



Building a **HEALTHY** New Mexico!



# STRATEGIC PLAN

Fiscal Year 2009

Alfredo Vigil, M.D., Cabinet Secretary Designate

**Bill Richardson**, Governor

**Diane Denish**, Lieutenant Governor

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New Mexico Department of Health Vision:

Building a Healthy New Mexico!

New Mexico Department of Health Mission Statement:

The mission of the New Mexico 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.

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## EXECUTIVE SUMMARY



*Dr. Alfredo Vigil*  
*Cabinet Secretary Designate*  
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Access. It's one word that embodies a multitude of solutions to the health problems faced by New Mexicans. By making appropriate care and information available when it's needed, where it's needed, we can lead all New Mexicans to the good health they deserve.

The Fiscal Year 2009 Strategic Plan identifies the New Mexico Department of Health's goals for its programs and priorities. Again and again, you will see that we are working to expand services that will address individual needs for help with obesity, teen pregnancy, suicide and immunizations.

By expanding services, we are expanding access. By expanding the network of telehealth services in primary care offices, school-based health centers, juvenile justice facilities and juvenile probation and parole offices, we can bring medical consultation and behavioral health services to communities that may not have adequate coverage in their own towns.

By increasing the number of direct service staff in medical interpretation, we will reduce the language barrier some New Mexicans face when they seek medical care.

By creating more access to a statewide crisis line and school-based health centers, we can be more confident that adolescents have access to information and support they need.

We do not assume that we undertake these efforts alone. Fundamentally, the Department of Health offers safety net services to individuals who have limited or no resources. As we continue to improve access to our own services, the Department of Health will work with partner agencies – the Human Services Department, Public Education, Aging and Long-Term Services and Children, Youth and Families – to improve insurance coverage, the widest entryway to health care that our state and country can offer.

The reasons for expanded coverage are compelling. People who do not have health insurance generally are in poorer health, have more difficulty getting care, are not diagnosed until their diseases are in later stages, are sicker when they are hospitalized, and die sooner.

Under Governor Richardson's leadership, these partner departments will work to create a culture of coverage, an attitude that everyone deserves coverage and carries a responsibility to contribute to it. We will work with the Legislature to establish a health coverage authority that oversees a universal health care program. This authority will reduce bureaucracy and have the legal authority to work with the insurance industry and agencies to hold employers accountable for coverage and to educate the public about the need to be insured.

Access: It's a doorway in, it's a ladder to improved health and quality of life for all New Mexicans.

A handwritten signature in black ink, appearing to read "Alfredo Vigil, M.D." The signature is fluid and cursive.

Alfredo Vigil, M.D.  
Cabinet Secretary Designate

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## ADMINISTRATION

**PURPOSE:** Administration provides leadership, policy development, information technology, administrative and legal support to the Department of Health so that the Department achieves a high level of accountability and excellence in services provided to the people of New Mexico.

**GOAL:** Improve accountability and effectiveness of services and infrastructure.

**Duffy Rodriguez, Director, 505-827-2551**

### OBJECTIVE 1: EXPAND HEALTHCARE ACCESS IN RURAL AND UNDERSERVED AREAS THROUGH TELEHEALTH SERVICES.

#### STRATEGIES:

- Assist the Telehealth Commission by evaluating and integrating individual agency telehealth efforts.
- Maintain inventory of current telehealth services, sites and resources.
- Expand network of telehealth services in primary care facilities, juvenile justice facilities and juvenile probation and parole offices.
- Expand behavioral health telehealth projects.
- Increase Screening Brief Intervention Referral and Treatment (SBIRT) telehealth services.
- Continue the FY06-07 telehealth program plan for kids at risk for suicide, depression, developmental disabilities and diabetes due to obesity (Envision, REACH, Behavioral Health Systems Transformation/Health Resources Services Administration, Value Options) delivered through school-based health centers, public health offices, rural primary care centers and Indian health sites.
- Expand the use of electronic medical records by telehealth providers and participants.

PERFORMANCE MEASURES	Goal	FY07 Actuals	FY08 Target	FY09 Target
Number of established telehealth sites (including video) throughout the state for training, consultation among physicians, or patient services. (GPAC)	→	170	170	170
Number of telehealth sites throughout the state used for patient services. (GPAC, AGA)	↑	50	120	120
Number of telehealth specialty services available through the telehealth network. (GPAC)	↑	37	40	40
Number of patient encounters provided through telehealth sites statewide. (GPAC, AGA)	↑	10,573	11,000	12,000

<b>PERFORMANCE MEASURES (continued)</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Number of hours of health related training and consultation. (GPAC)	↑	5,560	6,000	6,500
Number of Public Health Offices using electronic medical records. (GPAC)	↑	2	30	55

**OBJECTIVE 2: INCREASE AWARENESS ABOUT HEALTH DISPARITIES.**

**STRATEGIES:**

- Update the Health Disparities Report Card and issue Volume II.
- Utilize the Department’s American Indian Health Advisory Committee to inform and guide health policy development that affects New Mexico’s Native American populations.
- Utilize the Governor’s Women’s Health Advisory Council to inform and guide health policy development that affects women and girls in New Mexico.
- Collaborate with the public health offices and other direct service staff to implement the four mandated Culturally and Linguistically Appropriate Services (CLAS) in health care standards.
- Provide medical interpretation and CLAS training for Department of Health staff and contractors.
- Provide English-Spanish translation services for Department of Health documents, materials, webpage and signage.
- Continue with the implementation of the standardized data categories for race and ethnicity among the Department’s programs.
- Sponsor a health disparities summit to increase awareness of health disparities among policy makers, impacted counties and communities, and the general public.
- Provide mini-grants to community-based organizations serving minorities to conduct targeted interventions for four priority health disparities areas: pneumonia, teen pregnancy, diabetes and alcohol-related deaths.

