

New Mexico Department of Health

FY25 – 27 Strategic Plan



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Letter From the Secretary

Office of the Secretary, New Mexico Department of Health

Dear Fellow New Mexicans,

We at the New Mexico Department of Health strive daily to promote health and wellness, to improve health outcomes, and to assure safety-net services for all people in New Mexico. This broad and encompassing mission requires community spirit and a commitment from all New Mexicans to help our fellow citizens. I am asking you to be part of the team. As such, this strategic plan outlines our vision, mission, priorities, and strategies. I hope you find it a useful resource.

Over the past year, we have reimagined our organization, embraced a bold vision, and embarked on a new journey. With your help, we want to become the healthiest state in the nation by 2040. An audacious goal - absolutely, but an essential one. In our plan to become the healthiest state by 2040, over the next year our goals include a reduction in colorectal cancer deaths by 28 people for every additional 1,000 adults screened, a reduction of the number of people reporting excessive drinking by 1% or 21,130 fewer New Mexicans excessively drinking and reducing the number of drug deaths in the state by five points next year, saving 189 lives. Together, we can save lives.

The New Mexico Department of Health cannot do this alone. We must continue to partner with community organizations, health care providers, local governments, and Tribes, Pueblos, and Nations. Together we can tackle health issues that impact our communities such as maternal mortality rates, sexually transmitted infections, reproductive health care, drug and alcohol deaths, and gun violence. Using the State Health Improvement Plan (SHIP) as the compass, we can, with our partners, build a collaborative plan to align our efforts to improve the health of New Mexicans.

A mindset of continuous quality improvement is essential to our success. We must be nimble and forward-looking to not only see developing trends but to respond quickly and efficiently in a crisis. One clear lesson learned from a global pandemic is that our public health infrastructure needs an

overhaul. We are committed to making the changes necessary to ensure all New Mexicans have access to the best health care.

Our commitment remains unwavering as we dedicate ourselves to expanding access to services, improving health outcomes for all, fostering a safe healthcare environment, and achieving organizational excellence. We have also made a commitment to our health care providers that we will protect their right to provide services to their patients without state intervention. They are free to provide.

We stand on the precipice of change. With your support, we are poised to transform public health in New Mexico. You are an essential partner in this journey. Your expertise, life experiences, and commitment to our shared values and goals will ensure that together we can build a healthier future for all.

Patrick Allen

NMDOH Cabinet Secretary

Senior Leadership Team

Cabinet Secretary, Patrick Allen

Deputy Secretary, Dawn Sanchez

Chief Medical Officer, Dr. Miranda Durham

Director of Operations, LeAnn Behrens

Tribal Liaison, Janet Johnson

Director of Health Equity, Susan Garcia

Director, Policy and Communications Division, Arya Lamb

Director, Public Health Division, Dr. Jose Acosta

Acting Director, Facilities Management Division, George Morgan

Acting Director, Administrative Services Division, Dr. Dominick Zurlo

North Star, Mission, & Values



OUR VISION or North Star is a statement of the future we want for the population we serve:

New Mexico is the healthiest state in the country by 2040

OUR MISSION is a statement of the work necessary to turn our vision into a reality that reflects our intended impact:

Promoting health and wellness, improving health outcomes, and assuring safety net services for all people in New Mexico

OUR VALUES are a statement of our belief that how we work is as important as the work we do. Our values define the way we will carry out our mission to achieve our vision:

- **Health Equity:** Policies, practices and resources dedicated to assuring that everyone has a fair and just opportunity to be as healthy as possible
- **Accountability:** Honesty, integrity, and honor commitments made
- **Communication:** Promote trust through mutual, honest, and open dialogue
- **Teamwork:** Share expertise and ideas through creative collaboration, working toward common goals
- **Respect:** Appreciation for the dignity, knowledge, and contributions of all persons
- **Leadership:** Promote growth and lead by example throughout the organization and in communities
- **Customer Service:** Elevate the needs of our internal and external customers to assure their needs are met

Our **North Star** conveys the common purpose and future embraced by all of NMDOH. A North Star should be bold, inspiring, and almost out of reach. It should exalt our collective imagination to envision greatness and should serve as a constant reminder of what we are fighting for. Our **mission** is to align our priorities and activities with our shared commitment to the health of the state through foundational public health services and our state-wide network of healthcare facilities and infrastructure. This strategic plan will help us achieve this by identifying key goals that focus on both organizational excellence and population health, because we know that optimizing the health of the agency is paramount to achieving significant improvements in population health. As a workforce, NMDOH has weathered significant challenges and changes over recent years. We are committed to putting care and attention into creating and sustaining a workplace culture that aligns with our **values**, the guiding principles that shape how we do work with each other and how we serve the people of New Mexico, including our community partners, other agencies, and local governments.

About NMDOH

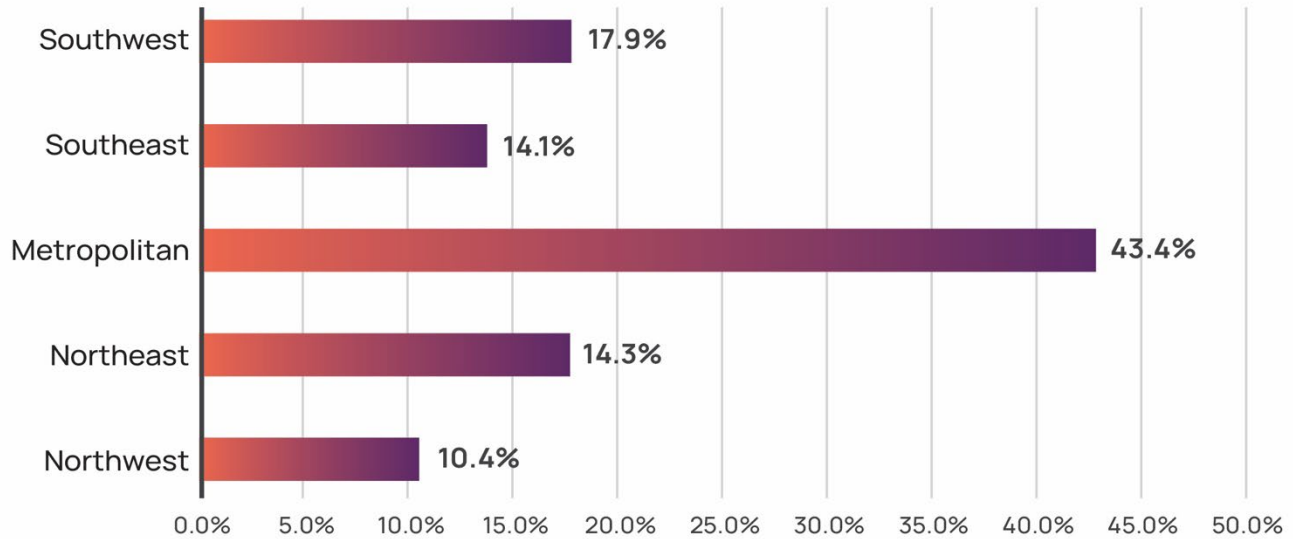
The New Mexico Department of Health (NMDOH) is a centralized system of health services with a Governor appointed Cabinet Secretary overseeing the Department. New Mexico has 33 counties and 24 federally recognized American Indian Tribes, Pueblos, and Nations with off-reservation populations. Pursuant to the State Tribal Collaboration Act (STCA), all state agencies must collaborate on a government-to-government basis to promote more effective communication and relationships with New Mexico's Tribes, Pueblos, and Nations. Reducing disparities in health outcomes and access to care in our Tribal communities is a key priority of the Department of Health and can only be accomplished with strong and sustained relationships with our tribal partners.

New Mexico's 33 counties are organized into four public health regions administered by NMDOH. Regional directors and staff provide services to every county within their region through 52 public health offices located throughout the state. These local offices partner with their communities to ensure services meet communities' specific needs. [Public health offices](#) can provide critical infrastructure in more rural and frontier areas of the state where population density is sparse and communities are challenged in their efforts to attract and secure adequate healthcare providers. Each public health office is different, but all endeavor to provide services that reflect the health needs of the local population they serve.

List of Services offered at Public Health Offices:

- Family Planning
- Immunization
- Harm Reduction
- Medication for Opioid Use Disorder (MOUD)
- STD testing and treatment
- Tuberculosis Testing and Treatment
- Women, Infants, Children (WIC) for supplemental nutrition
- Vital Records

We recognize that New Mexico is an immensely unique state, both culturally and geographically, which is why we provide locally appropriate public health services. Here we can see how the population of the state is distributed among different regions of the state.



