



FY10 Quarter Two Performance Report

October 1, 2009 - December 31, 2009

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New Mexico Department of Health

MISSION:

The mission of the Department of Health is to promote health and sound health policy, prevent disease and disability, improve health services systems and assure that essential public health functions and safety net services are available to New Mexicans.

VISION:

Building a **HEALTHY** New Mexico!

FY09 OPERATING BUDGET:

General Funds: 285,434.3

Federal Funds: 100,454.5

Other State Funds: 118,150.7

Other Transfers: 35,591.9

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PROGRAM AREA 1: 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.

PROGRAM AREA 1 OBJECTIVES:

OBJECTIVE 1:

Increase use of technologies to improve health outcomes.

OBJECTIVE 2:

Reduce health disparities in New Mexico.

OBJECTIVE 3:

Improve accountability and responsiveness of our services within the Department of Health.

FY09 OPERATING BUDGET:

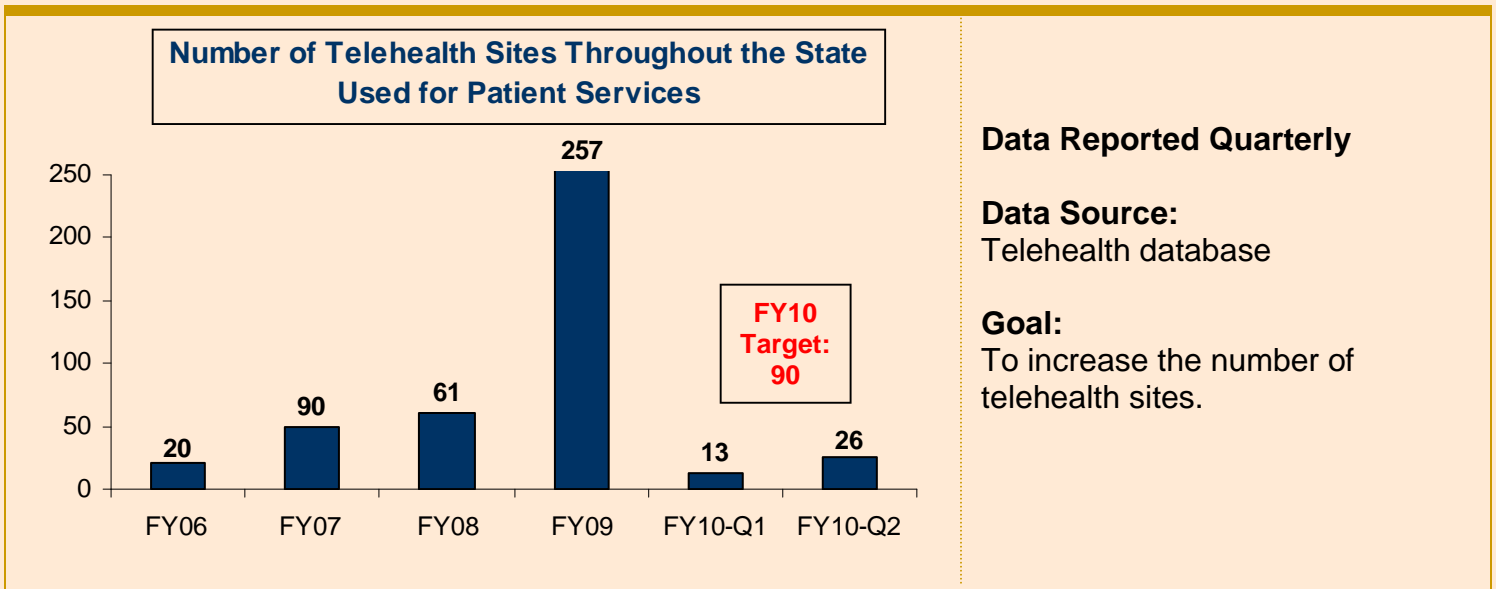
General Funds: 12,989.2
Federal Funds: 5,347.4
Other State Funds: 370.0
Other Transfers: 1,155.8

SUMMARY AND RESULTS AT A GLANCE

Q2 Administration Summary: There is difficulty in collecting data from those involved in telehealth, reflected in the low result for the number of telehealth sites. Without all participants reporting, the number of patient encounters is still more than half way to meeting target. The FY10 target of 11% for the percent capital project funds measure was met in Q1. The percent of payment vouchers exceeded target in Q2. Red Lake tribe has responded to the RFP to become a community health representative and could be the one more community health council needed to meet target.

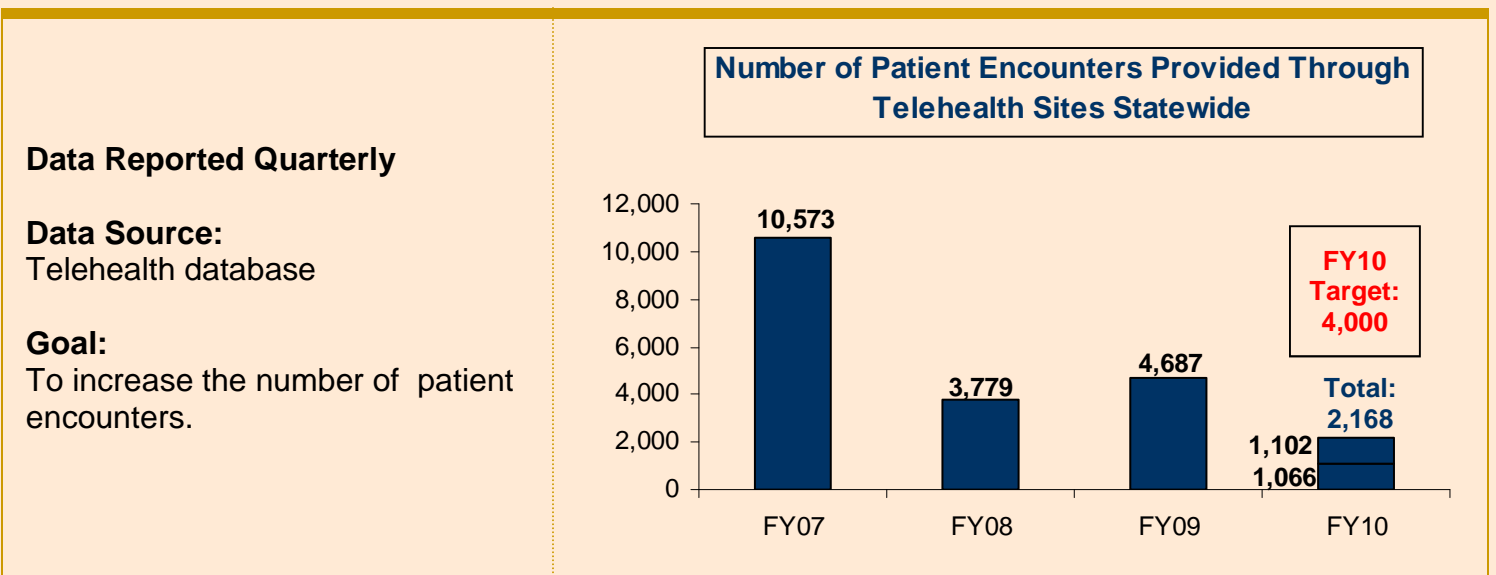
Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Number of telehealth sites throughout the state used for patient services (GPAC 6.3)	Quarterly	90	13	26		
Number of patient encounters provided through telehealth sites statewide (GPAC 6.3)	Quarterly	4,000	108	1,102 Total: 2,168		
Number of community health improvement councils that address health disparities	Quarterly	38	37	37		
Percent capital project funds expended over a five-year period	Quarterly	11%	11%	11%		
Percent of payment vouchers paid within thirty days of acceptance of goods and services	Quarterly	70%	68.9%	89.1%		

OBJECTIVE 1: INCREASE USE OF TECHNOLOGIES TO IMPROVE HEALTH OUTCOMES.



ACTION PLAN:

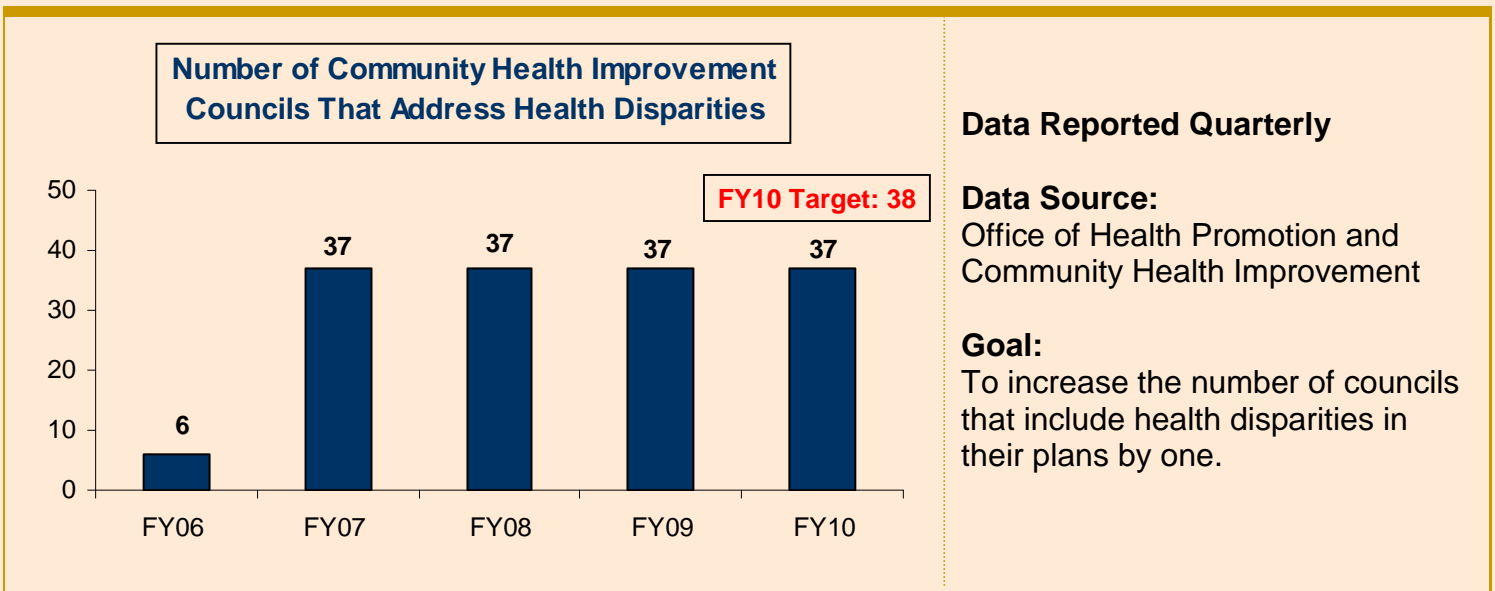
- Multiple programs are using telehealth technology including Childhood Overweight Medical Management Telehealth Consultation, Pediatric Nutrition Telehealth Community of Care, School-Based Health Centers, Developmental Screening Initiative Telehealth series, Hot Topics in NM Pediatrics, Psychiatric Consultation for NMSBHC providers, Center for Development and Disability, UNM (CDD) REACH, CDD Early Childhood Division, CDD Autism Program, Center for Rural and Community Behavioral Health, Center for Telehealth, and Project Echo among others.
- UNM Department of Psychiatry/Center for Rural & Community Behavioral Health partners with other sites to provide extensive direct patient care and to provide consultation.
- Approximately 30 hours of services were provided via telehealth to the Ruidoso/Mescalero area as part of a response to multiple suicides in those communities.