<b>PERFORMANCE MEASURES</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Number of community health improvement councils that address health disparities. (AGA)	↑	37	38	38
Number of direct service staff and contractors trained in medical interpretation.	↑	59	80	90

<b>PERFORMANCE MEASURES (continued)</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Number of agency staff trained in the 14 CLAS standards.	↑	118	300	350
Number of Department of Health documents translated into Spanish or an American Indian language.	↑	51	100	150
Number of Department of Health documents providing data in the standardized race/ethnicity categories.	↑	7	10	15

**OBJECTIVE 3: IMPROVE FISCAL ACCOUNTABILITY WITHIN THE DEPARTMENT OF HEALTH.**

**STRATEGIES:**

- Oversee the Department’s capital outlay plans to ensure appropriate and timely implementation.
- Provide on-going training programs on key administrative processes: financial document preparation and processing; regular updates on Department of Finance and Administration and the State Purchasing Division’s policy and procedure changes; and strong customer service.
- Organize fiscal staffing within divisions and facilities and maximize efficiency and effectiveness by eliminating excessive levels of review in administrative processes.
- Strengthen communication among the Department’s divisions, facilities and the Administrative Services Division regarding processing issues.

<b>PERFORMANCE MEASURES</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Percent capital project funds expended over a five-year period. (AGA)	↑	13.35%	16%	20%
Percent of payment vouchers paid within thirty days of acceptance of goods and services. (AGA)	↑	No Data	85%	87%

## PUBLIC HEALTH

**PURPOSE:** The Public Health program provides a coordinated system of community-based public health services focusing on disease prevention and health promotion in order to improve health status, reduce disparities, and ensure timely access to quality, culturally competent health care.

**GOAL:** Improve public health outcomes through public and private partnerships.

**Kristine Suozzi, Director, 505-827-2389**

### OBJECTIVE 1: INCREASE IMMUNIZATIONS FOR CHILDREN AND ADOLESCENTS.

#### STRATEGIES:

- Train and educate vaccine providers in the use of the Statewide Immunization Information System (SIIS).
- Populate SIIS with information on all infants born in the state.
- Continue outreach, enrollment and training activities to promote the use of SIIS to Vaccines For Children providers, Managed Care Organizations, school nurses and others.
- Ensure that no fewer than 80% of children immunized in New Mexico have a complete shot record entered in SIIS.
- Utilize the Immunization Nurse Consultant Program to promote the use of SIIS.
- Educate consumers regarding the value and safety of early vaccinations.
- Identify additional opportunities to partner with private vaccination providers including pharmacists.
- Increase vaccinations at school-based health centers and public health offices.
- Promote the “Got Shots? Protect Tots!” immunization campaign.
- Increase the number of organizations participating in or sponsoring immunization activities.
- Increase the number of immunization chart reviews of vaccine providers across the state to improve their immunization practices.

PERFORMANCE MEASURES	Goal	FY07 Actuals	FY08 Target	FY09 Target
Percent of preschoolers fully immunized. (GPAC, AGA)	↑	71.6%	76%	80%
Percent of adolescents (7th graders) fully immunized. (GPAC)	↑	95%	95%	96%

<b>PERFORMANCE MEASURES (continued)</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Number of providers utilizing the statewide immunization registry. (AGA)	↑	227	300	350
National ranking of New Mexico children who are fully immunized. (GPAC, AGA) * Series includes varicella 4:3:1:3:3:1	↓	* 40th	36th	34th

## OBJECTIVE 2: REDUCE TEEN PREGNANCY.

### STRATEGIES:

- Utilize and expand evidence-based interventions (Teen Outreach Program, Plain Talk, male involvement programs and “What Works” curricula) to reduce unintended births and second births in teenagers.
- Continue to increase the number of family planning visits through sites such as the 50 local public health offices, DOH Family Planning Program-funded clinics, and school-based health centers.
- Increase comprehensive sex education to adolescents in school or in community-based settings and in Children Youth and Families Department juvenile facilities and group homes.
- Effectively utilize federal funding to increase efforts at abstinence only education in grades one through six.
- Increase access to clinical reproductive health services for adolescents.
- Develop or identify effective programs that meet the needs of and target those programs to Hispanic youth.
- Initiate and increase the availability of age-appropriate sexuality education.
- Utilize alcohol prevention strategies in all applicable programs.

<b>PERFORMANCE MEASURES</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Annual teen birth rate for females ages 15 to 17. (GPAC, AGA)	↓	34.96	34.0	33.8
Annual number of births registered at Vital Records for females ages 15 to 17. (GPAC, AGA)	↑	1,617	1,542	1,525
Unduplicated number of teens ages 15 to 17 receiving family planning services in agency-funded family planning clinics. (GPAC, AGA)	↑	6,772	7,100	7,400
National ranking of New Mexico teen birth rate per 1,000 females ages 15 to 17. (GPAC, AGA)	↓	50th	48th	45th

### **OBJECTIVE 3: DECREASE THE TRANSMISSION OF INFECTIOUS DISEASE CASES AND EXPAND SERVICES FOR PERSONS WITH INFECTIOUS DISEASES.**