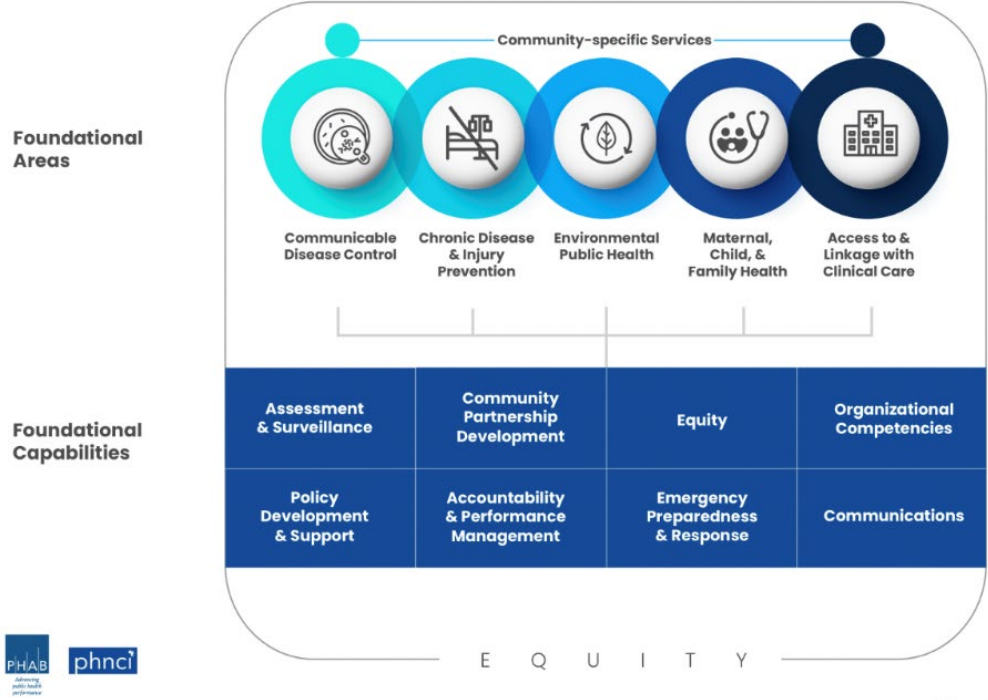
New Mexico had a total population of 2,126,186 in 2022 (UNM Geospatial and Population Studies). About two in five New Mexicans live in the Metropolitan region of central NM while nearly a quarter live in the northern regions (NE and NW), and a third live in the southern regions (SE and SW).

Strengthening the Foundations of Public Health through Accreditation

On **May 14, 2024**, NMDOH was awarded public health reaccreditation by the Public Health Accreditation Board (PHAB) after reaching initial accreditation in 2015. This is a huge milestone in the evolution of the department. Launched nationally in 2011, public health accreditation is an important framework for assuring the quality and performance of the nation's public health agencies. Achieving public health accreditation demonstrates that the department is delivering the essential **core functions** and **public health services** according to a set of nationally recognized, practice-focused,

and evidence-based standards. Gaining reaccreditation and maintaining it means NMDOH is succeeding at the pursuit of continued organizational improvement. PHAB's purpose is to foster a commitment to quality improvement, performance management, accountability, transparency, and the capacity to deliver the **Ten Essential Public Health Services**.

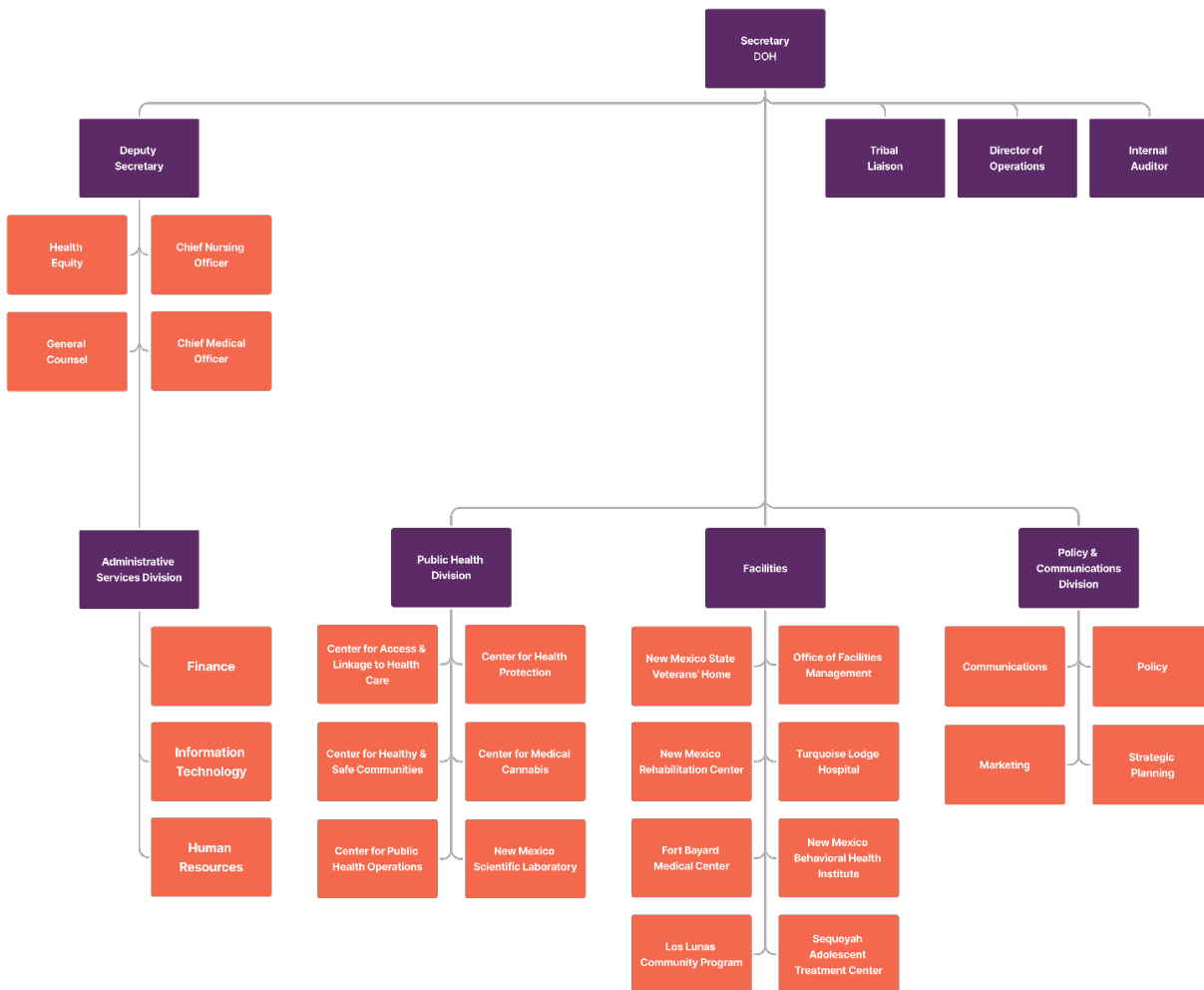
Foundational Public Health Services



The department's first phase of public health accreditation focused primarily on demonstrating core competencies and service areas. New Mexico, like all states, struggles to address historical and complex health disparities. The next five-year period of accreditation will drive the department to infuse all activities and services with focused health equity efforts.

Our New Organizational Structure

Currently, four divisions comprise NMDOH's organizational structure and contribute to an expansive statewide public health system. Re-organization refers to a necessary process of introspection and change sometimes brought about by the need to resolve incongruities introduced after a merger or loss of some of an organization's key functions. Changing the structures around which resources and activities are grouped or coordinated is a natural result of this process and one that NMDOH has been fully engaged in since contemplating the transfer of two key divisions to the Health Care Authority, which was finalized on July 1, 2024.



Aligning services areas and capabilities (PHAB best practices) became a central organizing theory as we envisioned optimal public health functioning and resulted in the decision to integrate the four public health divisions (Epidemiology and Response, Public Health, Medical Cannabis, and Scientific Laboratory) into one fully unified Public Health Division with 5 newly created “Centers” for better planning, decision-making, financing, and implementation of public health services state-wide.

NMDOH Divisions:

- Public Health Division (PHD)
- Administrative Services Division (ASD)
- Facilities Management Division (FMD)
- Policy and Communications Division (PCD)

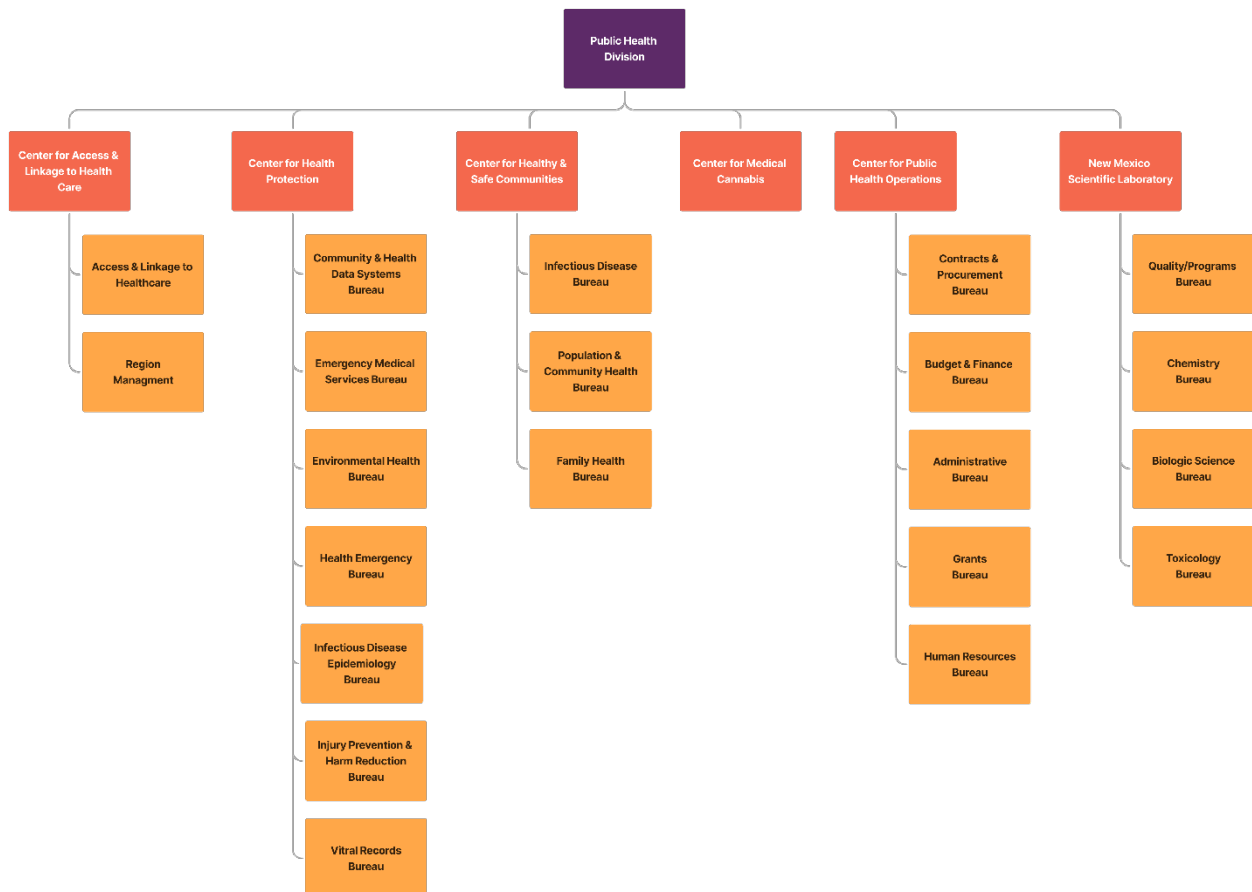
Our New Public Health Division (PHD)