ACTION PLAN:

- The Office of School and Adolescent Health currently has contracts in place with the University of New Mexico (UNM) to implement telehealth services and technical assistance to remote areas of the state.
- UNM - Center for Developmental Disabilities activities focus on providing direct services to families and youth with disabilities, including speech and language, medical consultation and assistance with Individualized Education Program development and implementation.
- UNM – Envision continues to coordinate and implement a pediatric case consultation model to provide guidance to medical and behavioral health providers. Envision also uses telehealth to support and train providers involved in four quality improvement initiatives, which include teen lifestyle changes, behavioral health, infrastructure, overweight prevention and community outreach. Specialty consults include endocrinology, nephrology, hepatology, cardiology, psychology, psychiatry, nutrition and adolescent medicine.
- In the Envision program, the Childhood Overweight Medical Management Telehealth Consultation links pediatric specialists from UNM with rural primary health care providers to provide instruction regarding the care of overweight children and their co-morbid conditions.
- UNM – Psychiatry is providing case consultation, training, technical assistance, direct patient assessment and management services to a number of rural SBHCs and I.H.S. clinics throughout the state.
- REACH provides the communication forum for two committees of the NM Association of Infant Mental Health via telehealth equipment. These committees include members from Albuquerque, Santa Fe, Silver City, and Las Cruces.
- The REACH program connected to twenty-seven locations in the first quarter of this fiscal year. The Center for Development and Disability REACH program also estimates that a minimum of 24,422 miles were saved due to choosing to utilize telehealth technology instead of traveling.
- Specialty services offered through REACH via telehealth include speech language pathology, physical therapy, infant and child mental health, occupational therapy, specialized instruction and nutrition.

OBJECTIVE 2: INCREASE AWARENESS ABOUT HEALTH DISPARITIES.



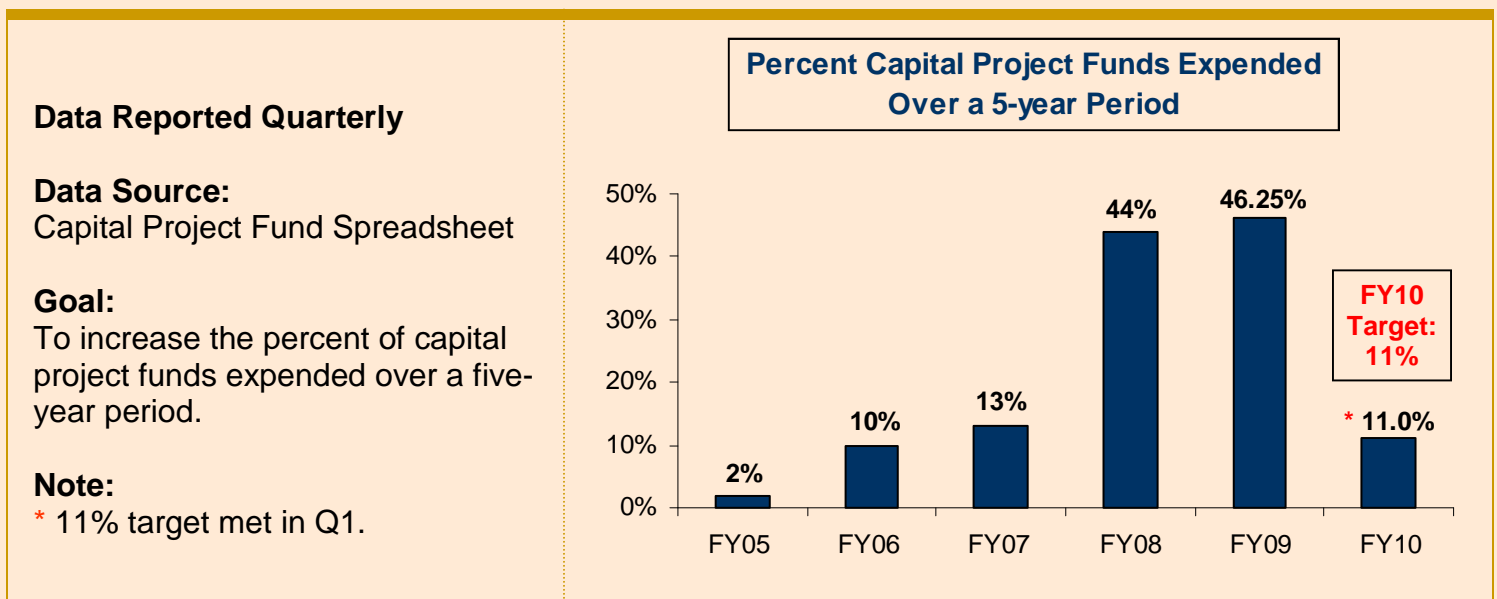
ACTION PLAN:

- There are 37 Community Health Councils statewide working to reduce health disparities in minority and rural populations.
- The Office of Health Equity (OHE) received 23 mini grant proposals from community based organizations statewide. OHE awarded six mini grants totaling \$20,000 from the State Partnership Grant. The key focus areas for the mini-grants were developed from the Awareness to Action Summit Action Plans which focused on diabetes in Native Americans, obesity in African Americans, hepatitis B in Asian-Pacific Islanders and drug induced deaths among Hispanics.
- In an effort to reduce health disparities in NM, OHE's health educator committed 25% of her work time to assist the Office of Health Promotion and Community Health Improvement, Office of Community Health Workers (CHW) in their community work. During this time, several projects were accomplished such as assisting with the coordination of the NM CHW Advisory Council, participating with the Northern Promotoras Committee, CHW Association, creating a current listing of the CHW Advisory Committee contact lists, contact information for all 37 Health Councils, created and administered statewide survey, working with a committee to adopt a standard "CHW Definition" for the state, prepared a fact sheet document regarding the Health Councils to be used during the legislative session, worked with Health Councils statewide on health disparities plans and work on the evaluation team to review the current RFP proposals from the Health Councils.
- OHE assisted with ongoing fundraising activities with the New Mexico Charities Campaign. The NM Charities Campaign contributed \$115,487.26 to various New Mexico Charities and through these efforts various interventions and supports services are addressing local health disparities.
- In Q2, OHE partnered with the Office of Minority Health State Partnership team, this is an internal collaboration project. The focus of the group is to plan and organize a Health Literacy project for the state. OHE staff drafted an action plan to organize the project for the state and is developing a set of health literacy guidelines.

ACTION PLAN (CONTINUED):

- OHE assisted with planning and facilitating the Bi-National Health conference. The conference was attended by over 300 participants from 39 cities and 10 different states in the United States. There were more than 70 participants from six different Latin American countries. The event provided an opportunity for participants to make great strides with regard to health disparities and immigrants' health challenges and develop collaborative strategies to improve the health condition of this population.
- In Q2, OHE sponsored one Spanish Medical Interpreting class with 10 participants and one Navajo Medical Interpreter Class with 11 participants.
- In Q2, OHE facilitated two CLAS Work Group Meetings. In this reporting period, the CLAS Work Group created a standard DOH Patient Bill of Rights that is awaiting approval of DOH Senior Staff. The CLAS Group is also working on addressing the language access mandates of CLAS Standards by creating Standard Signage to be placed in all Public Health Offices statewide with the three predominant languages (English/Spanish/Navajo) of the state.
- In Q2, OHE translated 29 documents from October through November, with a total of 82 pages. The translation activity focused primarily in making available in Spanish the information on the H1N1 influenza, in the form of press releases, posters, pamphlets and general information to the Spanish speaking public in New Mexico. Secondly, the WIC program got ready to publish the new guidelines for the supplemental nutrition assistance program participants can buy with the EBT cards.
- In Q2, OHE partnered with Hands Across Cultures who received \$150,000 Strategic Prevention frameworks a State Incentive Grant to develop environmental and prevention-intervention strategies directed at changing the intervening variables that contribute to health disparities, specifically the prevalence of substance abuse in Rio Arriba County.