#### **STRATEGIES:**

- Increase the number of people enrolled in syringe exchange programs.
- Expand the number of harm reduction programs offered in public health clinics.
- Increase the number of HIV/AIDS prevention, screening, counseling and testing sessions for high-risk individuals.
- Continue support for the HIV Commission pursuant to the Billy Griego Act of 2005.
- Improve and maintain accurate and consistent data on the number of persons with HIV/AIDS served in public systems.
- Increase HIV education efforts especially in non-public schools.
- Expand hepatitis C Extension for Community Healthcare Outcomes (ECHO) to new primary care sites.
- Increase hepatitis C testing and screening at public health clinics and rural primary care clinics, and high-risk public sites such as parks and homeless shelters.
- Increase hepatitis C field follow-up on reports leading to case confirmation and improved surveillance data.
- Increase the number of partners of individuals with early syphilis who are identified and treated each year by 2%.
- Increase the number of pregnant women who are screened for syphilis during pregnancy.
- Increase the number of partners of individuals with gonorrhea who are identified and treated each year by 2%.
- Provide additional training to field staff in Sexually Transmitted Disease (STD) case management and partner elicitation.
- Improve data entry in the STD Management Information System.
- Expand surveillance for STD activities statewide.
- Integrate Native American community partners into all STD-reduction planning.
- Increase the use of innovative outreach strategies such as mobile vans and truck stop outreach programs throughout the state to provide STD prevention and harm reduction services.
- Cooperate with the Mexican health authorities on STD and other infectious disease identification and reduction strategies.
- Utilize alcohol prevention strategies in all applicable programs.

<b>PERFORMANCE MEASURES</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Number of HIV/AIDS prevention interventions. (GPAC, AGA)	↑	7,767	9,000	10,000
Number of HIV/AIDS counseling and testing sessions for high-risk individuals. (GPAC)	↑	7,364	7,500	7,700
Percent of persons enrolled in a Health Maintenance Alliance with HIV/AIDS that are satisfied with services. (GPAC)	↑	96.3%	96%	97%
Percent of all hepatitis C laboratory reports that are classified as probable or confirmed. (GPAC)	↑	41%	45%	55%
Number of persons at risk for infectious disease who are receiving DOH funded prevention services. (GPAC)	↑	13,500 estimate	15,000	15,000
Number of hepatitis C clients enrolled in a disease management service through the extension for community health outcomes (ECHO) project. (GPAC, AGA)	↑	2,585	3,000	3,250
Number of clients receiving hepatitis C treatment through Project ECHO. (GPAC)	↑	169	220	225
Number of new enrollees in syringe exchange programs. (GPAC, AGA)	↑	1,242	2,500	3,500
Number of re-enrollees in syringe exchange programs. (GPAC)	↑	596	1,300	1,800
Percent of partners of individuals with syphilis who are identified and treated. (GPAC, AGA)	↑	70.1%	73%	75%
Percent of partners of individuals with gonorrhea who are identified and treated. (GPA, AGA)	↑	69.8%	73%	75%

## **OBJECTIVE 4: REDUCE CHILD AND ADOLESCENT OBESITY AND DIABETES IN ALL POPULATIONS.**

### **STRATEGIES:**

- Eliminate unhealthy food in school vending, which is food served outside the venue of the federal United States Department of Agriculture (USDA) food program and are also referred to as “competitive foods” or “a la carte foods.”
- Monitor healthier food and beverages sold in schools and USDA cafeteria programs.
- Facilitate implementation of the health education standards in schools.
- Expand wellness and fitness programs tailored for specific populations (e.g., seniors, women, adolescents, Native Americans, etc.).
- Increase the percent of potentially eligible people who are served through special nutrition programs such as Women, Infant, Children (WIC), Commodities Supplemental Food Program, and Farmers’ Market Nutrition Program.
- Support nutrition and physical activity programs for elementary school-aged children.
- Expand the Envision NM Program to additional sites across the state. This program focuses on prevention of pediatric obesity by training community providers to measure body mass index percentiles and to do the appropriate medical work-up for children and youth at risk for diabetes.
- Improve diabetes disease management to prevent complications through Envision and other programs.
- Continue to support the “HIP to be FIT” youth dance program for healthier weight in New Mexico public schools.
- Provide at least 1,300 elementary students with physical activity through the NM National Dance Institute youth dance program in New Mexico public schools.
- Participate in the Governor’s Task Force to End Hunger.
- Increase physical activity and improve nutrition among New Mexicans by supporting public-private partnerships such as the New Mexico Healthier Weight Council and the Clinical Prevention Initiative.
- Implement Electronic Benefit Transfer (EBT) food delivery system statewide.
- Conduct statewide media outreach campaign promoting healthy food choices and exercise.
- Implement a Value Enhanced Nutrition Assessment tool to assess the nutritional status of participants.
- Provide nutrition trainings to all Public Health Division nutritionists in the area of “WIC FIT KIDS”, feeding relationships, and nutrition-related risk factors.

- Increase to at least 75% the number of women who initiate breastfeeding in the WIC Program.
- Continue implementation and expansion of the Breastfeeding Peer Counselor Program.
- Provide breast pumps to women who need assistance in order to successfully continue nursing.

<b>PERFORMANCE MEASURES</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Annual number of WIC eligible persons receiving services. (GPAC)	↑	109,798	112,000	114,000
Percent of WIC program participants ages 2-5 who are not overweight. (GPAC, AGA)	→	88%	88%	88%
Percent of 9-12 grade adolescents who are not obese. (GPAC) * <i>Data collected every other year.</i>	↑	* NA	88%	* NA
Number of adults with diabetes who have ever taken a course or class to self manage their disease. (GPAC)	↑	46,511	49,000	49,600
Number of participants in diabetes prevention education programs. (GPAC)	↑	23,758	24,000	26,000

## **OBJECTIVE 5: REDUCE SUICIDE AMONG YOUTH.**

### **STRATEGIES:**

- Double the number of behavioral health encounters in school-based health centers (SBHCs).
- Expand the statewide Crisis Hotline and increase the availability of crisis line operators.
- Conduct statewide media campaigns to advertise the toll-free Crisis Hotline.
- Increase the number of outreach and behavioral health educational presentations to teens.
- Continue the Substance Abuse and Mental Health Services Administration prevention and early intervention grant for youth suicide in Gallup, Pojoaque, Carlsbad and Mescalero.
- Educate more families and communities on youth suicide issues, including stigma reduction through social marketing and outreach campaigns.
- Perform suicide prevention, education and outreach to 5,000 at-risk families per year.
- Increase telehealth counseling to new school-based health centers and juvenile justice facilities.
- Increase screening of teens at schools, public health clinics and private providers to identify at-risk youth.
- Collaborate with the tribes to hold a suicide prevention summit.