Public health challenges like gun violence, maternal health, homelessness, and the continued threat of communicable disease require strong public health infrastructure that optimizes all the parts serving the whole. Reorganizing public health at NMDOH was a critical step on our journey to becoming the healthiest state in the country by 2040.

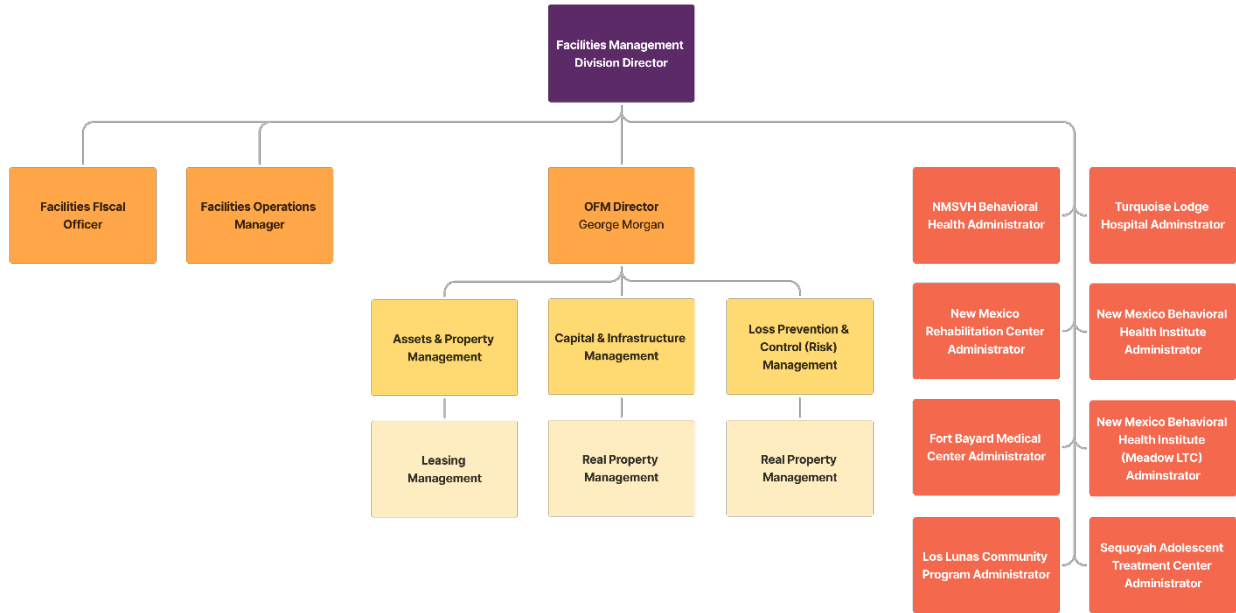
The reimagined Public Health Division (below) is organized by using the PHAB National Public Health Standards designed to assure a strong public health infrastructure with both service areas and capabilities that can promote and protect the health of communities. The reorganization emphasizes **public health service areas**, which include specific programs, services, and activities aimed at protecting the health of a community, including control of communicable disease, injury prevention, substance use and chronic disease prevention, environmental health, maternal and child health, and access and linkage to healthcare. The emphasis on public health service areas allows each area to respond to unique community needs.

Public health capabilities relate to workforce and infrastructure and emphasize skills and capacities needed to support public health programs and services. This includes assessment & surveillance, emergency preparedness and response, equity and community partnership development, communications, accountability and performance measurement, and continual policy development and support.

Aligning service areas and capabilities with our Enterprise Performance Management System and PHAB standards and measures will strengthen accountability through evaluation and monitoring and increase positive health outcomes in our communities.



Our Facilities Organizational Structure



NMDOH Facilities Overview Treatment & Long-Term Care

Skilled and Long-Term Care

- The Meadows at NM Behavioral Health Institute
- Fort Bayard Medical Center
- New Mexico State Veteran’s Home

Physical Rehabilitation

- New Mexico Rehabilitation Center

Treatment for Substance Misuse

- New Mexico Rehabilitation Center
- Turquoise Lodge Hospital

Adolescent Residential Treatment Centers

- Sequoyah Adolescent Treatment Center
- Care Unit at NM Behavioral Health Institute

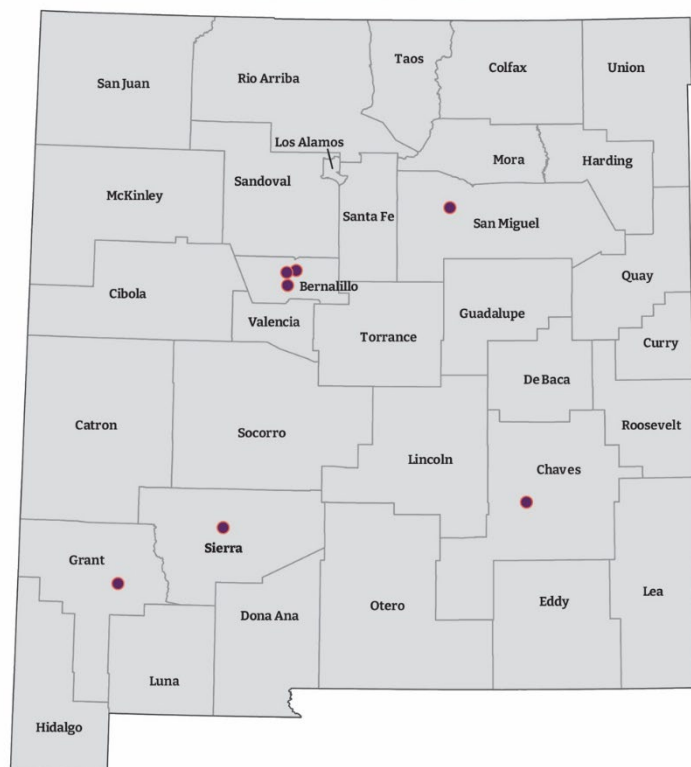
Mental Health Treatment

- NM Behavioral Health Institute

Habilitation for Intellectual & Developmental Disabilities

- Los Lunas Community Program

NMDOH Facilities

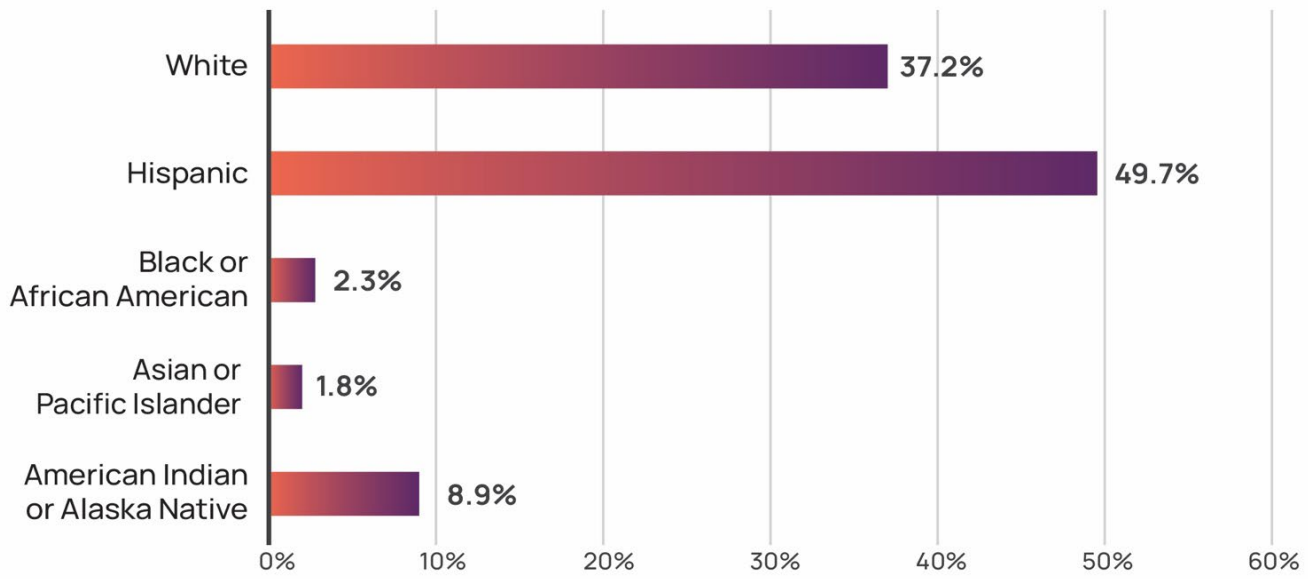


NMDOH Facilities strive to provide safety-net services to many of New Mexico’s most vulnerable residents. In FY25-27, our facilities will continue to prioritize ongoing provider recruitment to build exceptional direct care staff teams at all facilities. We will continue to work with local communities and more broadly across the state to make our services available to all residents who need them.