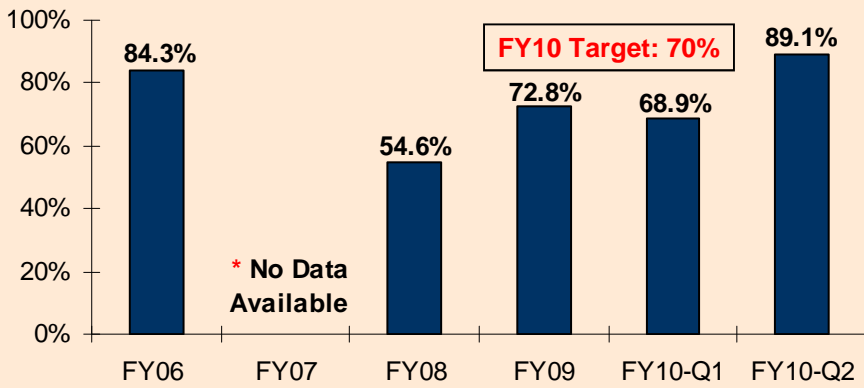
OBJECTIVE 3: IMPROVE ACCOUNTABILITY AND RESPONSIVENESS OF OUR SERVICES WITHIN THE DEPARTMENT OF HEALTH.



ACTION PLAN:

- The expenditures reported throughout this second quarter of 2010 were reflected in earlier encumbrances. With the impending completion of the Tri-Services Laboratory structure scheduled for early 2010 and the “new” New Mexico Rehabilitation Center, two major construction projects will close by the end of December 2010. Each project has an 11-month warranty period post construction and a minimal sum of the appropriation will remain encumbered, to be paid, once all warranty issues have been resolved. To that end, almost 98 million dollars authorized in the 2003 legislative session has been expended to create a sustainable infrastructure to move the Department of Health forward into the 21st century.
- Tri-Services Laboratory Construction Project - Completion of the construction phase of the Tri-Services Building is approximately 60 days away. DOH, OMI and VD are planning to occupy the building by March-April 2010. Estimated cost for relocation of Scientific Laboratory Division, Office of the Medical Investigator and Veterinary Diagnostics is \$934,018. Proposals have been solicited for the coordination of the physical move through the General Services Department. Both the DOH Scientific Laboratory and OMI must be operational within 48 hours of dismantling operations at the current location. Project continues to be on target and within the projected budget.
- Eastern New Mexico University-Roswell / New Mexico Rehabilitation Center Construction Project - (Studio Southwest Architects, Inc.) The Jaynes Corporation is proceeding with construction of the new structure. Timelines have been adjusted and the FF&E request of \$1,984,500 was placed in Year Two of the 2010-2014 ICIP (Infrastructure Capital Improvement Plan) request for consideration during the 2010 legislative session. The project is on target, on time and within the projected budget.
- Behavioral Health Institute Nursing Home Construction Project (ASA Architects, Inc.) - ASA Architects, Inc. has prepared construction documents for phased implementation and the construction of the initial 32-beds and core segment of the 180-bed proposal. Advertisement has been placed on hold due to ongoing conversations with the New Mexico Finance Authority over the tobacco tax revenue stream. Additional funding has been requested in the Department’s 2011-2015 ICIP.
- The cigarette tobacco tax projects approved in September 2005 continue to move forward towards completion. Property Control Division is managing the Sequoyah Adolescent Treatment improvement projects of re-roofing the residential lodges (A & B) through a statewide price agreement. The erosion control project is approximately 99% complete. A current analysis is underway to determine if the project will successfully channel rainwater into ponds for absorption into the aquifer.

Percent of Payment Vouchers Paid within 30 Days of Acceptance of Goods and Services



Data Reported Quarterly

Data Source:

Central Control System

Goal:

To meet the target of 80% that was statutorily mandated in the FY07 Budget Appropriation.

Note:

* Unable to calculate due to SHARE implementation.

ACTION PLAN:

- Processing is monitored through the use of a monthly sample drawing from all areas of the Department. Senior management reviews the data and makes adjustments as necessary.
- The Administrative Services Division and program financial personnel will continue evaluating the payment voucher process and carefully monitor encumbrances.
- Provide training to DOH staff in processes that will improve turnaround time.

PROGRAM AREA 2: PUBLIC HEALTH

MISSION/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 health outcomes and family support for New Mexicans.

FY09 OPERATING BUDGET:

General Funds: 80,110.8

Inter-Agency Funds: 27,657.9

Federal Funds: 75,019.1

Other Transfers: 20,846.4

PROGRAM AREA 2 OBJECTIVES:

OBJECTIVE 1:

Increase immunizations for all New Mexicans, especially for children and adolescents.

OBJECTIVE 2:

Reduce teen births.

OBJECTIVE 3:

Decrease the transmission of infectious disease cases and expand services for persons with infectious diseases.

OBJECTIVE 4:

Reduce obesity and diabetes.

OBJECTIVE 5:

Reduce suicide among all populations, specifically children and adolescents.

OBJECTIVE 6:

Reduce the abuse of alcohol, drugs and tobacco.

OBJECTIVE 7:

Expand healthcare for school-age children and youth through school-based health centers.

SUMMARY AND RESULTS AT A GLANCE

Q2 Public Health Summary: Public Health has a total of twenty measures, five annual measures, fourteen quarterly measures and one semi-annual measure.

Of the quarterly measures, two exceeded target, providers utilizing the statewide immunization registry and partners of individuals with gonorrhea. The number of operating school-based health centers met target.

Seven quarterly measures are currently near or at the halfway mark to meeting target and will likely meet or exceed target by the end of FY10.

The number of teens receiving family planning services is just below the 3,387 receiving services in FY09-Q2.

The number of calls to the agency-funded crisis lines at 7,415 is less than the 8,136 calls answered in FY09-Q2 due to unreported call or activity data from Agora Crisis Line who cited decreased funding.

The number of births registered at Vital Records is less than half of the target, trending in the right direction.

The number of hepatitis C clients enrolled is down almost half from this time last year because some paper records were destroyed due to flooding. The bureau is in the process of recovering the data.

The percent of preschoolers fully immunized is a semi-annual measure, but the data will not be available until Q3.

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Percent of preschoolers fully immunized (GPAC 2.1)	Semi-Annual	82%		Available Q3		
Number of providers utilizing the statewide immunization registry	Quarterly	360	325	421		
National ranking of New Mexico children who are fully immunized (GPAC 2.1)	Annual	30				
Annual teen birth rate for females ages 15 to 17 (GPAC 2.2)	Annual	33.5				
Annual number of births registered at vital records for females ages fifteen to seventeen (GPAC 2.2)	Quarterly	1,515	345	368 Total: 713		

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Number of teens ages fifteen to seventeen receiving family planning services in agency-funded family planning clinics (GPAC 2.2)	Quarterly	7,200	2,021	1,096 Total: 3,306		
National ranking of New Mexico teen birth rate per 1,000 females ages 15 to 17 (GPAC 2.2)	Annual	48th				
Number of HIV/AIDS prevention interventions (GPAC 2.3)	Quarterly	18,000	7,882	8,938 Total: 16,820		
Number of hepatitis C clients enrolled in a disease management service through project ECHO's community-based providers (GPAC 2.3)	Quarterly	3,350	1,565	1,329		
Number of new enrollees in syringe exchange programs (GPAC 2.3)	Quarterly	1,100	751	268 Total: 1,019		
Percent of partners of individuals with syphilis who are identified and treated (GPAC 2.3)	Quarterly	80%	Due Q2	79%		
Percent of partners of individuals with gonorrhea who are identified and treated (GPAC 2.3)	Quarterly	82%	Due Q2	86%		
Percent of women, infants, and children program participants ages two to five who are not overweight (GPAC 3.2)	Quarterly	85%	84.7%	84.4%		
Number of calls to the agency-funded crisis lines (GPAC 4.1)	Quarterly	20,000	4,833	2,582 Total: 7,415		
Percent of adults that use tobacco (GPAC 2.5)	Annual	19.2%				
Number of packs of cigarettes sold per New Mexican (GPAC 2.5)	Annual	28				
Number of operating school-based health centers (GPAC 2.6)	Quarterly	84	79	84		
Number of youth served at school-based health centers	Quarterly	20,000	5,815	9,461 Total: 15,276		
Number of students receiving behavioral health services in school-based health centers	Quarterly	4,000	1,096	2,198 Total: 3,295		
Number of visits to school-based health centers (GPAC 2.6)	Quarterly	43,500	8,952	19,199 Total: 28,151		

OBJECTIVE 1: INCREASE IMMUNIZATIONS FOR ALL NEW MEXICANS, ESPECIALLY FOR CHILDREN AND ADOLESCENTS.

Data Reported Semi-Annually

Data Source:

National Immunization Survey

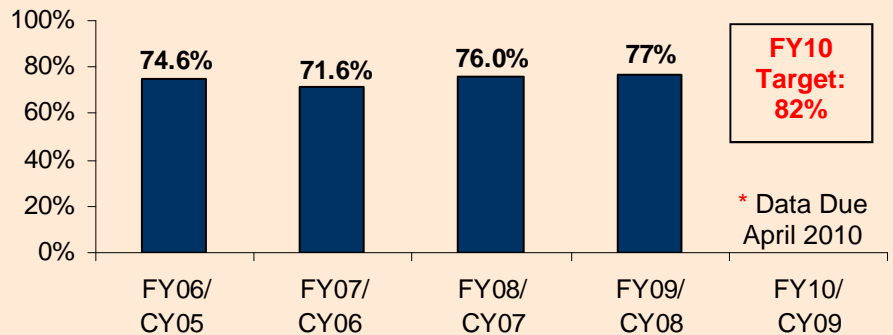
Goal:

To increase the percent of preschoolers immunized by 5 percentage points.

Note:

* The CDC mid-year result for New Mexico will be available by Q3.