- Promote positive youth development opportunities in communities, schools and workplaces.
- Develop public service announcements and other media to specifically address reducing the stigma associated with seeking help for depression and suicidal thoughts to include the development of outreach programs that acquaint the general public with early warning signs and provide information on how to best respond to an individual who is at risk of suicide.
- Support collaborative suicide prevention efforts statewide and at the community level by focusing on at-risk families and communities.
- Reduce access to unlocked firearms in the home and community.
- Promote diversity and acceptance of youth regardless of race, ethnicity, gender and sexual orientation.

<b>PERFORMANCE MEASURES</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Number of calls to the agency-funded crisis line. (GPAC, AGA)	↑	7,147	7,250	7,500
Percent of program participants between the ages of 12-17 who perceive drugs as harmful. (GPAC)	↑	83%	84%	86%

**OBJECTIVE 6: REDUCE TOBACCO USE.**

**STRATEGIES:**

- Expand the number of programs to reduce tobacco use and support communities to implement them.
- Continue to implement the Centers for Disease Control (CDC) Guidelines for School Health programs in New Mexico schools.
- Promote newly enacted state clean indoor air laws, tobacco use cessation programs, and counter-marketing programs designed to decrease initiation of tobacco use among youth.
- Support population-based counseling and cessation programs such as telephone quit lines.
- Maintain and enhance the surveillance and evaluation systems that provide data to validate program success.
- Reduce health disparities by targeting interventions towards populations with high rates of smoking.

PERFORMANCE MEASURES	Goal	FY07 Actuals	FY08 Target	FY09 Target
Percent of adults that use tobacco. (GPAC, AGA)	↓	20.1%	19.7%	19.4%
Percent of 9-12 grade adolescents that use tobacco. (GPAC) <i>* Data collected every other year.</i>	↓	* NA	24.4%	* NA
Number of packs of cigarettes sold per New Mexican. (GPAC)	↓	Available 10/07	33.6 packs	33.3 packs
Percent of tobacco merchants selling tobacco products to minors. (GPAC)	↓	10.3%	9.0%	8.0%

**OBJECTIVE 7: EXPAND HEALTHCARE FOR SCHOOL-AGE CHILDREN AND YOUTH THROUGH SCHOOL-BASED HEALTH SERVICES.**

**STRATEGIES:**

- Increase the number of students who have access to and use school-based health centers (SBHCs).
- Improve the quality of services provided in SBHCs using the School Based Health Quality Improvement Initiative via Envision New Mexico.
- Continue to integrate behavioral health and suicide prevention services in SBHCs in order to enhance the capabilities of participating SBHCs to address behavioral health problems including suicide crisis response.
- Improve the SBHC infrastructure in order to increase the number of centers that can participate in the SBHC Medicaid Program.
- Implement the SBHC Obesity Prevention, Treatment and Community Outreach program. This program will increase the comfort level of providers to target those who are obese or are at risk of becoming obese.
- Implement the Teen Lifestyle Change Program which allows teens to explore feelings, knowledge and lifestyle behaviors that impact overall health.

PERFORMANCE MEASURES	Goal	FY07 Actuals	FY08 Target	FY09 Target
Number of operating school-based health centers. (GPAC, AGA)	↑	65	68	68
Number of youth served at school-based health centers. (AGA)	↑	18,847	19,000	19,200

<b>PERFORMANCE MEASURES</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Number of visits to agency-funded school-based health centers. (GPAC, AGA)	↑	35,409	35,500	36,000
Number of students receiving behavioral health services in school-based health centers. (AGA)	↑	NA	Establish Baseline	Establish Baseline

**OBJECTIVE 8: IMPROVE ACCESS TO PREVENTIVE AND RESTORATIVE ORAL HEALTH SERVICES PROVIDED TO CHILDREN, LOW INCOME RURAL POPULATIONS AND PEOPLE WITH DISABILITIES.**

**STRATEGIES:**

- Develop a continuum of oral health care for children ages 0-18 by providing them with fluoride varnish and sealant application.
- Develop public/private partnerships to provide oral health preventive and restorative care.
- Improve access by expanding the number of dentists in rural areas.
- Improve the quality of dental care for people with disabilities.

<b>PERFORMANCE MEASURES</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Number of uninsured children receiving at least 1 dental service including dental screening, oral health education, topical fluoride or a dental sealant.	↑	5,356	5,400	5,500
Number of oral health providers in rural New Mexico.	↑	191	200	250
Number of oral health providers serving persons with developmental disabilities.	↑	103	110	115
Number of oral health providers who accept and serve Medicaid eligible populations.	↑	771	775	780
Annual number of calls to the Nurse Advice Hotline. (GPAC)	↑	95,000	130,000	150,000

## EPIDEMIOLOGY AND RESPONSE

**PURPOSE:** Epidemiology and Response monitors health, provides health information, prevents disease and injury, promotes health and healthy behaviors, responds to public health events, prepares for health emergencies, and provides emergency medical and vital registration services to New Mexicans.