About New Mexico

Demographics & Health Disparities

Understanding the population of our state is preliminary to priority setting and defining the strategic direction and resource allocation of the agency. Numerous factors contribute to the health disparities that exist in New Mexico. Among these are differentials in economic stability, access to and quality of education, health care access and quality, neighborhood and built environment, and social and community context.



According to US Census Bureau estimates, over 60% of New Mexicans identify as a person of color and/or American Indian/Alaskan Native and over 49% identify as Hispanic.

In 2021, about one third of New Mexicans lived in rural or mixed urban/rural areas, one quarter lived in small metro areas and more than 40 percent live in metro areas (UNM Geospatial and Population Studies). NMDOH's Office of Health Equity points out that location significantly shapes whether someone can access the resources they need to support their health. Many health challenges disproportionately affect unique populations within New Mexico: obesity and diabetes among New Mexico youth are disproportionately higher in Native and Hispanic populations (New Mexico Childhood Obesity 2023 Update); deaths classified as a suicide, drug or alcohol overdose, or liver failure are highest among American Indian and Alaska Natives (AI/AN) with NM ranking highest for alcohol related deaths in the nation; New Mexico has historically had high rates of unintended pregnancy (ranging from 40-50% of live births) and high teen fertility rates. Pregnancy Risk Assessment Monitoring System (PRAMS) findings indicate that while some of these pregnancies were well planned, others resulted from an inadequate choice of contraceptive methods. Nearly 1 in 3 New Mexicans speak a language other than English at home. According to the American Community Survey, in 2021 68.8% of New Mexicans spoke only English at home, 24.5% spoke Spanish, 1% each other Indo-European languages or Asian/Pacific Islander languages, and 4.8%

'Other' (American Community Survey 2017-2021). Furthermore, New Mexico's minority-majority population has a complicated history involving root shock, historical trauma, and the effects of colonization, all contributing to systemic racism, which is compounded by enduring social injustices (Office of Health Equity, NMDOH).

Income & Poverty

In 2022, 17.6% of New Mexicans lived below the federal poverty level, the third highest rate in the nation. Residents of impoverished neighborhoods or communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy. In New Mexico, 38.6% of people with incomes less than \$15,000 in 2020 had at least 2 chronic conditions, compared to 22.1-26.6% for people with income more than \$15,000 (Center for Health Protection, New Mexico Department of Health).

Gender & Sexual Orientation

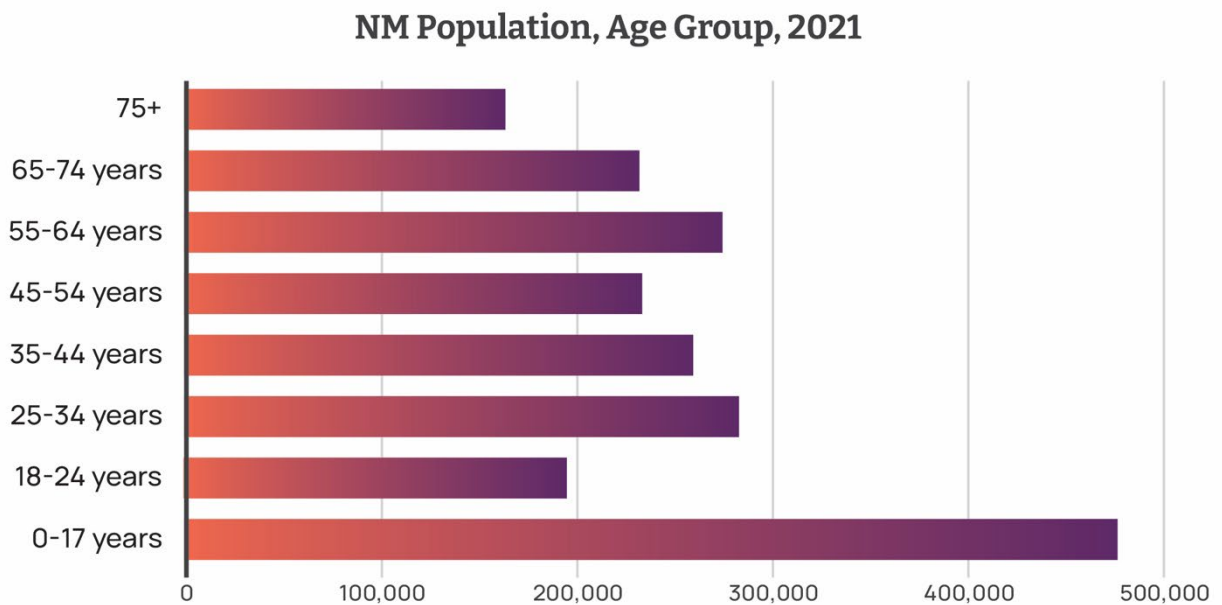
People who identify as transgender are at increased risk of discrimination and violence. New Mexico supports the rights of people who are transgender including the right to gender affirming care. Almost 1% of NM adults are transgender or nonbinary. This is approximately 11,500 adults. About 8% of NM adults identify as lesbian, gay, bisexual, or 'other' sexual orientation. People who identify as lesbian, gay, bisexual, asexual, queer, or 'other' sexual orientations are at greater risk of discrimination and violence. LGBT youth are more likely to suffer depression and anxiety and to have attempted suicide.

Sexual Orientation & Gender Identity, NM Adults, 2021		
Sexual Orientation	Percentage	Estimated Population
Heterosexual/ Straight	7.5%	123,625
LGBTQ+/ Other	92.5%	1,524,704
Gender Identity	Percentage	Estimated Population
Cisgender	99.3%	1,636,791

Transgender/ Nonbinary	0.7%	11,538
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Age & Disability

Like many states, NM has a significant aging population. In 2021, nearly the same number of New Mexicans were 14 or under as were 65 or above. There were slightly more elderly females than males (50.6% compared to 49.4%). New Mexico has a health care provider shortage which negatively impacts preventative care and access to treatment which could mean many of our aging citizens have reduced or inadequate access to care.



People who have a disability including intellectual or developmental disability are at increased risk of abuse, neglect, and violence. In 2021 about a third of NM adults had at least one disability. Among these adults, cognition and mobility disabilities were the most common types of disabilities. Rates of disability increased with age; about a third of adults 45 to 64 had a disability, and almost half of

people 65 and over had a disability (NM Behavioral Risk Factors Surveillance System, NM Department of Health).¹

How This All Comes Together

According to America's Health Rankings, NM is currently ranked as the 43rd healthiest state while New Hampshire sits at number one. NMDOH has adopted America's Health Rankings as the long-established source for comparative analysis of states and their contribution to the nation's health. The department has chosen several population health metrics to begin focused improvement efforts:

- Excessive drinking
- Non-medical drug use in the past year
- Childhood immunizations
- HPV vaccination
- Colorectal cancer screening

Over time, more metrics will be added as we expand our strategic work to address many facets of health.

Currently, New Mexico is ranked 12th for adults reporting binge drinking or heavy drinking (16.7%). Although New Mexico is relatively well situated with this measure, there are still a high number of alcohol-related deaths in the state and a reduction of 1%, or 21,130 fewer people who report excessive drinking would result in an overall movement of New Mexico to 9th in national rankings.