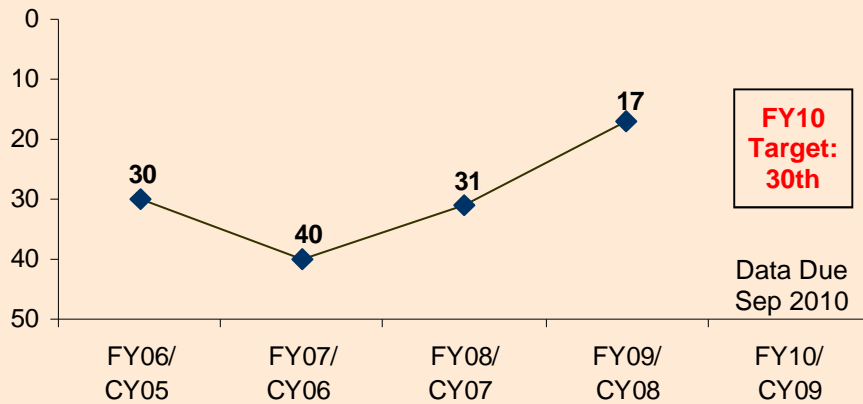
Percent of Preschoolers Fully Immunized (with varicella)



ACTION PLAN:

- Projects are underway to increase outreach to children statewide with ARRA funding award. In particular, activities are planned to protect newborns from pertussis by immunizing new parents/grandparents/caretakers in a pilot project. The tetanus/diphtheria/pertussis (Tdap) vaccine will be used for this project.
- A multi-phase immunization awareness and promotion media campaign using television, radio and “bus wrap” ads and collaboration with UNM athletic events which ran July 2008 through June 2009. The media broadcasts will coincide with quarterly statewide immunization events coordinated by the New Mexico Immunization Coalition and the New Mexico Primary Care Association.
- Work directly with the almost 500 immunization providers statewide that serve children zero to three years of age to improve their immunization practices.
- Reach the state’s low immunization zones by researching and creating new opportunities, processes and systems with less-used resources such as promotoras, medical assistants and other community health workers.
- Assist with quarterly statewide immunization events coordinated by the NM Immunization Coalition. Involve as many Vaccine for Children Providers as possible who offer free, easy-to-access immunization opportunities statewide.
- Collaborate with partners such as the NM Immunization Coalition, NM Medical Society, Indian Health Services, Public Education Department, Women, Infant, Children program and Children, Youth and Families Department to disseminate immunization information, minimize missed immunization opportunities and increase rates of completed childhood immunizations.

National Ranking of New Mexico Children Who are Fully Immunized



Data Reported Annually

Data Source:

CDC National Immunization Survey

Goal:

To rank higher than half the nation.

ACTION PLAN:

- Promote and encourage immunization participation through an Awareness Media that includes the use of radio.
- Assist with quarterly statewide immunization events, coordinated by the NM Immunization Coalition.
- Minimize missed immunization opportunities and increase rates of completed childhood immunizations statewide by involving as many VFC Providers as possible who offer free, easy-to-access immunization opportunities statewide.
- Use statewide immunization consultants to work closely with VFC Providers to improve immunization recall procedures and train staff for direct registry data input.

Data Reported Quarterly

Data Source:

New Mexico Statewide Immunization Information System (NMSIIS)

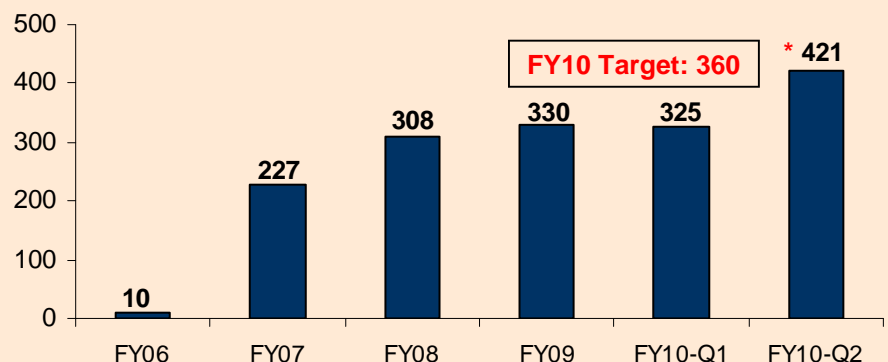
Goal:

To increase the number of providers using the NMSIIS by 8%.

Note:

* Target exceeded by 61 providers.

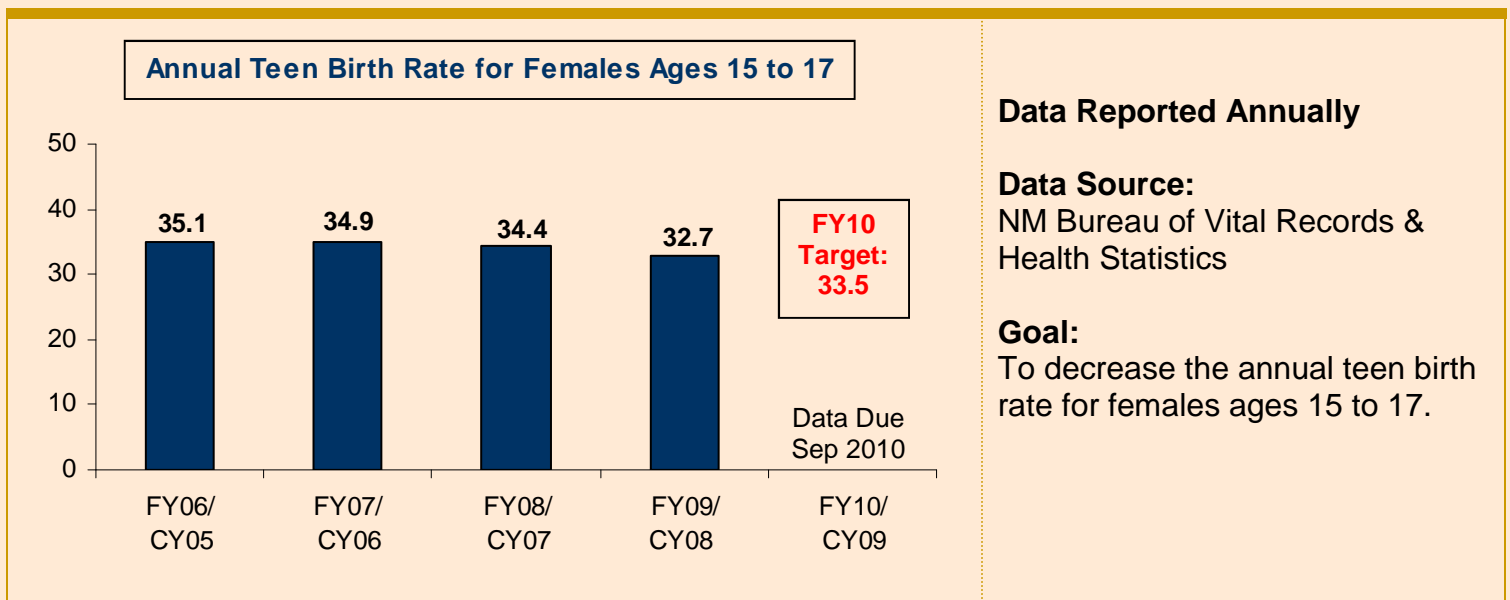
Number of Providers Utilizing the Statewide Immunization Registry



ACTION PLAN:

- There are currently 543 providers in NMSIIS. This is an increase in overall number due to the H1N1 vaccination activities. Out of 543 listed in NMSIIS, 421 (78%) are actively using NMSIIS.
- Use ARRA award funding to enhance NMSIIS capabilities for increased immunization tracking and improved end-user functionality.
- NMSIIS was recently upgraded to the newest system version, stabilizing and enhancing user functionality and capabilities. Update trainings statewide are in process.
- Test and implement an electronic interface (both HL7 and flat file formats) for immunization data exchange between providers and NMSIIS. This will enable direct, bi-directional immunization data exchange, alleviate double-entry of data by providers, increase accuracy and timeliness of registry data and increase provider usage of NMSIIS.
- Increase provider awareness and use of the NMSIIS by providing training and technical support through immunization consultants and region staff.
- Identify providers not actively utilizing NMSIIS for both vaccine inventory and administered immunizations and target training & interventions.

OBJECTIVE 2: REDUCE TEEN BIRTHS.