**GOAL:** Monitor the health status of New Mexicans and respond to public health threats.

**C. Mack Sewell, Director and State Epidemiologist, 505-476-3568**

### **OBJECTIVE 1: ENSURE PREPAREDNESS FOR HEALTH EMERGENCIES, INCLUDING PANDEMIC INFLUENZA.**

#### **STRATEGIES:**

- Increase the number of municipalities, counties and tribes with health, medical and mortuary annexes to their Emergency Operations Plans (EOPs) that are consistent with the Department of Health's EOP and the New Mexico All Hazard EOP.
- Increase the number of municipalities, counties and tribes with pandemic response plans included in their Emergency Operations Plans.
- Increase the number of integrated state, regional, local and tribal exercises that assess pandemic response capacity in collaboration with the statewide emergency management infrastructure.
- Continue coordination with federal and state agencies to ensure New Mexico is prepared for large scale health emergencies, including pandemic influenza.
- Continue to improve state compliance with federal performance measures relating to health emergency preparedness and response, including US Department of Homeland Security Target Capabilities.
- Conduct briefings to the public and media about preparedness for health emergencies, including pandemic influenza.
- Develop, exercise and improve the New Mexico Modular Emergency Medical System (NM MEMS) to ensure timely and integrated response to a medical surge of patients during a health emergency.
- Develop, practice, and improve cooperation with all hazard-response systems statewide.
- Develop, practice, and improve interoperable communications between the state and local response systems, hospital and local incident command systems, and hospitals and other health care systems.
- Conduct presentations/media events to increase awareness of the public on the importance of preparedness for health emergencies.
- Perform weekly active surveillance with all clinical laboratories that do human influenza testing.

<b>PERFORMANCE MEASURES</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Percent of jurisdictions with health emergency response plans. (GPAC)	↑	93.9%	95%	100%
Number of health emergency exercises conducted to assess and improve local and international capability. (GPAC, AGA)	↑	63	70	80
Percent of counties and tribes that have received assistance from the Department of Health to develop a pandemic influenza operational response plan. (GPAC)	↑	18%	45%	85%

**OBJECTIVE 2: IMPROVE EMERGENCY MEDICAL SERVICES AND TRAUMA CARE ACROSS THE STATE.**

**STRATEGIES:**

- Provide support to the New Mexico Trauma Fund Authority.
- Develop supportive relationships with and among New Mexico and adjacent state hospitals that care for New Mexicans with severe injuries.
- Support existing trauma centers and encourage community hospitals to become designated trauma centers.
- Increase participation in the state trauma registry program from additional New Mexico hospitals and adjacent state hospitals caring for New Mexicans with severe injuries.
- Continue to update and revise regional and state trauma plans.
- Provide trauma clinical care and system development education to stakeholders along the trauma care continuum: injury prevention, pre-hospital emergency medical services (EMS), acute care, and rehabilitation.
- Survey Emergency Medical Technicians as to why they are not renewing their licenses to determine strategies to improve the number of renewals.
- Develop EMS system recommendations as part of House Memorial 20 for the New Mexico legislature.

<b>PERFORMANCE MEASURES</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Number of designated trauma centers in the state. (GPAC, AGA)	↑	3	7	9
Number of hospitals reporting data in the state trauma registry. (GPAC, AGA)	↑	20	24	25

<b>PERFORMANCE MEASURES (continued)</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Number of new EMTs licensed.	↑	938	1,010	1,084

**OBJECTIVE 3: IMPROVE VITAL RECORDS SERVICES ACROSS THE STATE.**

**STRATEGIES:**

- Fully implement E-Vitals.
- Improve customer satisfaction.
- Improve the efficiency of birth and death registration systems.
- Improve the timeliness and quality of birth and death data.

<b>PERFORMANCE MEASURES</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Percent of birth certificates issued/searched for within seven days of receipt of an approved birth search application and fees. (AGA)	↑	99.4%	98%	98%

**OBJECTIVE 4: ADDRESS EMERGING HEALTH PROBLEMS IN NEW MEXICO.**

**STRATEGIES:**

- Collaborate with tribes to develop tribal health codes.
- Monitor non-fatal Traumatic Brain Injury (TBI) in New Mexico children.
- Increase helmet use by New Mexico children when using bicycles, skateboards, skates, scooters, ATVs, snowmobiles, and motorbikes.

<b>PERFORMANCE MEASURES</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Number of tribes with tribal health codes.	↑	NA	1	2
Rate of traumatic brain injury among children (ages 17 and younger) in New Mexico per 100,000 population.	↑	NA	72.5	70

## LABORATORY SERVICES

**PURPOSE:** Laboratory Services provides laboratory analysis and scientific expertise for policy development for tax-supported public health, environment and toxicology programs in the State of New Mexico in order to provide timely identification of threats to the health of New Mexicans.

**GOAL:** Ensure quality laboratory services and provide scientific consultation to support public health and safety.

**David Mills, Director, 505-841-2523**

**OBJECTIVE: REDUCE TURNAROUND TIME FOR ANALYSIS AND IMPROVE CUSTOMER SERVICE FOR LAB TESTING.**

**STRATEGIES:**

- Maximize technology to improve efficiency of internal operations.
- Expand molecular diagnostic laboratory services to address emerging public health conditions.
- Evaluate and revise drug-test protocols to accommodate anticipated volume and turn around needs of DWI and Office of the Medical Investigator clients.
- Anticipate and respond to new public health and environmental threats (avian flu, food safety, water disinfection byproducts and chemicals from plastics).

PERFORMANCE MEASURES	Goal	FY07 Actuals	FY08 Target	FY09 Target
Percent of public health threat samples for communicable diseases and other threatening illnesses that are analyzed within specified turnaround times. (AGA)	↑	98.7%	98%	98%
Percent of blood alcohol tests from driving-while-intoxicated cases that are analyzed and reported within seven business days. (AGA)	↑	76%	85%	85%
Number of laboratory tests performed each year. (AGA) * <i>Decrease due to the outsourcing of the newborn screening tests in order to implement the requirements in HB479 of 2005.</i>	→	413,656	340,000	340,000

## FACILITIES MANAGMENT

**PURPOSE:** The Facilities Management program provides oversight of the Department of Health facilities which provide mental health, substance abuse, nursing home, and rehabilitation programs in facility and community-based settings to New Mexico residents who need safety net services.