¹ Source: NMBRFSS, NMHealth Survey Section

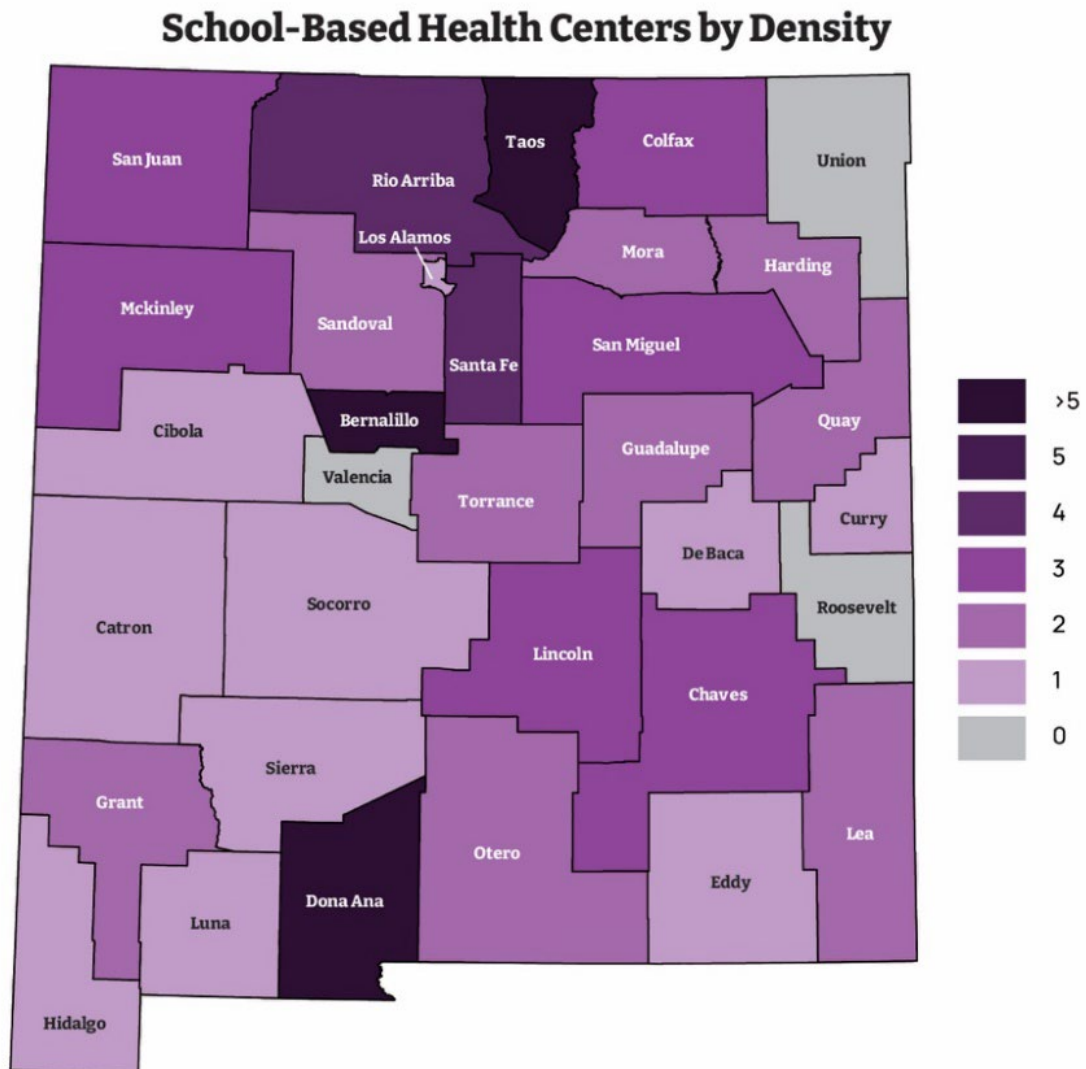
On the other end of the spectrum, New Mexico is currently ranked 45th for people reporting non-medical drug use (America's Health Rankings). According to a SAHMSA Report on Substance Use and Misuse in the United States, some common negative health outcomes associated with drug use are increased risk of accidents, paranoia, aggression, brain damage, sleep issues and an increased risk of contracting HIV. Further, daily use decreases life expectancy by 10 years, and for people who use multiple times a day, life expectancy can decrease 30-50 years. A reduction of 42,000 fewer people using drugs outside of their prescribed uses could result in a 5-point improvement over one year to a new ranking of 40th (America's Health Rankings).

Key work around increasing childhood vaccinations, improving access to screening and treatment for colorectal cancer, and a reduction in overall drug use and overdose could result in improved health outcomes for New Mexicans and improved health equity (America's Health Rankings). Comparative ranking is useful for understanding our progress as a state against others, but true progress can only be measured by the improved quality of life of everyday New Mexicans. We will continue to prioritize our community partnerships and relationships to ensure we are on the right track.

DOH-Supported Health Care Infrastructure

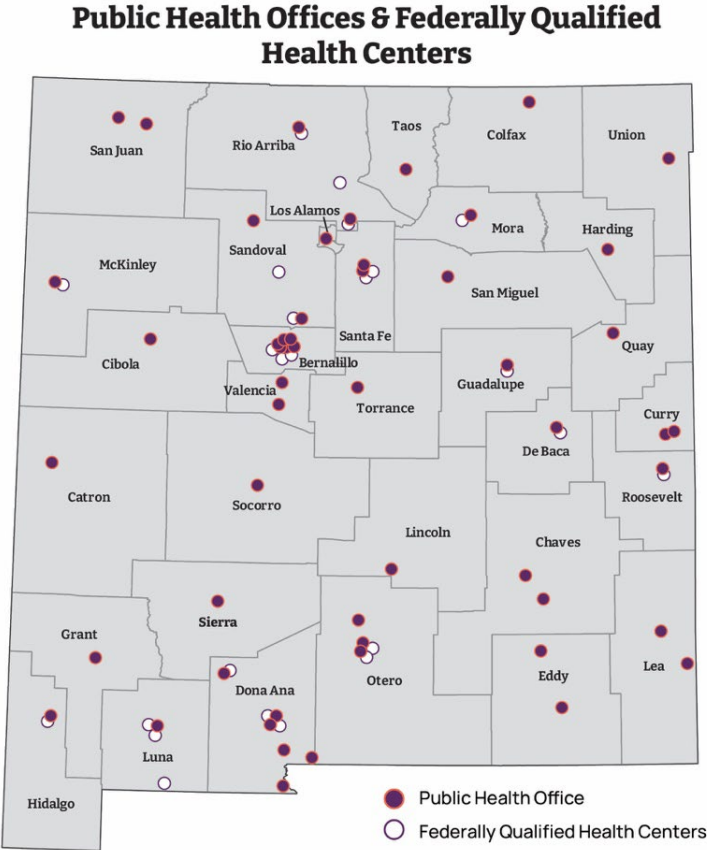
NMDOH will continue to support and build a robust network of services and infrastructure state-wide.

School-Based Health Centers (SBHCs) provide critical primary care and behavioral health treatment to many school-aged children in NM. Located on or near school campuses, they function through separate medical sponsors but in partnership with their host school. SBHCs have qualified teams of licensed healthcare professionals supporting students- keeping them healthy, in school, and ready to learn.



In 2023, NMDOH succeeded in passing SB397, codifying SBHCs in statute. The department received a base increase to drive further expansion of SBHCs into FY24 and FY25. We now support the operation of **95 schools** with access to SBHC services through on-campus clinics and/or telehealth. By next year we expect the number of schools with access to go up to **116**. NMDOH supports further expansion of access and services so that no child in NM goes without primary care or behavioral health in their formative years of development.

Federally Qualified Health Centers (FQHCs) are community-based organizations that provide comprehensive primary and preventive care in areas/ populations designated by the federal government as medically underserved.



Public Health Offices (PHOs) NMDOH provides an array of services through to every county of the state through 52 public health offices. These local offices partner with their communities to ensure

services meet communities' specific needs and provide some combination of the following services:

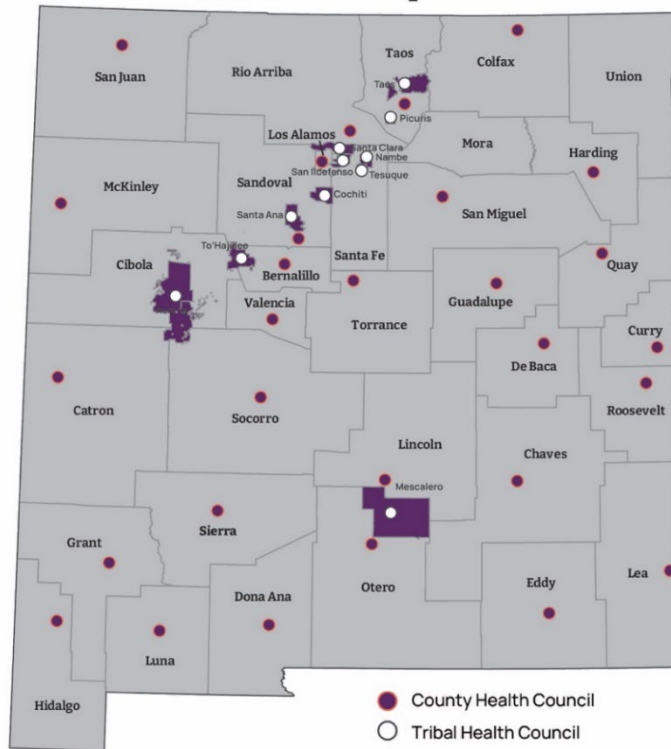
- Family Planning
- Immunization
- Harm Reduction
- Medication for Opioid Use Disorder (MOUD)
- STD testing and treatment
- Tuberculosis Testing and Treatment
- Women, Infants, Children (WIC) for supplemental nutrition
- Vital Records

The department received Opioid Settlement funds in FY24 and FY25 and used the funds to expand Medication for Opioid Use Disorder (MOUD or MAT) into **35 PHOs** with plans to further expand these treatment options into **42 total** PHOSs by December 2024. Medication treatment options include both naltrexone and buprenorphine and all PHOs offer in-person treatment, telehealth, or both. All patients are seen by a nurse for intake, receive urine drug screens, and are provided linkages to other services, as needed.

Health Councils & Tribal Health Councils Expansion

Health Councils coordinate health planning, assessment, and collaboration at the local level. By working with local governments, health care providers, schools, nonprofit organizations, health advocates, community members, and NMDOH health promotion staff, they can assess local needs, identify gaps in services, develop community health plans and priorities, coordinate community health initiatives, and identify needed resources. There is a county-level health council in every county, as indicated on the map. Significant growth is being accomplished by our Tribal partners, which are expanding health planning and assessment through health councils in their communities.