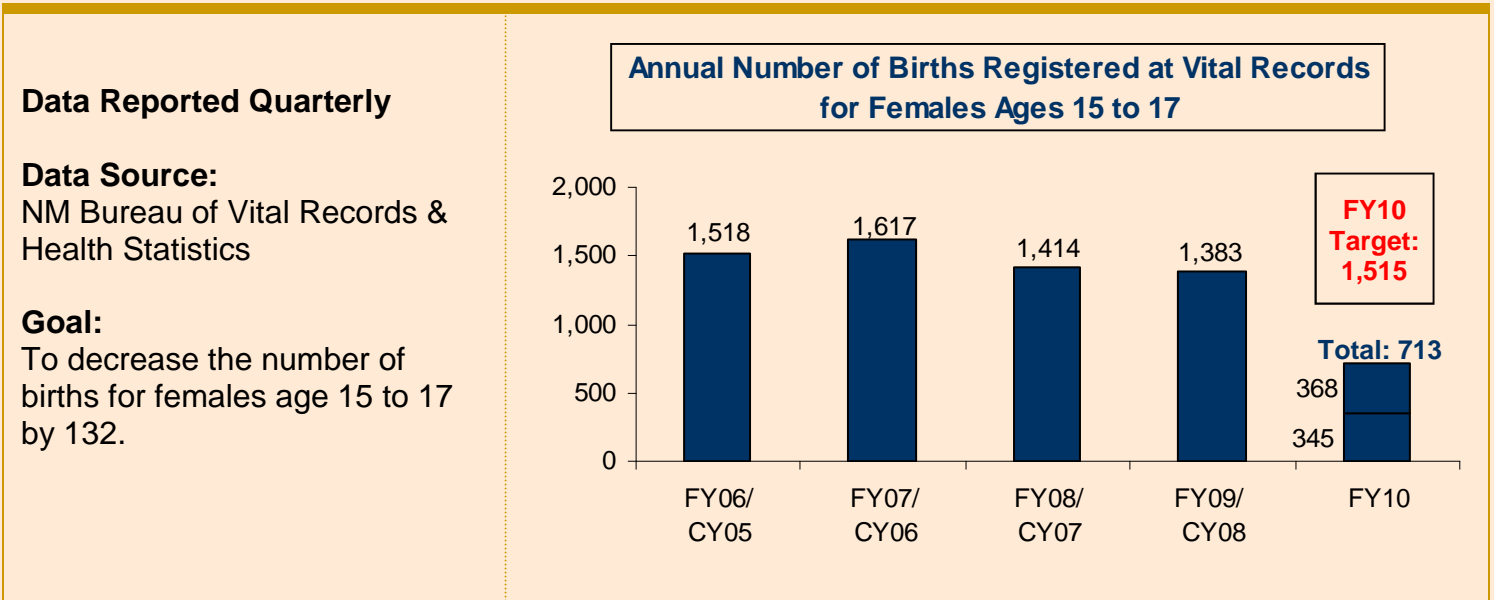


ACTION PLAN:

- Increase youth involvement in the community and provide education, to reduce teen births by funding and providing technical assistance for community education with the Teen Outreach Program (TOP). TOP promotes positive youth development with community-based volunteer service and curriculum-based activities in a program to decrease teen pregnancy and increase school success.

ACTION PLAN (CONTINUED):

- Provide parents with the skills to talk with teens to help reduce teen births by partnering with the New Mexico Teen Pregnancy Coalition and other private foundations for delivery of the Plain Talk Program.



ACTION PLAN:

- Promote increased awareness of Medicaid Family Planning services and educate Medicaid recipients about available services.
- Partner with the Human Services Department in a media campaign for emergency contraception (Plan B).

Number of Teens Ages 15-17 Receiving Family Planning Services in Agency-Funded Family Planning Clinics

Data Reported Quarterly

Data Source:

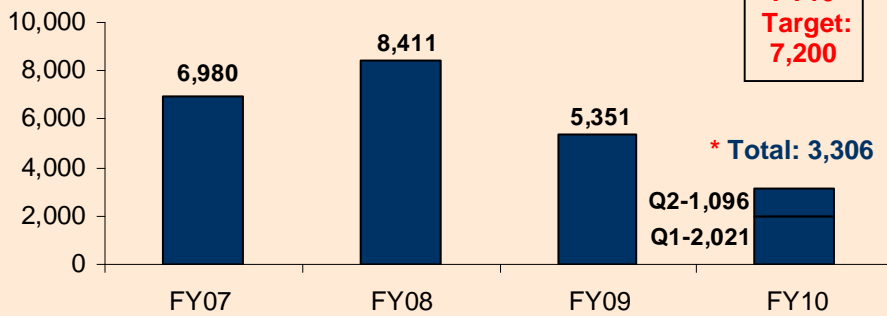
Provider databases/INPHORM/BEHR

Goal:

To increase the number of teens ages 15-17 receiving family planning services.

Note:

* The cumulative result includes teens from the OSAH, seen at SBHCs, that are not part of the FPP/Title X.



ACTION PLAN:

- Provide for a broad range of quality clinical family planning and related preventive health services at Public Health Offices statewide and over 70 clinic sites.
- Provide health education sessions through schools, community and faith based organizations.

Data Reported Annually

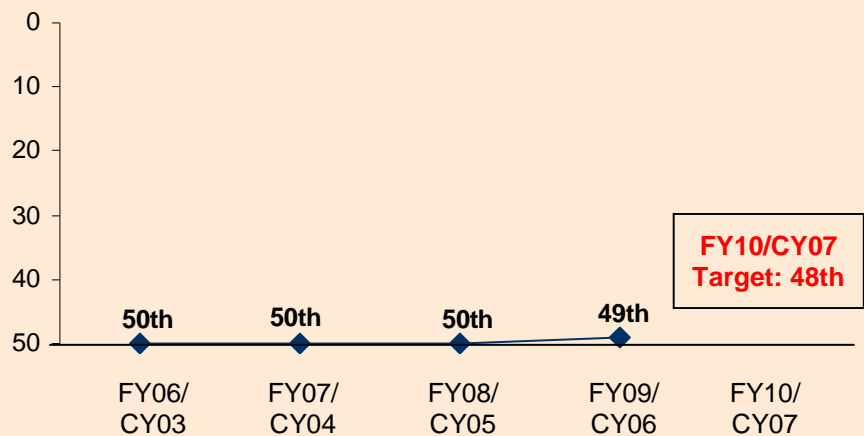
Data Source:

National Center for Health Statistics

Goal:

To rank higher than half the nation.

National Ranking of New Mexico's Teen Birth Rate Per 1,000 Females Ages 15-17



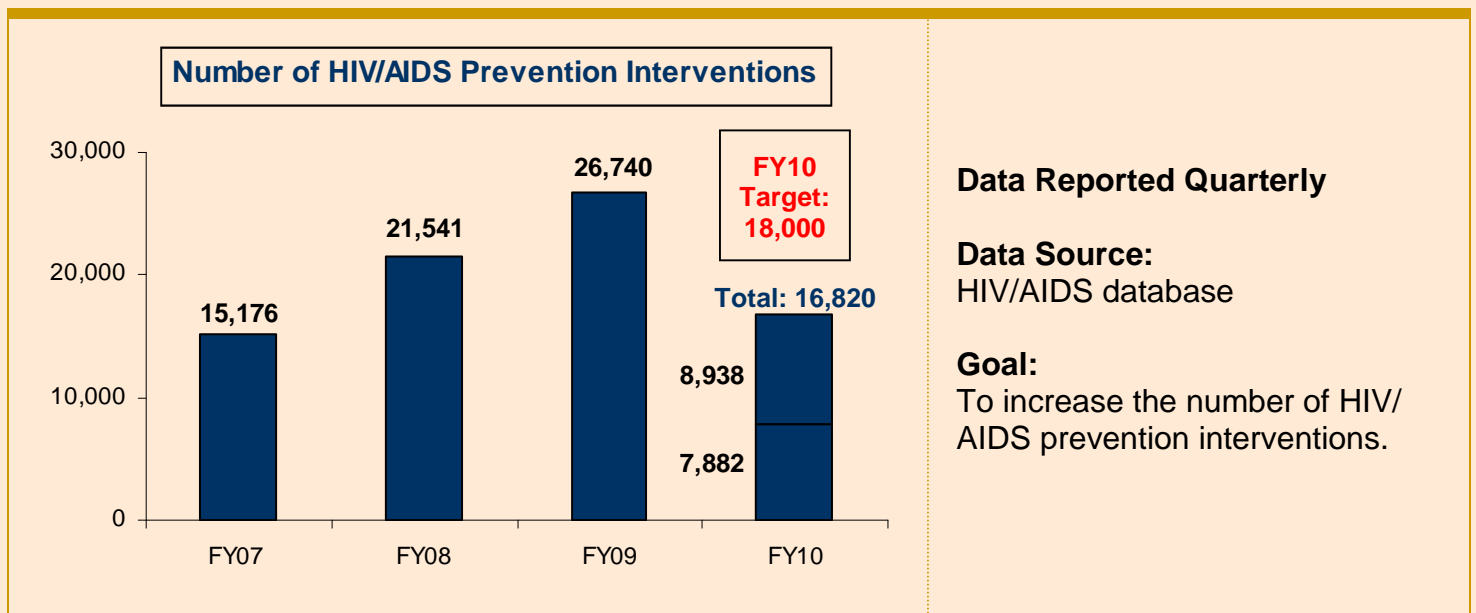
ACTION PLAN:

- The South Valley Male Involvement Project will provide education using the Wise Guys curriculum at middle and high school sites in the South Valley of Albuquerque.

ACTION PLAN (CONTINUED):

- The South Valley Male Involvement Project will promote services and refer clients to the reproductive health male clinical services offered at the Alamosa Public Health Office and the Southwest Valley Public Health Office.

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



ACTION PLAN:

- Collect data on the newly revised (1/09) Aggregate Form, which better matches the Federal PEMS system required by the Centers for Disease Control and Prevention (CDC).
- Use the HIV Prevention Program's database to record all HIV prevention interventions delivered by contractors or DOH Regional Disease Prevention Teams.
- Continue training statewide with the Disease Prevention Team members regarding proper and accurate use of data forms, database, etc.

Data Reported Quarterly

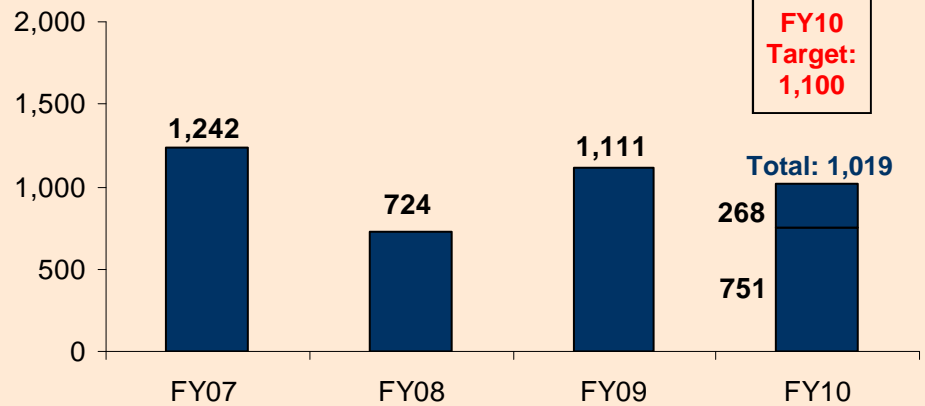
Data Source:

Syringe exchange database

Goal:

To increase the number of participants enrolled in the syringe exchange program by 2,776.