**GOAL:** Persons who receive residential care services in DOH facilities will receive the highest-quality care in a resident-centered environment.

**Katrina Hotrum, Director, 505-827-2962**

**OBJECTIVE: IMPROVE RESIDENT CARE AND SERVICES IN DEPARTMENT OF HEALTH FACILITIES.**

**STRATEGIES:**

- Ensure that all DOH facilities meet or surpass national quality and safety standards and employ healthcare best practices.
- Develop and implement standard guidelines and procedures for all DOH facilities that are derived from best practices.
- Provide long-term care services using best practices and resident-centered models.
- Establish peer review systems for clinicians practicing in DOH facilities that are discipline specific, cultivate best practices through education, and serve to improve the quality of care delivery across multidisciplinary systems.
- Ensure that all individuals who receive care in DOH facilities are provided opportunities to actively participate in the development of their treatment and discharge plans.
- Create home-like and active environments within DOH facilities that promote resiliency, recovery and community reintegration.

PERFORMANCE MEASURES	Goal	FY07 Actuals	FY08 Target	FY09 Target
Number of substantiated cases of abuse, neglect and exploitation per one hundred residents in agency-operated long-term care programs confirmed by the Division of Health Improvement. (AGA)	↓	2.6	0	0
Percent low risk residents at Fort Bayard who have pressure sores. (AGA)	↓	NA	3.0%	2.5%
Percent of low risk residents at New Mexico Veterans Home who have pressure sores. (AGA)	↓	NA	2.7%	2.5%

**PERFORMANCE MEASURES (continued)**

	Goal	FY07 Actuals	FY08 Target	FY09 Target
Percent of low risk residents at New Mexico Behavioral Health Institute's long term care program who have pressure sores. (AGA)	↓	NA	0.5%	0.5%
Percent of clients at New Mexico Rehabilitation Center with continued improvement on medical rehab goals three to six months post discharge. (AGA)	↓	NA	78%	80%
Percent of clients at Sequoyah Adolescent Treatment Center without relapses at three to six months post discharge. (AGA)	↓	NA	90%	92%
Percent of clients at Turquoise Lodge without relapses at three to six months post discharge. (AGA)	↓	NA	38%	40%

## DEVELOPMENTAL DISABILITIES SUPPORT

**PURPOSE:** The Developmental Disabilities Support program administers a statewide system of community-based services and supports in order to improve the quality of life and increase the independence and interdependence of individuals with developmental disabilities including children with or at risk for developmental delay or disability and their families.

**GOAL:** Promote independence and quality of life for individuals with developmental disabilities.

**Mikki Rogers, Acting Director, 505-476-7896**

**OBJECTIVE: ENSURE QUALITY DEVELOPMENTAL DISABILITIES SERVICES FOR NEW MEXICANS.**

**STRATEGIES:**

- Increase the number of people with developmental disabilities who are meaningfully employed by creating a supported employment initiative that coordinates and maximizes employment supports and linkages across state agencies and with the private sector.
- Control waiver costs and redirect savings to serve more people by operationalizing the *Mi Via* Program (the self directed waiver) and by making improvements to the Developmental Disabilities Waiver.
- Increase consumer satisfaction and autonomy by optimizing self direction and supporting meaningful consumer participation at the policy and program levels.
- Provide information and support to individuals, parents, and guardians that supports timely access to services and promotes self advocacy and self determination.
- Participate in the National Core Indicators Project in order to better identify trends related to consumer satisfaction, person centered service delivery and individual outcomes.
- Complete Developmental Disabilities Services Division activities related to disengagement from the Jackson lawsuit.
- Improve provider accessibility, quality, and stability by clarifying performance expectations, increasing training and technical assistance, and strengthening contract management.

<b>PERFORMANCE MEASURES</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Percent of adults receiving developmental disabilities day services who are engaged in community-integrated employment. (GPAC, AGA)	↑	34% Preliminary Data	36%	40%
Percent of families who report an increased capacity to address their child's developmental needs as an outcome of receiving early intervention services. (GPAC, AGA)	↑	92.0%	93.0%	94.0%
Percent of infants and toddlers in the Family, Infant Toddler program who make progress in their development. (GPAC, AGA)	↑	Data available in 2008	Establish Baseline	Establish Target
Percent of developmental disabilities waiver applicants determined to be both income eligible and clinically eligible within ninety days of allocation. (AGA)	↑	87.5%	95%	95%
Percent of developmental disabilities waiver applicants who have a service plan in place within ninety days of income and clinical eligibility determination. (AGA)	↑	97.5%	95%	95%
Percent of Jackson requirements from the plan of action and Appendix A to the joint stipulation completed. (AGA)	↑	75%	90%	100%
Percent of individuals participating in developmental disabilities community service program who report that services helped them maintain or increase independence. (GPAC, AGA)	↑	89.82%	93%	93%
Number of children with autism spectrum disorder who receive legislative appropriation funded respite and/or adaptive skill building services. (GPAC, AGA)	↑	NA	NA	100
Number of clients served through the Rural Early Access to Children's Health (REACH) Telehealth Project. (GPAC)	↑	393	1,500	2,000
Number of individuals on the DD waiver who transition to Mi Via.	↑	NA	100	100

## HEALTH CERTIFICATION LICENSING AND OVERSIGHT

**PURPOSE:** The Health Certification, Licensing and Oversight program provides health facility licensing and certification surveys, community-based oversight and contract compliance surveys and a statewide incident management system so that people in New Mexico have access to quality health care and that vulnerable populations are safe from abuse, neglect and exploitation.