Tribal Health and Health Council Expansion



The active and operating 10 Tribal Health Councils include:

- Cañoncito Band of Navajos
- Pueblo of Acoma
- Pueblo of Cochiti
- Pueblo of Nambé
- Pueblo of San Ildefonso
- Pueblo of Santa Ana
- Pueblo of Santa Clara
- Pueblo of Santo Domingo
- Pueblo of Tesuque
- Pueblo of Picuris

Resources – Budget, Workforce & Administration

FY25 Operating Budget							
	P1	P2	P3	P4	P6	P787	Total
Revenue (Sources)							
General Fund	9,814.40	77,222.40	15,610.40	102,647.20	87,363.10	0.00	292,657.50
Transfers	940.50	30,015.80	840.00	31,796.30	6,963.60	2,516.50	73,072.70
Federal Funds	11,432.70	108,019.80	40,957.80	160,410.30	9,107.10	0.00	329,927.70
Other	0.00	46,571.70	526.00	47,097.70	74,198.00	0.00	168,393.40
Fund Balance	1,000.00	0.00	0.00	1,000.00	0.00	0.00	2,000.00
TOTAL Revenue	23,187.60	261,829.70	57,934.20	342,951.50	177,631.80	2,516.50	866,051.30
Expenses (Uses)							
Personal Services & Benefits (200s)	18,230.50	71,665.00	27,712.50	117,608.00	133,213.20	1,572.30	370,001.50
Contracts (300s)	2,335.50	82,466.00	21,945.20	106,746.70	14,217.00	570.50	228,280.90
Other (400s)	2,621.60	107,236.40	8,276.50	118,134.50	30,201.60	373.70	266,844.30
Other Financing / Transfers (500s)	-	462.30	-	462.30	-	0.00	924.60
TOTAL Expenses	23,187.60	261,829.70	57,934.20	342,951.50	177,631.80	2,516.50	866,051.30

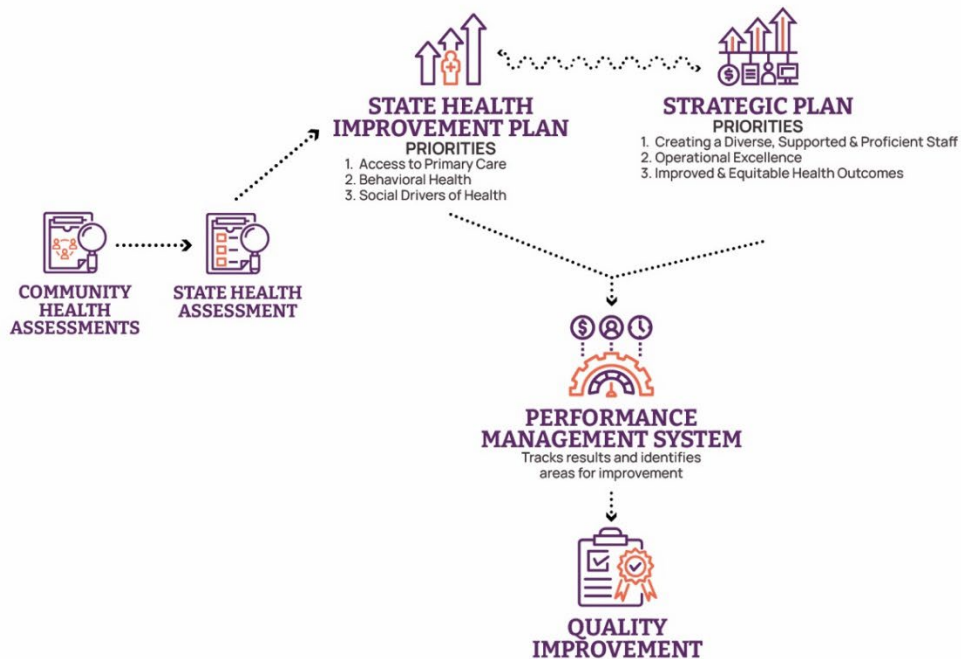
FY26 Budget Priorities:

Many programs, services, and activities are sustained by the department's recurring base budget but looking towards the future, NMDOH will prioritize several areas for expansion:

- The department wishes to build on last year's initial investment in supporting Tribal health by expanding our Office of Tribal Liaison and increasing opportunities for collaboration with our Tribal partners.
- In response to community need, NMDOH is working with San Miguel County on partnership opportunities to expand drug and alcohol treatment options in the region.
- The legislature funded the purchase of mobile health units in a previous fiscal year, providing much needed flexibility for various public health interventions state-wide. The department will prioritize fully operationalizing these units with dedicated full-time staffing.
- The state is enduring increasingly severe and frequent climate-change related calamities, including fires, severe heat, and flooding. Moving forward, the department must invest in robust partnerships with communities impacted by these events to support planning, preparation, and resiliency efforts aimed at mitigating future impacts and community disruption.
- Our Senior Farmers Market program, which supplies seniors with fresh, locally grown produce, has grown exponentially over the last 2 years and the department would like to meet this demand with further investment aimed at supporting the health of our seniors and offsetting the cost many of them incur raising and feeding their grandchildren. The growth of this program also supports and stabilizes a growing network of local farmers across the state.
- Finally, the department will need to continue to reconcile the gaps created by increased costs for doing business and the base budget. As we move into the future, we will continue to prioritize supporting our workforce by investing in appropriate placement and workforce development because making population health gains is contingent upon the health of our infrastructure and the investment we make in the skills and capacities needed to support staff in delivery of public health programs and services.

Full Time Equivalent (FTE) Positions	
Permanent	2,500.5
Term	974.5
Temporary	38
Total FTEs	3,513

Strategic & Assessment Components




WORKFORCE DEVELOPMENT


Workforce Development is foundational to all

The FY25-27 NMDOH strategic plan focuses on three key goal areas and their attendant strategies and performance metrics, but the department is continually engaged with other strategic planning and assessment activities that provide focus and forward movement on population health.

The performance management model at NMDOH begins with community health assessments (CHAs) at the local level. These assessments identify key health needs and issues through a comprehensive data collection process. Community health assessments directly inform NMDOH's State of Health in New Mexico report, which is an overall state health assessment (SHA) created by NMDOH epidemiologists. The state health assessment evaluates New Mexico's various populations and reflects the big picture of our current state of health in NM. From the SHA, the State Health Improvement Plan (SHIP) was developed through intensive community engagement and prioritization sessions and contains evidence-based strategies that were developed for department action. The SHIP goes beyond NMDOH's scope and acts as an inter-agency, Tribal, and community-oriented health improvement plan for the entire state. The SHIP works in tandem with the strategic plan, but the strategic plan is department specific and guides the department's direction. The strategic plan is fundamental to the department achieving its key objectives and identifying best practices.

NMDOH has established an enterprise performance management system that goes beyond what is required by the Accountability Government Act (AGA). While AGA measures represent both SHIP and strategic plan priorities, there are areas where it is necessary to monitor and track administrative and operational effectiveness and progress. Ultimately, each division should be strategically aligned with the department's overall strategic plan by determining suitable internal objectives and corresponding performance measures. A well-functioning performance management system should reveal areas for improvement to NMDOH leadership. When targets are not met or the expected results fall short, the department engages in targeted quality improvement projects, workforce development, and training. Overall, these interrelated components push NMDOH to continuously review and work toward systematic alignment and high performance. With a comprehensive strategic plan, a highly institutionalized enterprise performance management system, ongoing data driven analysis of New Mexico's health status, and the regular determination of state health priorities, NMDOH will continually advance a culture of quality and performance and deliver results to the people of New Mexico.

Key Components of a Performance Management System

State Health Assessment (SHA) – An evaluation of New Mexico’s population health status. A big picture perspective gleaned from a variety of data sources that paints the current health of New Mexico as “it is.”

State Health Improvement Plan (SHIP) – A long-term plan addressing the state of health “to be”. The SHIP takes community health assessment, multiple data sources, stakeholder input, including those of sovereign nations, to ascertain the top population-based health priorities for New Mexico and presents strategies for the state and Tribal leaders to tackle those priorities. The SHIP goes beyond the Department’s scope and acts as an inter-agency, cross-sectoral statewide strategic health improvement plan.

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

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

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

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

Strategies to achieve our North Star

NMDOH's FY25 Strategic Goals, Outcome Measures, & Activities for Operational Excellence & Serving New Mexicans

Over the past year, NMDOH has implemented an Enterprise Performance Management System (EPMS) for the first time. The implementation of an EPMS allows us to utilize performance management practices to monitor performance, report results, and allocate resources based on results. The EPMS is one component of a quality improvement culture that informs leadership about potential adjustments that are needed to health policy and programmatic goals. It also allows us to tell our story more effectively to internal and external stakeholders. Our strategic plan highlights the need for us to work *on* the organization rather than *for* the organization. Our ability to deliver significant positive health outcomes in New Mexico depends on a performance management system that reflects *operational* excellence, in addition to programmatic performance.

NMDOH has identified seven goals and 23 outcome measures that will be supported by additional process measures intended to focus on the quality and efficiency of the work we do as a department. The addition of process measures will identify and connect everyone's daily work to the NMDOH's mission and vision, engage all employees with measures they can directly impact, give us feedback on our effectiveness, identify bottlenecks, and focus our efforts on resolving problems through quality improvement tools. The transition to an organization that uses performance management practices to guide its work requires cultural change. The workforce must receive continual training, reinforcement, and recognition for the work of process improvement to become the expectation rather than the exception.