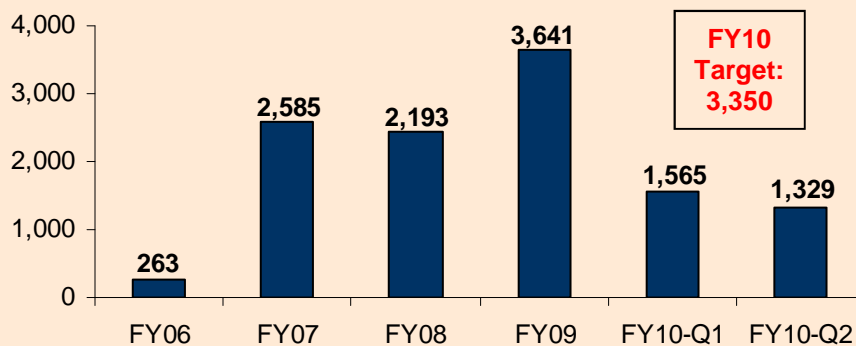
Number of New Enrollees in Syringe Exchange Programs



ACTION PLAN:

- Continue to train staff and volunteers at Public Health Offices (PHO) and Community Based Offices (CBO) in order to engage participants in their programs in harm reduction principles. This activity will help to inform staff and volunteers about the services offered within syringe exchange and refer appropriate participants to the program.
- To train staff at PHOs and CBOs in interviewing techniques for marginalized populations. To increase staff and volunteer ability to properly interview injection drug users.
- To continue training staff and volunteers at PHOs and CBOs on correct outreach methodologies and practices. To reach out to populations that may not be able to make it to clinics and other fixed site locations, such as those experiencing homelessness, or without transportation.

Number of Hepatitis C Clients Enrolled in a Disease Management Service Through Project ECHO



Data Reported Quarterly

Data Source: UNM Project ECHO Database

Goal:

To increase the number of hepatitis C clients enrolled in disease management services through Project ECHO.

ACTION PLAN:

- This data point is preliminary due to unforeseen circumstances that led to the loss of data from majority of ECHO providers during Q2. The data is being reconstructed and a final report should be available by the end of January, 2010. There was a water/sewage flood in the area where hard copies of data reports were kept prior to entry into the ECHO database.
- Assignment of public health and contracted surveillance investigators in Regions 1, 2, 4, and 5 to provide field follow up and individual counseling for persons living with hepatitis C virus (HCV) whose labs are reported to DOH Epidemiology Response Division surveillance unit. This provides increased numbers of persons previously unaware of their HCV status or availability of medical care for chronic HCV with the knowledge and referral to medical care with ECHO providers.
- Engage in collaborative planning, on a quarterly basis, with the HCV Re-entry Collaborative, which includes representation from New Mexico Corrections Department Re-Entry, Probation and Parole, Mental Health and Addictions Bureaus, as well as DOH, Project ECHO, and CMS, the contracted medical provider for NMCD facilities. This establishes a network of communication and active, facilitated referrals for HCV positive prisoners (approximately 40% of New Mexico's prison population have HCV) upon their release from incarceration and increases access to medical care for their hepatitis C upon re-entry to their home community.
- Facilitate monthly ECHO Partner meetings, including colleagues from Project ECHO, DOH Public Health and Epidemiology Response Divisions, New Mexico Corrections Department and CMS, the contracted medical provider for Corrections. This assures timely and critical review of activity data from ECHO, Corrections and DOH to inform continued collaboration directed to increasing numbers of persons living with HCV seeking medical care from ECHO providers.

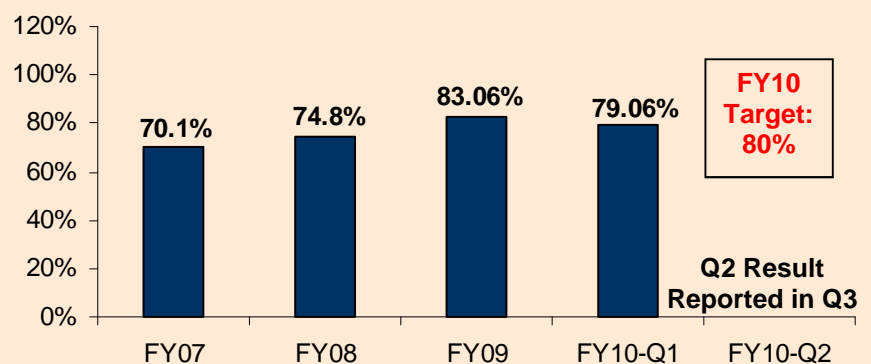
Data Reported Quarterly

Data Source:
STD Database

Goal:
To increase the percent of partners of syphilis cases that are identified and treated.

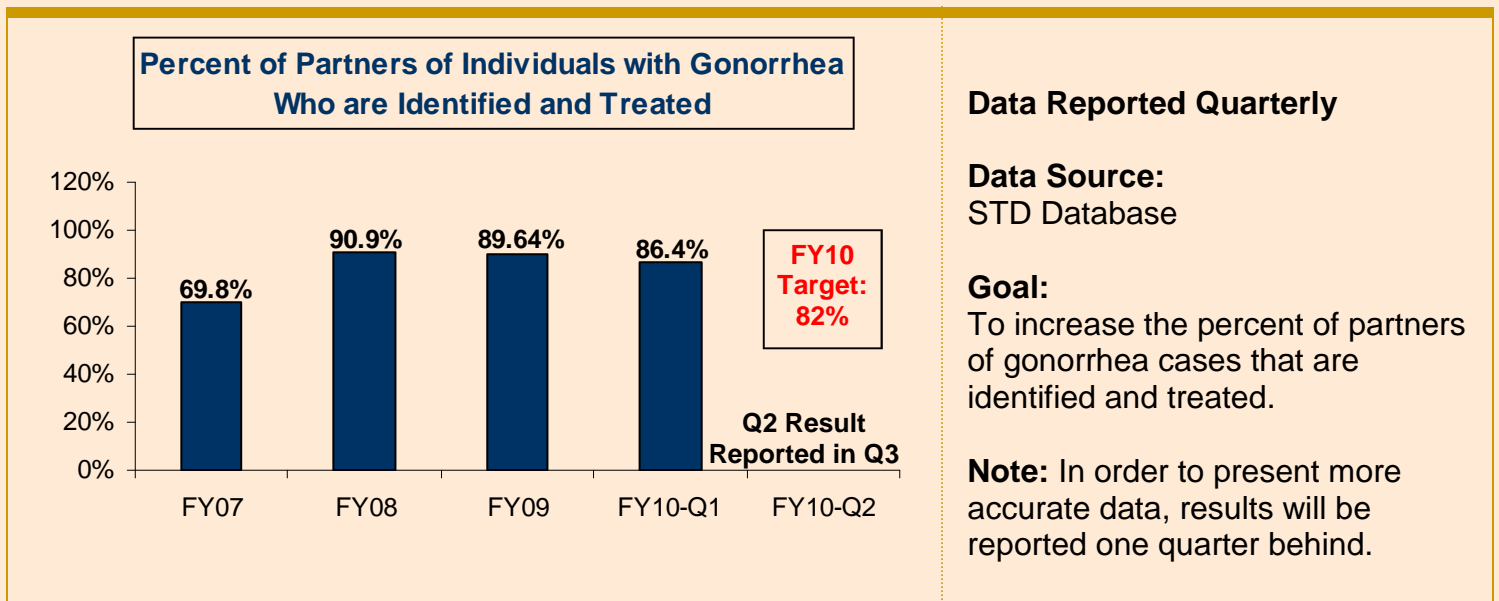
Note: In order to present more accurate data, results are reported one quarter behind.

Percent of Partners of Individuals with Syphilis Who are Identified and Treated



ACTION PLAN:

- The STD Program will establish a Quality Assurance team made up of representatives of each Region and Central office – the first meeting is scheduled for November 3, 2009. This team will meet on a quarterly basis to review data on all performance measures. Establishing targets for each Region for improving the percentage of partners for syphilis patients identified and treated will be a priority.
- Assure that staff are properly trained on partner notification methods, including the new CDC guidelines on partner services, and provide all new and experienced Disease Prevention Specialists and managers with the necessary training modules.
- Adopt standards for all Disease Prevention Specialists that include partner service guidelines, such as the following: “Pursues detailed description and locating information on all sex partners and clusters. Effectively elicits social and sexual network information.”
- See *gonorrhea* action plan below.

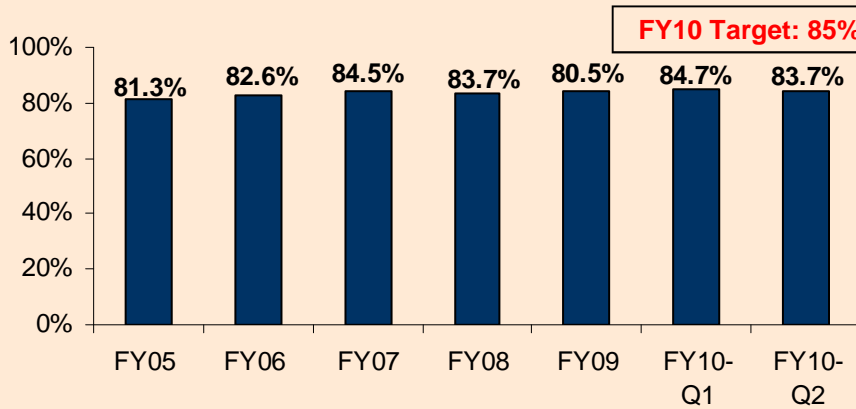


ACTION PLAN:

- The STD Program will establish a Quality Assurance team made up of representatives of each Region and Central office – the first meeting is scheduled for November 3, 2009. This team will meet on a quarterly basis to review data on all performance measures. Establishing targets for each Region for improving the percentage of partners of gonorrhea patients identified and treated will be a priority.
- Introduce and implement the “lot” system, which is a “best practice” in STD investigation that helps organize related cases in the same folder.
- See *syphilis* action plan above.