**GOAL:** Eliminate abuse and exploitation of at-risk populations.

**David Rodriguez, Director, 505-827-2640**

**OBJECTIVE: ENFORCE “ZERO TOLERANCE” OF ABUSE, NEGLECT OR EXPLOITATION OF CHILDREN, SENIORS AND VULNERABLE ADULTS.**

### **STRATEGIES:**

- Continue to update the employee abuse registry.
- Increase licensing sanctions and penalties at all facilities when surveys identify egregious non-compliance.
- Increase the use of the Consolidated On-line Registry (COR) by providers.
- Continue ongoing training to providers on the COR.
- Ensure provider compliance with the registry’s requirements as part of the Department’s routine provider surveys.
- Provide fingerprinting technical assistance to providers to reduce application rejections and speed processing time.
- Complete the phase in of hospital caregivers to expand protections to consumers of hospital services.
- Enhance regulatory framework for licensure and operation of facilities by developing and promulgating rules for detoxification facilities, and adult residential care settings.
- Improve quality of care by continued consistent enforcement of regulations, follow-up on corrective action plans and implementation of sanctions for non-compliance.
- Implement an automated survey process for community-based providers to more readily assess trends and patterns of compliance by provider, region and the state.
- Complete the rebuild of the web-enabled Incident Management System to more fully integrate available data, produce a wider array of reports, and provide greater accessibility to Department investigative staff.

- Increase access to information on the quality of New Mexico's health facilities and community-based programs.
- Increase collaboration with healthcare organizations by providing survey findings, survey trends and patterns, and recommendations to proactively improve healthcare delivery in New Mexico.
- Fully automate the survey process for community-based providers to more readily assess trends and patterns of compliance by provider, region and the state.
- Increase the percentage of surveys of licensed facilities.

<b>PERFORMANCE MEASURES</b>	<b>Goal</b>	<b>FY07 Actuals</b>	<b>FY08 Target</b>	<b>FY09 Target</b>
Number of developmental disabilities providers receiving an unannounced survey. (AGA)	↑	111	117	125
Percent of required compliance surveys completed for adult residential care and adult day care facilities. (GPAC, AGA)	↑	38%	77%	80%
Percent of abuse, neglect and exploitation incidents for community-based programs investigated within 45 days. (GPAC).	→	95.8%	95%	95%
Percent of abuse, neglect and exploitation allegations confirmed in community-based programs. (GPAC, AGA)	→	45%	45%	45%
Number of allegations of abuse, neglect and exploitation reported.	→	1,557	1,600	1,600
Number of applicants screened for caregiver criminal history. (AGA)	↑	33,592	33,800	34,000
Number of days from receipt of completed application for caregiver screening to issuance of clearance.	↓	41	30	25
Number of days from receipt of completed application for caregiver screening to issuance of disqualification.	↓	59	45	42

## FINAL PROGRAM SUMMARY

### Program Name: ADMINISTRATION

**Authority:** Sections 9-7-1 through 9-7-16 NMSA 1978.

**Users:** Department of Health programs, staff, contractors, suppliers and vendors, individuals and communities of New Mexico.

**Program Purpose Statement:** The Administration Program fulfills the mission of the Department by providing leadership, policy development, information technology, and administrative and legal support to the Department of Health so that the Department achieves a high level of accountability and excellence in services provided to the people of New Mexico.

### Program Name: PUBLIC HEALTH

**Authority:** Sections 24-1-1 through 24-1-21; 24-1-1 through 24-1A-1 through 24-1A-4 NMSA 1978.

**Users:** Mothers and children, particularly those with no other funding source; people living with HIV/AIDS; children and adults with chronic or infectious disease, or other special health needs; uninsured, low-income individuals needing primary care and dental services; school-aged children and their families; people living along the U.S.-Mexico border; individuals and communities in New Mexico.

**Program Purpose Statement:** Public Health fulfills the mission of the Department by providing a coordinated system of community-based public health services focusing on disease prevention and health promotion in order to improve health status, reduce disparities, and ensure timely access to quality, culturally competent health care.

### Program Name: EPIDEMIOLOGY & RESPONSE

**Authority:** Sections 24-1-0 through 24-1-21; 24-10A-1 through 24-10A-10; 24-14-1 through 24-14-3; and 24-10B-1 through 24-10B-12 NMSA 1978.

**Users:** Individuals requiring emergency medical services, individuals needing data and reports on health status of New Mexicans, individuals requiring vital records, and individuals concerned about bioterrorism preparedness.

**Program Purpose Statement:** Epidemiology and Response fulfills the mission of the Department by monitoring health, providing health information, preventing disease and injury, promoting health and healthy behaviors, responding to public health events, preparing for health emergencies, and providing emergency medical and vital registration services to New Mexicans.

### Program Name: LABORATORY SERVICES

**Authority:** Sections 24-1-1 through 24-1-21, §9-7-3, §24-1-3 P, §25-7(A)1-19 – 25-7A-19, §24-1-6, §9-7-6, §66-8-107 through 113, §66-8-105 to 66-8-112, §24-1-22, §30-31-1 through 41, §24-11-1 through 12, §60-1-22, §74-6-1 et seq. – NMSA 1978; 21 NMAC 34.2 [74-4G-1 to 74-4G-12], 40 CFR 116-140, 40 CFR 141-143, 10 CFR 1-171, 10 CFR Subchapter C.

**Users:** State, federal and local law enforcement agencies and personnel, the Office of the Medical Investigator, New Mexico Department of Agriculture, Environment Department, Department of Public Safety, dairy industry, New Mexico tribes, and hospitals and clinical laboratories in New Mexico.

## FINAL PROGRAM SUMMARY

### Program Name: LABORATORY SERVICES (continued)

**Program Purpose Statement:** Laboratory Services fulfills the mission of the Department by providing laboratory analysis and scientific expertise for policy development for tax-supported public health, environment and toxicology programs in the State of New Mexico in order to provide timely identification of threats to the health of New Mexicans.

