administrative units.
- Replace existing financial accounting system with a comprehensive, integrated, online, real time system with full inquiry and custom report capabilities.
- DOH will develop and implement an electronic financial document processing system to maximize the use of the system to reduce multiple levels of reviews, especially from field offices and facilities.
- Work with DFA to achieve “paperless” transactions.
- Organize fiscal and human resource staffing within divisions and facilities to maximize efficiency and effectiveness by eliminating excessive levels of review in administrative processes.
- DOH will study the possibility of delegating authority to agents within divisions and facilities as they are ready to take full responsibility for submission of routine financial documents under a certain dollar level directly to DFA, with the eventual result of ASD focusing on spot audits and larger non-routine transactions.

- DOH divisions and facilities will identify significant problem areas in administrative policies and practices for improved efficiency, effectiveness and added value.
- Provide timely and accurate financial reports to meet requirements of federal grants and joint powers agreements.
- Deposit of cash in accordance with state law; monitor and analyze cash position, revenues, expenditures, and perform reconciliations and cash drawdowns.
- Maintain accurate general ledger and subsidiary accounting ledgers, and prepare annual financial statements.
- Manage the Department of Health budget, monitoring compliance, performing regular budget analyses and projections, and submitting budget adjustments to DFA and LFC.
- Provide on-going guidance, support, and consultation to divisions and facility staff regarding accounting, budget, and federal grant issues.
- Strengthen communication among DOH divisions, facilities and ASD regarding processing issues.

PM#	Performance Measures:	FY 01	FY 02	FY 03
V.B.1.1	Annual audit reports includes an unqualified opinion.	Pending	Yes	Yes
V.B.1.2	Number of months per year in which accounting reports are issued within 20 days of end of prior month.	10 months	10 months	10 months
V.B.1.3	Percent of purchase and modification documents and professional services contracts process by ASD within 4 business days of receipt by ASD.	No baseline	90%	90%
V.B.1.4	Percent of payment vouchers received and processed within 4 business days of receipt by ASD.	No baseline.	90%	90%
V.B.1.5	*Percent of invoices paid within 30 days from the date of acceptance of invoices by DOH divisions/facilities to warrant issuance.	91.8%	92.5%	93%
V.B.1.6	Number of trainings (and number of persons trained) provided on accuracy of procurement and voucher processes.	12* *extraordinary training for new DFA documents	6	6
V.B.1.7	Percentage of purchase documents and purchase document modifications submitted to ASD that are approved as originally submitted.	No baseline	Develop baseline	85%
V.B.1.8	Percentage of payment vouchers submitted to ASD that are approved and processed as originally submitted.	No baseline	Develop baseline	85%

* House Bill 2 Performance Measure

Goal C: Manage human resources with effectiveness, efficiency and a strong internal and external customer focus to achieve program goals.

Objective 1: Assure sound human resource management practices in compliance with the Personnel Act, State Personnel Board Rules, federal and state laws.

Strategies:

- Provide agency-wide human resource support with timeliness, efficiency and effectiveness.
- Provide agency management with accurate, consistent and timely human resource management data, reports and information analysis.
- Maintain the Department's human resources database and report writing system in cooperation with the Information Systems Bureau.
- Maintain the transaction logging system for department-wide human resource activities in cooperation with the Information Systems Bureau.
- Provide training to human resource staff throughout the agency.
- Develop capacity and implement strategic assessments of workforce changes, shifts and directions and provide reports to Senior Management.
- Develop and implement a performance evaluation enhancement program to integrate SPO competency requirements, increase timeliness and quality of the PAD documents and to successfully implement focal point evaluation in the department.
- Develop and administer an agency human resource audit/quality evaluation program to ensure compliance with federal and state regulatory mandates.
- Provide training and ongoing consultation to management on key human resource issues.
- The ASD Human Resource Bureau and human resource staff in divisions and facilities will work as a team to identify human resource functions/processes that may be improved and implement management endorsed improvements throughout the department.
- The ASD Human Resource Bureau and human resource staff in divisions and facilities will work as a team to revamp and improve the timeliness and relevance of the existing new employee orientation program.
- In accordance with SPB Rules, develop and implement a cost capture system to track and report management, supervisory, and technical training costs for the department.

PM#	Performance Measures:	FY 01	FY 02	FY 03
V.C.1.1	*Rating on Human Resources Management Services Survey assessing the quality of human resources services department-wide on scale of 1-5.	2.8	Annual average rating of 3.5	Annual average rating of 3.5
V.C.1.2	Average turnaround time for compensation personnel transactions with complete information from the date of receipt by the division/facility to the date of completion by ASD Human Resource Bureau.	2.1 business days	2 business days	2 business days

PM#	Performance Measures:	FY 01	FY 02	FY 03
V.C.1.3	Average turnaround time for non-compensation personnel transactions with complete information from the date of receipt by the division/facility to the date of completion by ASD Human Resource Bureau.	5.4	5 business days	5 business days
V.C.1.4	Percent of Department of Health managers (supervisors) trained in accordance with SPO approved management core training.	No Baseline	1) 100% first round of competency training/support 2) 20% first round management core training of existing supervisors	1) first round of management core training of 50% new and existing supervisors 2) Implement round 2 of competency development of 20% existing supervisors.

Objective 2: Assess State health policies to develop strategies/methods to enhance the effectiveness of health professional development recruitment and retention efforts throughout the Department.

Strategies:

- Explore more effective ways to market and develop mid-management recruitment of direct care staff and other hard to recruit and retain positions.
- Develop an agency compensation plan to address strategic compensation issues and ensure high quality administration of compensation in the department to attract, motivate and retain the highest quality staff possible.
- Assess baseline turnover rates for department along division, facility and classification lines.
- Work with management to develop recruitment & retention strategies and marketing to target reduction of turnover rates in excess of 10% norm.
- Design and implement effective succession planning strategies.
- Develop a guide for managers on the methods of utilizing educational stipends, educational leave, etc., to encourage in-house educational development of employees for targeted, hard to fill positions.
- Provide leadership for stating/presenting DOH required staffing needs to the State Personnel Board, DFA and other related bodies.

Objective 3: Provide awareness of loss control measures and equal employment opportunities to Department of Health employees.

Strategies:

- Assess the current status and promote diversity in the workplace.
- Develop a workers' compensation manual to increase department understanding of procedures and practices.
- Provide training on the appropriate handling of workers' compensation claims throughout the agency.
- Develop methods on increasing workplace safety to reduce workers' compensation claims.
- Analyze department-wide grievance patterns, identifying hot spots of concern and propose training, counseling or other appropriate methods to address issues identified.

Objective 4: The Department of Health will develop, implement and maintain an agency wide training program.

Strategies:

- The Department of Health will coordinate a system of training and workforce development to maximize worker potential.
- Redesign a new employee orientation program to include discussion of alignment of work assignments with the Department's Strategic Plan and Vision of Health.