OBJECTIVE 4: REDUCE OBESITY AND DIABETES.

Percent of WIC Program Participants Ages 2-5
Who are Not Overweight



Data Reported Quarterly

Data Source:
WIC database

Goal:
To increase the percent of WIC participants ages 2-5 who are not overweight by 4.5 percentage points.

Note:
The total # of children ages 2-5 are 13,059. The # of children overweight for this period is 2,037.

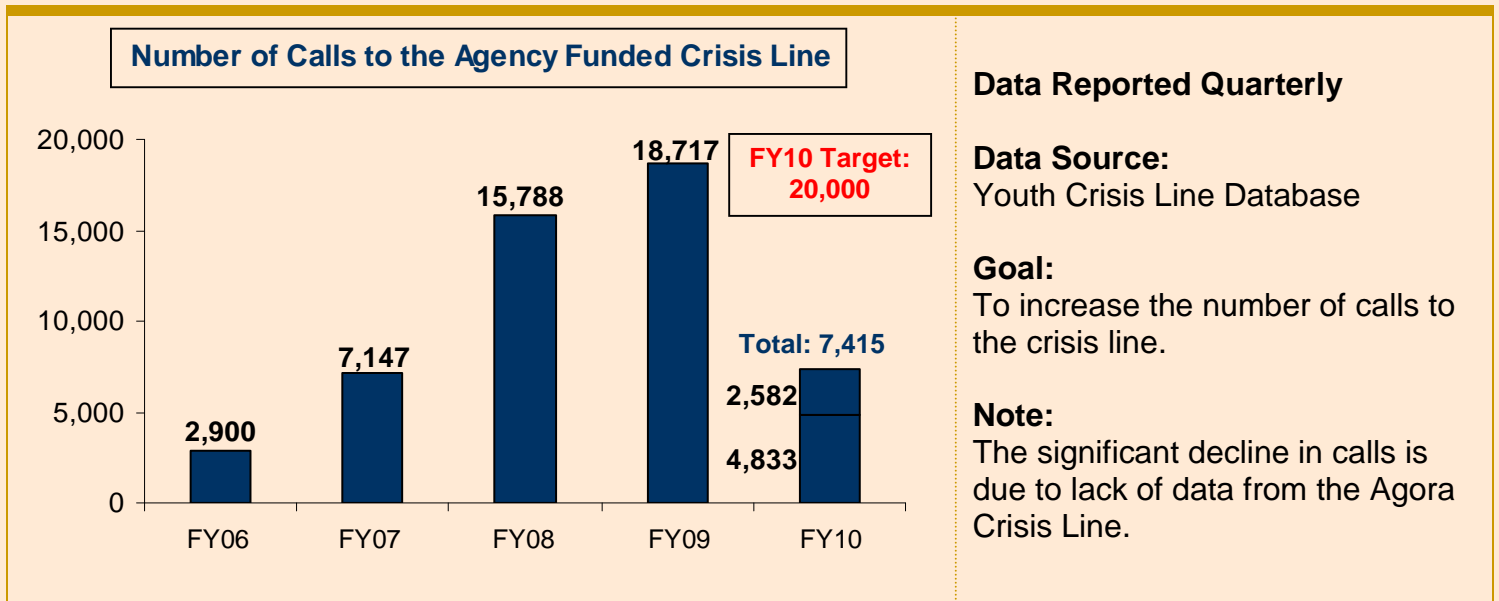
ACTION PLAN:

- For the first time in over 25 years, the Women Infant and Children (WIC) food package is being revised to include a greater variety of healthy food choices that are culturally acceptable. The WIC foods provided to families are specially designed to provide specific nutrients to help with growth and development. The new food packages align with the 2005 Dietary Guidelines for the American and Infant Feeding Practice Guidelines of the American Academy of Pediatrics. States will have the ability to implement this program over the next 18 months, with final rules going into effect on August 5, 2009.
- The New Mexico WIC Program is working to set the standards in New Mexico for national initiatives such as Value Enhanced Nutrition Assessment (VENA). VENA is a client centered approach to nutrition assessment and nutrition counseling targeted at individual nutrition goals. WIC nutritionists use Motivational Interviewing to encourage WIC clients to make positive behavior changes. The WIC program educates parents to develop positive feeding relationships with their children.
- The New Mexico WIC Program received a \$390,000 grant from the United States Department of Agriculture to reduce childhood obesity. The WIC Program is partnering with the University of New Mexico and the International Life Science Institute Research Foundation to implement this project called Get Healthy Together: WIC Staff and Clients Moving Toward Healthier Lifestyles. This project will include staff wellness and self-efficacy training. In addition, this project will implement obesity management skill trainings to WIC staff in order to provide pediatric overweight prevention and behavior management counseling. In addition this project will incorporate Motivational Interviewing (MI) Training, which is a new tool that will be used by newly trained WIC staff to use with clients. This project will implement obesity management skill trainings to WIC staff in order to provide pediatric overweight prevention and behavior management counseling.

ACTION PLAN (CONTINUED):

- WIC Fit Kids is to help prevent childhood overweight and obesity, NM WIC Program, in collaboration with USDA, has developed and uses an educational tool kit called “Fit Kids = Happy Kids.” The kit reinforces key messages: Eat as a family and get active as a family, drink more water and less sweetened drinks, and add more fruits and vegetables to meals and snacks.

OBJECTIVE 5: REDUCE SUICIDE AMONG ALL POPULATIONS, SPECIFICALLY CHILDREN AND ADOLESCENTS.



ACTION PLAN:

- OSAH continues to coordinate the NM Crisis Line Network – a collaboration that consists of three statewide crisis line operators and the National Suicide Prevention Lifeline. The services provided through this network includes 24/7, toll-free crisis line availability. Providers currently working to coordinate the statewide service includes: National Talk-Line, UNM – Agora, NMSU – The Wave, and PMS - Santa Fe Crisis Line. In addition to providing crisis response, Agora, The Wave and Santa Fe conduct ongoing suicide awareness and crisis response training in the community. Activities during Q1 included the following three activities:
- National Suicide Prevention Lifeline Calls from New Mexico: 1,487 calls received during FY10 Q2.
- NMSU Wellness, Alcohol and Violence Prevention (WAVE) Program Crisis Assistance Listening Line (CALL): 269 calls received during FY10 Q2, an increase of 32% from FY10 Q1. Activities completed during this quarter include:
- The CALL offering education, outreach and resource materials to a total of 2,984 students and their families. Enrolling students in the CALL CEP class, providing them with college credit for staffing the crisis line. The CALL was featured in 2 articles in the Healthy Living section of the Las Cruces Sun-News. The CALL provided a presentation and information was provided in Spanish to 35 ESL students in Anthony, NM. The CALL magnets and cards at the Fall Wellness Fair to 260 students.

ACTION PLAN (CONTINUED):

- Presbyterian Medical Services (PMS) Santa Fe Crisis Line: 826 total calls answered. PMS continues to implement of Early Identification and Response Program in collaboration with Santa Fe Public Schools elementary, middle and high school students who are identified as at risk for suicide, where the hotline coordinates immediate assessment and linkage to the Teen Health Center, or to Santa Fe Community Guidance Center Su Vida.
- University of New Mexico (UNM) Agora Crisis Listening Line: no call data reported. Though a continued partner in the NM Crisis Line Network, the Agora Program provided no report due to their significantly reduced funding. It is anticipated that Agora will provide annual data, as contractually required.
- During FY10 Q2, OSAH is moving toward developing a comprehensive framework for youth suicide prevention that is evidence-based, data-driven, coordinated and culturally relevant. This framework will guide funded partners in their activities throughout FY10. Steps taken toward developing the framework include the completion of four workgroups comprised of funded partners and DOH OSAH and Epidemiology and the development of a crosswalk of strategic plan outcomes from 1999 to 2009. The workgroup defined universal awareness of signs of suicide, the restriction of access to lethal means for suicide, and the promotion of peer-led youth suicide prevention activities, as the three primary strategies on which funded partners and state personnel will focus and evaluate their efforts.
- To support the strategy of promoting peer-led youth suicide prevention, OSAH is working with 9 high schools: Pojoaque, Carlsbad, Gadsden, Gallup, Kirtland, Belen, Capital and Santa Fe to implement or continue each of their Natural Helpers Programs. This program is based on the premise that when young people have problems, they often turn to their friends or other adults who they trust for help and that within every school an informal “helping network” exists. The program seeks to identify this informal network and provide training and support to young people and adults who are already serving as helpers.
- Through a request for proposal process, OSAH selected nine funded partners to receive youth suicide prevention funding and technical assistance during FY10. These funded partners include the three crisis lines, Eddy County Community Health Council, New Mexico Suicide Intervention Project, New Mexico Suicide Prevention Coalition, PMS Healthy and Resilient Youth, Programs for Youth, and Santa Fe Community College to provide crisis response, community capacity development and coalition building.
- During FY10 Q2, the Eddy County Community Health Council implemented Natural Helpers through the recruitment and training of 19 middle school students and 4 adult sponsors. These Natural Helpers have completed outreach to all classes in the Carlsbad middle schools. The group has planned a Natural and Peer Helpers Day where they focus on marketing the programs to let the students know about the program, recruit and let them know they are there to help in any way.