### Program Name: FACILITIES MANAGEMENT

**Authority:** Constitution of New Mexico, Article 14, Section 1; 23-1-1 through 23-1-13; 23-4-1 through 23-4-7; 23-5-1 through 23-5-2; 27-9-11 NMSA 1978.

**Users:** Elderly persons with specialized support needs, medically fragile persons, persons in need of mental health and substance abuse treatment, and veterans requiring long-term care.

**Program Purpose Statement:** Facilities Management fulfills the mission of the Department by providing oversight of Department of Health facilities which provide mental health, substance abuse, nursing home care, and rehabilitation programs in facility and community-based settings to New Mexico residents who need safety net services.

### Program Name: DEVELOPMENTAL DISABILITIES SUPPORT SERVICES

**Authority:** 28-16A-1 through 28-16A-18 NMSA 1978.

**Users:** Children and adults with developmental disabilities and children at risk of developmental delays.

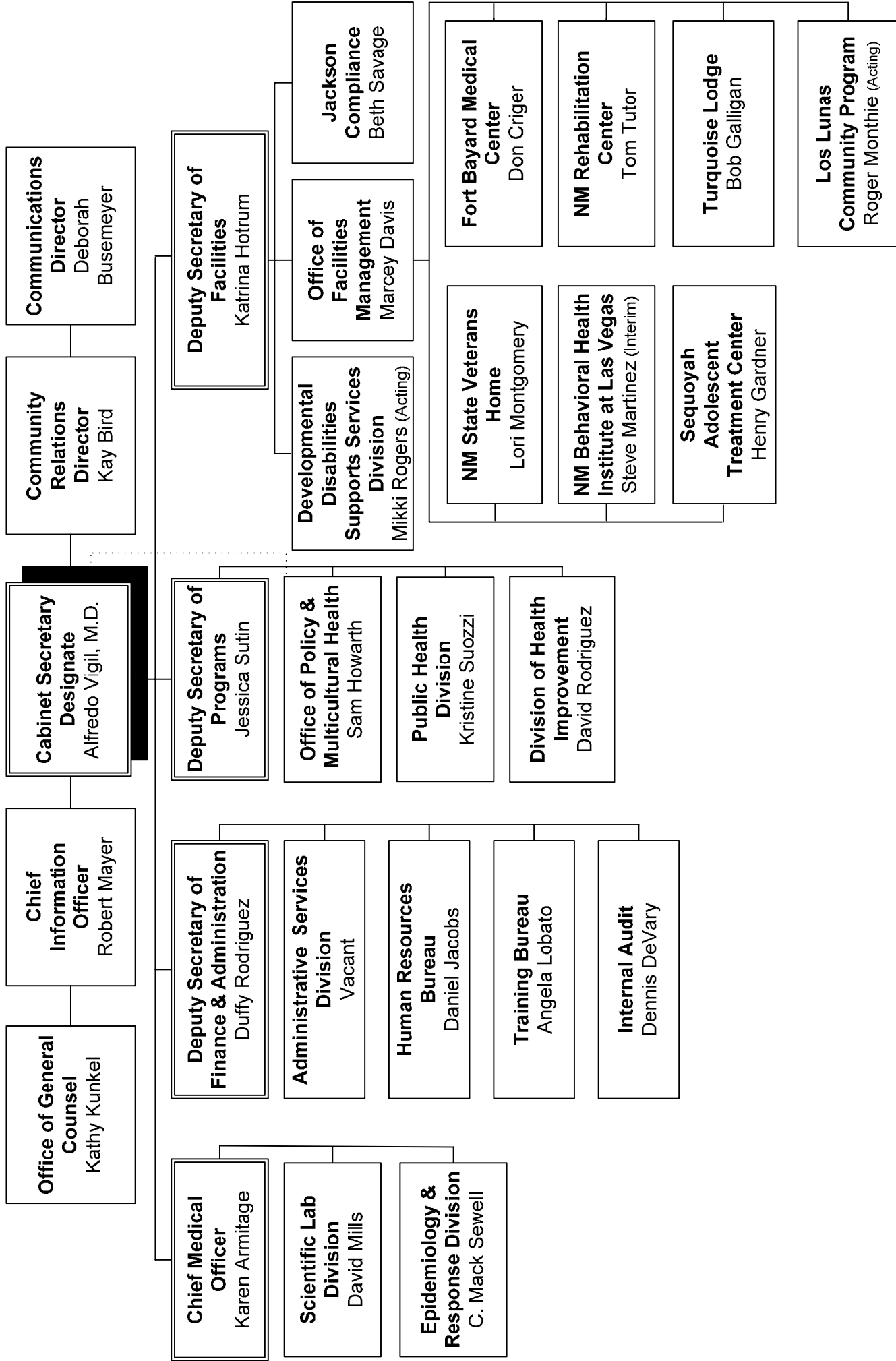
**Program Purpose Statement:** Developmental Disabilities Support Services fulfills the mission of the Department by administering a statewide system of community-based services and supports in order to improve the quality of life and increase the independence and interdependence of individuals with developmental disabilities including children with or at risk for developmental delay or disability and their families.

### Program Name: HEALTH CERTIFICATION, LICENSING AND OVERSIGHT

**Authority:** Section 24-1-1 through 24-1-22; 29-17-2 through 29-17-5; 9-7-16 NMSA 1978.

**Users:** Health care providers requiring licensing and certification, their patients, and consumers of health care services.

**Program Purpose Statement:** Health Certification, Licensing and Oversight fulfills the mission of the Department by conducting health facility licensing and certification surveys, community-based oversight and contract compliance surveys and a statewide incident management system so that people in New Mexico have access to quality health care and that vulnerable populations are safe from abuse, neglect and exploitation.





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