NMDOH has chosen to focus efforts on three goals (goals 1,3, and 7) during the 2025-2027 strategic planning cycle with plans to incorporate the remaining four over the next two fiscal years. These goals were selected by the leadership team after considering the importance of goals one and three for impacting organizational health and goal seven for its focus on population health. Listed below are the three goals that have been selected as well as our workplan to make strides towards all three.

The selected areas have wide-ranging effect on the ability of the department to deliver services to the people of New Mexico.

Goal one is to have a diverse, supported, and proficient staff. We recognize that the foundation of all the work that happens at NMDOH must be grounded in a workforce that is not only committed to the North Star, mission, and values of the organization, but also desires to work here and wants to encourage others to join the team. Actions around this goal are focused on ensuring that employees have the resources to support their work, the ability to grow within the department, and that they are treated equitably and respectfully. Our workforce is foundational for any other work that happens at NMDOH, and that is why it is the first goal.

Goal three, operational excellence, is foundational to all other work that we do at the department. Without systems that support our work, we cannot be successful. Computers must work. Purchase orders must be processed. Contracts must be completed in a timely manner. While these are not activities that elicit excitement, they can elicit frustration when they operate inefficiently. These processes are foundational to working effectively with our partners and improving the health of New Mexicans.

Goal seven embodies why we do this work – to have improved and equitable health outcomes for all New Mexicans. However, without goal one (workforce) and goal three (operational excellence) we could not focus on planning and executing around a healthier community. We have identified several health measures that we believe can be impacted over the coming few years. We will look to other states that have higher scores on these measures to find solutions. Using our enhanced quality improvement skills, we will implement programs but be willing to quickly pivot to others if they are not producing the outcome results that are desired. A renewed focus on quality, process, and execution will allow us to be nimble in our responses. **Improving the health of New Mexicans is the most important outcome.**

Goal 1: Diverse, Supported & Proficient Staff

Outcome Measure	Strategies	Tasks	Metrics
Staff Diversity	1. Develop recruitment strategy focused on proficiency and diversity 2. Develop tool to measure diversity of NM Health workforce	1. Expand and improve internship program 2. Develop a transition process that matches intern students with NM Health Jobs 3. Strengthen partnerships with universities 4. Identify gaps in workforce diversity	# of internships annually # of partnerships with university college departments annually # of interns who become employees Demographics of interns and NM Health employees
Percent Staff Completing Established Training Plan	1. Hire Workforce Development Leadership Coach and Trainer 2. Improve training program for management and leadership teams	1. Provide soft skills training for managers 2. Develop or update manager training programs 3. Identify leadership bootcamp training 4. Redesign new hire onboarding and new hire training program	# of managers or leaders trained in soft skills # of manager training programs identified or developed # of managers or leaders who participated in leadership bootcamps % of new employees completing new hire training
Turnover (excluding retirements)	1. Co-create a transparent, non-financial recognition system for all employees, with special focus on frontline workers 2. Implement an educational leave policy	1. Request funding to establish and implement program 2. Document process to create lasting infrastructure of the program 3. Pilot, test and refine	% of new initiatives that have documented policies and procedures # of policies created or adapted for non-monetary rewards % reduction in turnover

		for continuous improvement 4. Create educational leave policy based on policies from other state agencies	% of employees using educational leave
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Goal 3: Operational Excellence			
Outcome Measure	Strategies	Tasks	Metrics
Spending to Budget	1. Implement new projects/contracts	1. Ensure SOWs align with budget 2. Create teams to implement project work 3. Collect project data	# of new projects implemented # of new project teams (#of staff on new teams) Findings from quantitative and qualitative data \$\$ amount of budget allocated and remaining
Number of Repeat Audit/Survey Findings	1. Establish a long-term care audit review team 2. Hire an external consulting firm to provide guidance on accounting and procurement	1. Review previous audit data for past 3 years 2. Categorize findings - key terms, statements, buckets 3. Develop an Action plan for each area of the audit with identified root causes 4. Review Action plan with key staff 5. Timely responses to audit findings	Findings from audits - key themes # of action plans developed # of action plans implemented with teams % decrease in repeat audit findings

Percent Support Service Process Measures Improving	1. Weekly Financial Operational Excellence Meetings	1. Identify processes for improvement 2. Create, review and revise developed process improvement plans 3. Develop proposed budget for implementation 4. Initiate process improvement projects 5. Create service level agreements between financial team and programs	# of processes identified for improvement # of process improvement plans created \$\$ budgets approved # of process improvement projects implemented % of SLAs out of compliance
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Goal 7: Improved & Equitable Health Outcomes			
Outcome Measure	Strategies	Tasks	Metrics
Maternal & Child Health	1. Reduce the incidence of vaccine-preventable communicable diseases among children through vaccination Expand School- Based Health Centers including in tribal schools 2. Improve HPV vaccination rates through marketing campaign focused on cancer prevention. 3. Vaccination reminders for both providers and patients	1. Analyze existing NMIS data and other data sources 2. Improve data collection and reporting 3. Improve demographic data collection 4. Increase fully immunized status for youth 5. Improve home visit immunization processes 6. Identify long term funding sources 7. Increase staffing	# of children fully immunized (including baseline) # of children served by demographics and age categories # of home visit vaccination services provided # of children receiving HPV # of new funding sources # of new staff hired # of screening and data collection systems improved # of partnerships with tribes, pueblos, and nations

		<p>8. Explore current screening and data collection processes (i.e. WIC)</p> <p>9. Increase, improve and strengthen relationships with tribes, pueblos & nations</p> <p>10. Explore the capabilities of expanding SBHCs including in tribal schools</p>	# of tribes, pueblos, or nations interested in an SBHC
Chronic Disease Deaths	<p>1. Work with community partners to promote CRC screenings via marketing/media campaigns, educational programs, and collaboration with provider groups.</p> <p>2. Work with Health Care Authority (HCA) and Medicaid managed care organizations to leverage incentive programs for Medicaid members.</p> <p>3. Work to increase funding for screening and treatment for uninsured population.</p>	<p>1. Expand data reporting and analysis</p> <p>2. Fund CRC screening and treatment for uninsured and underinsured</p> <p>3. Support NMDOH cancer prevention program with staff/funding</p> <p>4. Media campaign to increase awareness of CRC screening options and requirements</p> <p>5. Increase community demand for CRC screening</p> <p>6. Increase community access to CRC screening</p> <p>7. Increase provider delivery of CRC screening</p>	<p># of screenings</p> <p># of positive results</p> <p># treated for CRC</p> <p># of new staff hired</p> <p># of media campaigns aired</p> <p># of partnerships established</p>

		<p>8. Establish multi-partner coalition to promote CRC screening</p> <p>9. Hire CHWs to support patient navigation education for CHWs</p>	
Injury & Substance Abuse	<p>Reduce the number of drug deaths:</p> <p>1. Increase MOUD services at PHOs</p> <p>2. Increase Naloxone distribution</p> <p>3. Create a centralized treatment map of services available</p> <p>4. Increase census at state facilities offering substance abuse services</p>	<p>1. Implement a campaign to reduce drug and alcohol usage</p> <p>2. Promote existing care by ensuring drug treatment resources are shared with providers and community partners</p> <p>3. Work with Tribal Alcohol Related Mortality workgroups</p>	<p>Reduce drug death from 51.1 per 100,000 to 42.1 per 100,000</p> <p>Reduce excessive drinking from 16.7% to 15.7%</p> <p>Move from 18.9% reporting use to 16.5% reporting use.</p>

The State Health Improvement Plan - FY25 Programs & Activities to Improve Public Health

In response to the evolving public health landscape, the Strategic Health Improvement Plan (SHIP) outlines comprehensive state-wide goals to substantially enhance health outcomes across New Mexico. The SHIP aligns with executive priorities while incorporating community planning and prioritization and coordination with the healthcare sector, universities, and health involved executive agencies.

The state has invested in establishing a statewide closed-loop referral system that leverages technology to facilitate seamless communication between healthcare providers and social services. This will significantly improve care coordination, reduce gaps in services, and enhance health outcomes for all residents. Furthermore, NMDOH is dedicated to expanding the community health worker workforce and providing extensive training, ensuring the delivery of culturally competent care across diverse communities.

To tackle the challenges in primary healthcare, NMDOH will develop and recommend, with our partner agencies, sustainable payment models that enable high-quality, equitable primary care for all New Mexicans. Additionally, we plan to expand the availability of School-Based Healthcare Centers, including those in Tribal schools, to ensure students have access to comprehensive behavioral and primary care services. NMDOH will continue to work with communities to enhance emergency preparedness and medical systems' response capabilities to ensure timely and effective care during emergencies.

NMDOH will prioritize working with our healthcare providers to increase equitable access to reproductive health and family planning services, significantly reducing barriers and promoting informed decision-making. We will work with our partners to focus on reducing infant mortality and morbidity through enhanced prenatal and postnatal care and address significant communicable

diseases like tuberculosis, syphilis, and hepatitis C through targeted outreach and prevention strategies, and improved access to treatment.

Our objectives extend to chronic disease management and prevention, with specific plans to reduce the incidence of diabetes and its complications and combat nicotine use through prevention and cessation programs, with an emphasis on youth vaping and synthetic nicotine use prevention. Additionally, we are committed to improving behavioral health by reducing substance misuse and its related fatalities, and decreasing excessive alcohol consumption.

In tackling social drivers of health, we are set to strengthen community capacities to address environmental and climate-related health outcomes, promoting sustainable practices and enhancing resilience. Our comprehensive approach ensures a concerted effort to address immediate health concerns and long-term resilience equitably across New Mexico.

State Health Improvement Plan Goals & Strategies

Priority Area	Focus Areas
Access to Primary Care	<ul style="list-style-type: none">• Equitable Access to Services• Family Health• Infectious Disease• Chronic Conditions
Behavioral Health	<ul style="list-style-type: none">• Mental Health• Substance Misuse

Social Drivers of Health

- Environmental/ Climate
- Adverse Childhood Experiences (ACEs)

Social drivers of health, also known as social determinants of health, refer to the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. A number of institutions are adopting this change in language as the term “determinants” suggests a fixed state of health, while “drivers” suggests the ability to change the course of negative health influences and resulting outcomes.

Key Implementation Strategies



Equitable Allocation and Access of Resources: Use CDC’s Social Vulnerability Index to focus allocation of resources on highly vulnerable communities.



Community Engagement & Interagency Collaboration: Create meaningful partnership between governmental agencies, non- profit organizations, businesses, and academic centers to support health equity.



Technology & Data Sharing || Monitor and Evaluate for Equity: Develop and drive health information technology improvements and investments that make high quality primary care seamless and easy for inter-professional primary care teams, patients, families, and communities.

Our Proposed FY26 Performance Measures

The Accountability in Government Act (AGA) NMSA 6-3A-1-9, enacted in 1999, established a performance-based budgeting system in New Mexico. The AGA requires state agencies to annually revisit, and adjust where appropriate, program structures, performance metrics, and performance targets to support strategically desired outcomes and performance improvement efforts. The framework established by the AGA should tie the budgeting process to optimize program effectiveness and promote accountability. Please note that the measures listed below reflect the integration of ERD, SLD, and MCP into the Public Health Division and the migration of the performance measures of DDSD and DHI from NMDOH to the Health Care Authority.

The performance measures for 2025-2026 represent a collection of measurable program goals that describe and quantify the achievement NMDOH intends to accomplish in relation to overarching population-based indicators. Together, the indicators and performance measures help us monitor whether we are reaching our mission.

NA = not available (data is unavailable at this time and/or is unable to be collected from outside sources)

No Target = measure is explanatory and therefor has no target to reach

TBD = future target to be set after initial baseline is determined

Public Health Division

The purpose of the public health division is to provide a coordinated system of community-based public health services, focusing on disease prevention and health promotion to improve health status, reduce disparities and ensure timely access to quality, culturally competent healthcare.

Measure	2023-2024 Actuals	2025-2026 Target
Percent of adolescents who smoke	3.70	No Target
Percent of female New Mexico Department of Health's public health office family planning clients, ages fifteen to nineteen, who were provided most- or moderately effective contraceptives	83.60	88.00
Percent of third-grade children who are considered obese	NA	No Target
Percent of adults who smoke	15.40	No Target
Number of births to teens ages 15 to 19 per one 1,000 females ages 15 to 19	19.80	No Target
Number of participants in the National Diabetes Prevention Program who were referred by a healthcare provider through the agency-sponsored referral system	41.00	57.00
Number of successful overdose reversals in the Harm Reduction Program	3,153.00	3,200.00
Percent of children in Healthy Kids, Healthy Communities with increased opportunities for healthy eating in public elementary schools	97.00	98.00
Percent of New Mexico adult cigarette smokers who access New Mexico Department of Health cessation services	0.96	2.60
Percent of school-based health centers funded by the Department of Health that demonstrate improvement in their primary care or behavioral healthcare focus area	96.00	96.00
Percent of older adults who have ever been vaccinated against pneumococcal disease	NA	75.00

Percent of preschoolers ages nineteen to thirty-five months indicated as being fully immunized	71.53	70.00
Number of teens who successfully complete a youth development program to prevent unintended teen pregnancy	459.00	460.00
Number of community members trained in evidence-based suicide prevention practices	1,169.00	800.00
Number of clients enrolled in the Harm Reduction Program	16,300.00	12,000.00
Percent of adolescents who use nicotine products	22.2	No Target
Percent of adults who use nicotine products	26.0	No Target
Percent of New Mexico adults who enroll in the QuitNow program and successfully quit nicotine products by the seven-month follow-up	New Measure	TBD
Percent of participants in the Diabetes Prevention Program who reduced body weight between five and seven percent after completing the program	New Measure	TBD
Percent of New Mexico hospitals certified for stroke care	19.00	24.00
Drug overdose death rate per one hundred thousand population	NA	No Target
Alcohol-related death rate per one hundred thousand population	NA	No Target
Rate of fall-related deaths per one hundred thousand adults aged sixty-five years or older	NA	No Target
Rate of heart disease and stroke (cardiovascular disease) deaths per one hundred thousand population	NA	No Target
Percent of youth who were sexually assaulted in the last twelve months	9.5	No Target
Rate of avoidable hospitalizations	NA	No Target
Rate of heat related illness hospitalizations	NA	No Target

Rate of suicide per one hundred thousand population	NA	No Target
Rate of pneumonia and influenza deaths per one hundred thousand population	13.00	No Target
Number of older adults who participated in evidence-based falls prevention intervention program	544.00	800.00
Number of youths who have completed an evidence-based or evidence-supported sexual assault primary prevention program	9,721	7,000.00
Percent of hospitals with emergency department based self-harm secondary prevention programs	2.7	7.00
Average time to provide birth certificate to customer	10.00	4.00
Percent of death certificates completed by bureau of vital records and health statistics within ten days of death	56.00	60.00
Percent of opioid patients also prescribed benzodiazepines	NA	5.00
Rate of persons receiving alcohol screening and brief intervention services per one hundred thousand population	NA	72.60
Percent of cities and counties with access and functional needs plans that help prepare vulnerable populations for a public health emergency	41.00	50.00
Number of people admitted to the emergency department of participating hospitals with a suicide attempt diagnosis	228.00	300.00
Percent of substance use disorders patients in participating hospitals referred to peer support	NA	50.00
Percent of persons hospitalized for influenza who were treated with antivirals within two days of onset of illness	42.00	No Target

Percent of environmental samples for chemical contamination that are completed and reported to the submitting agency within sixty calendar days	72.50	92.00
Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within thirty calendar days	98.80	99.00
Percent of blood alcohol tests from driving-while-intoxicated cases completed and reported to law enforcement within fifteen calendar days	96.10	80.00
Percent of public health threat samples for communicable diseases and other threatening illnesses that are completed and reported to the submitting agency within published turnaround times	97.30	97.00

Facilities Management Division

The purpose of the facilities management program is to provide oversight for department of health facilities that provide health and behavioral healthcare services, including mental health, substance abuse, nursing home and rehabilitation programs in both facility- and community-based settings, and serve as the safety net for the citizens of New Mexico.

Measure	2023-2024 Actuals	2025-2026 Target
Percent of eligible third-party revenue collected at all agency facilities	88.46	93.00
Percent of adolescent residents who successfully complete the Center for Adolescent Relationship Exploration Program	100.00	90.00
Number of overtime hours worked	707,117.30	400,000.00
Number of medication errors causing harm per one thousand patient days within identified categories	0.00	0.00
Percent of patients eligible for naloxone kits who received the kits	100.00	90.00
Percent of medication-assisted treatment utilized in the management of alcohol-use disorders while at Turquoise Lodge Hospital	100.00	65.00

Percent of medical detox occupancy at Turquoise Lodge Hospital	27.91	80.00
Percent of licensed beds occupied	54.68	80.00
Number of direct care contracted hours	293,490.40	218,000.00
Percent of long-stay residents who are receiving antipsychotic drugs in the target period	47.00	16.00
Percent of long-stay high-risk residents with stage II-IV or unstageable pressure ulcers	7.35	2
Percent of priority request for treatment clients who are provided an admission appointment to Turquoise Lodge Hospital program within two days	100.00	90.00
Percent of medicated assisted treatment utilized in the treatment of opioid use disorders at New Mexico Rehabilitation Center	New Measure	TBD
Percent of medication-assisted treatment utilized in the management of opioid-use disorders while at Turquoise Lodge Hospital	100.00	92.00
Percent of medication assisted treatment utilized in the treatment of alcohol use disorders at New Mexico Rehabilitation Center	New Measure	TBD
Percent of patients educated on medication-assisted treatment options while receiving medical detox services	100.00	100.00
Percent of in-house-acquired pressure ulcers for long-term care residents during short stays	NA	2.00
Amount paid for direct care workers	74,498,131.67	10,000,000.00
Percent of operational beds occupied	68.12	80.00
Percent of eligible third-party revenue billed at all agency facilities	NA	93%
Percent of patients who after being offered, choose to utilize medication assisted treatment for nicotine addiction	New Measure	TBD

Number of patients transferred to emergency departments per one thousand patient days	274.00	4.00
Percent of long-stay residents who have a urinary tract infection	3.59	1.50
Percent of adolescents who complete the residential treatment program at Sequoyah Adolescent Treatment Center	71.85	87.00
Percent of direct-care service staff turnover	New Measure	No Target
Percent of complete medical cannabis client applications approved or denied within thirty calendar days of receipt	99.99	99.00
Percent of registry identification cards issued within five business days of application approval	99.99	99.00
Number of patients currently enrolled in the Medical Cannabis Program	79,399.00	95,000.00
Number of presentations, conference sessions and workshops conducted to provide educational, law enforcement, medical professional and other community organizations with information and educational material regarding cannabis use	30.00	30.00