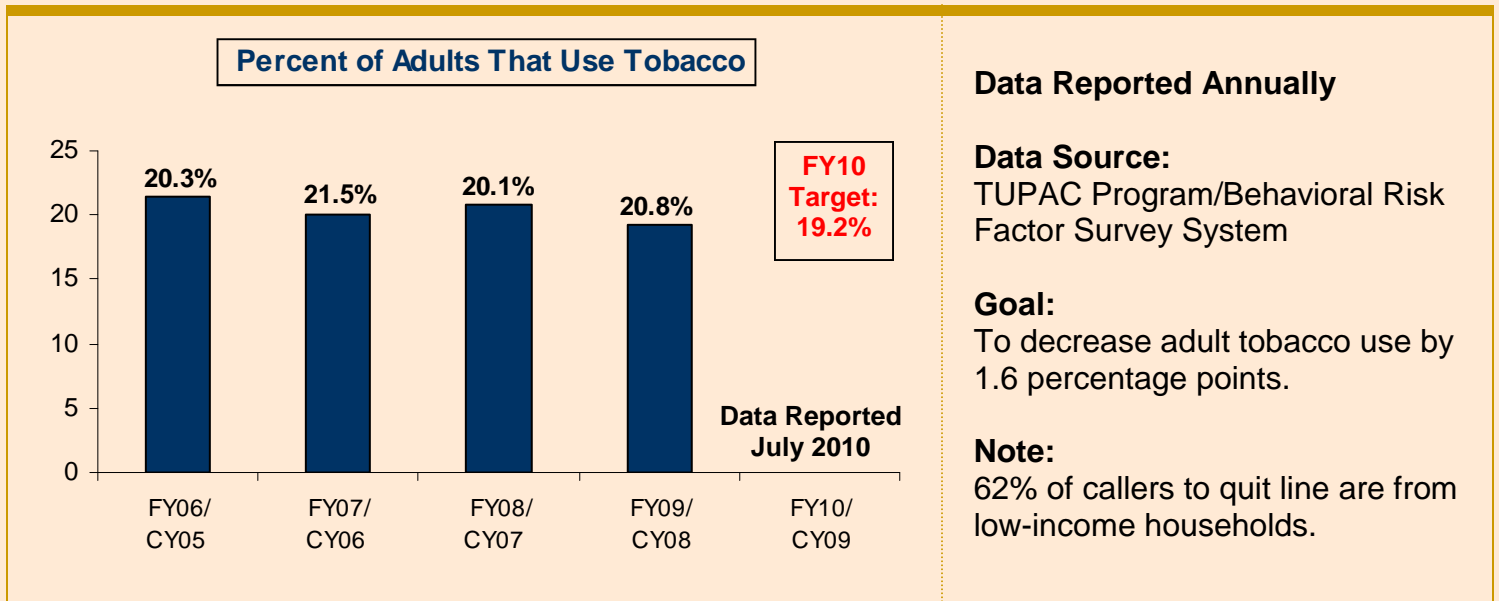
ACTION PLAN (CONTINUED):

- During FY10 Q2, the New Mexico Suicide Intervention Project (NMSIP) provided 150 hours each of hands on skills training in assessment and suicide prevention counseling to 11 Masters Level Counselors from Highlands University and Southwestern College.
- NMSIP held a 2 hour critical response training meeting with 10 representatives from northern New Mexico communities, including Pojoaque Independent School District, Okay Owingeh Pueblo, Department of Health Injury Prevention Department, Santa Fe High School Teen Health Center, New Mexico State Police chaplain, Santa Fe Public Schools, Gerard's House, and concerned citizens. This training focused on the signs of suicidal ideation, what to do in the event of receiving a call requesting a crisis response at a school and how to be present for a grieving child.
- NMSIP provided suicide awareness presentation to 20 members of the Northeast Episcopal Deanery, consists of priests representing churches in Los Alamos, Santa Fe, Taos, Rio Arriba, and San Miguel Counties. This presentation provided information about the magnitude of the youth suicide problem in northern New Mexico and some of the strategies recommended for pastors who may be responding to a youth at suicidal risk.
- NMSIP implemented a skills training for 101 middle and high school students throughout Santa Fe County. This intensive retreat training emphasized helping and referral skills and suicide prevention.
- NMSIP facilitated 2 Community capacity building meetings with Highlands University to plan for suicide prevention efforts on the Las Vegas campus.
- During FY10 Q2, the PMS Program for Healthy and Resilient Youth facilitated a 3-day Suicide Prevention Training "Native Hope" at Wingate High School.
- During this quarter, Programs for Youth facilitated a retreat and training for Natural Helpers for Santa Fe, St. Michael's, Capital, East Mountain, and Carlsbad High Schools.
- Programs for Youth also collaborated with the Santa Fe Student Wellness Action Teams to educate students on underage drinking awareness, including the connection between alcohol and suicide. These students are preparing a 1 hour radio show to be aired in January.
- Working with Northern New Mexico Youth Leadership Coalition students on a youth delivered presentation on prescription drug abuse to be delivered to peers via classrooms and other venues.
- Programs for Youth conducted workshops on suicide prevention, grief and loss to the communities of Lordsburg, Las Cruces and Albuquerque.
- Programs for Youth also collaborated with the Santa Fe Country DWI Program to provide a two day "Mental Health First Aid" course to teachers who work with peer to peer helping groups.

ACTION PLAN (CONTINUED):

- During this quarter, the Santa Fe Community College facilitated peer helpers presentations at events such as the New Mexico Young Men's Conference, the New Mexico Girls Conference, and Behavioral Health Collaborative Conference as well as in the Pojoaque Valley High classrooms as needed. Staff and students also presented to all the ninth graders and the middle school 8th grades on SOS (Signs of Suicide) and passed out nomination forms for the Natural Helpers program. Over 65 students have applied and applications are being reviewed over the holiday break.
- Santa Fe Community College supported students with the Youth Media Literacy Project adjusted the "Youth Suicide Prevention for youth by Youth" presentation with updated data provided by NM OMI and revised their school natural helper brochure with resource information and an emotional phone tree comprised of staff and natural helpers that could be reached if a teen needs support.
- With support from Santa Fe Community College, new and existing high school natural helpers coordinated with Connecting to Courage participants to host a "Natural Helpers Day," providing an information table during the lunch to educate and create awareness for other students.
- The OSAH Behavioral Health Team, comprised of the Behavioral Health Manager, Youth Suicide and Adolescent Health Coordinators, and 5 regional School Mental Health Advocates provided a total of 498 hours of training and technical assistance to communities statewide on youth suicide prevention.
- In response to completed youth suicides during this quarter, the OSAH Behavioral Health Manager and School Mental Health Advocates provided suicide post-vention response, training and technical assistance to school and behavioral health personnel in San Juan County, and the communities of Roswell, Ruidoso, Mescalero, and Hondo. The team supported the Ruidoso communities in building a comprehensive crisis response system by training Native American Liaisons, school administration and personnel and community service providers on the model of developing trauma-informed schools and communities. Finally, the team offered community capacity building through coordinating service response by providers from the New Mexico Suicide Prevention Coalition, Indian Health Services, the University of New Mexico Center for Rural Behavioral Health, and School Based Health Center personnel.
- The UNM Department of Psychiatry / Center for Rural & Community Behavioral Health (CRCBH) provided 29.75 telebehavioral health hours to Ruidoso/Region IX SBHC as part of the CRCBH's response to multiple youth suicides the community.

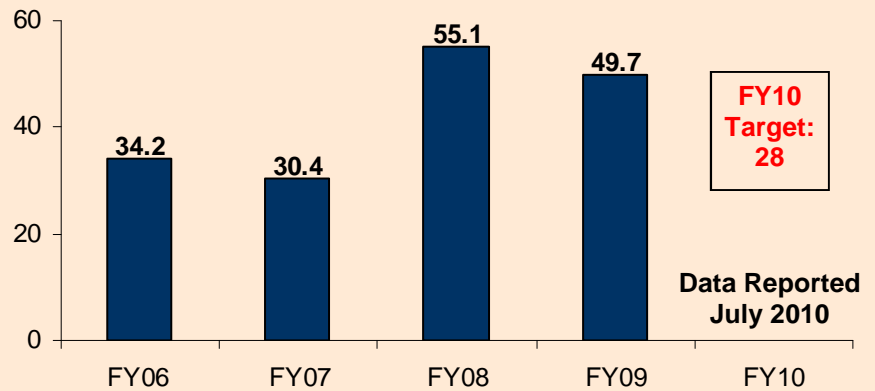
OBJECTIVE 6: REDUCE THE ABUSE OF ALCOHOL, DRUGS AND TOBACCO.



ACTION PLAN:

- Provide free smoking cessation services in English and Spanish to New Mexico smokers through a contracted tobacco help line service, 1-800-QUIT NOW. The FY10 goal is to reach 15,000 tobacco users.
- Provide community-based cessation services (e.g. cessation classes, pharmacotherapy) to New Mexicans, including screening and brief intervention counseling. New Mexicans who are uninsured and low income are the highest priority for receiving these services. Services are provided by 20 organizations statewide. Trained counselors provide cessation classes using proven curriculum such as Freedom From Smoking. Trained physicians do brief interventions, a brief and effective counseling protocol for motivating patients to quit smoking, and referrals to cessation services.
- Conduct a media campaign to promote availability of free cessation services through 1-800-QUIT NOW, the free tobacco cessation helpline.
- 1-800-QUIT NOW, New Mexico's free tobacco help line will provide free nicotine patch, gum, and lozenge therapy (NRT) to every caller that registers in the program and is ready to quit in the next 30 days.
- See *packs of cigarettes* action plan on next page.

Number of Packs of Cigarettes Sold Per New Mexican



Data Reported Annually

Data Source:
TUPAC Program

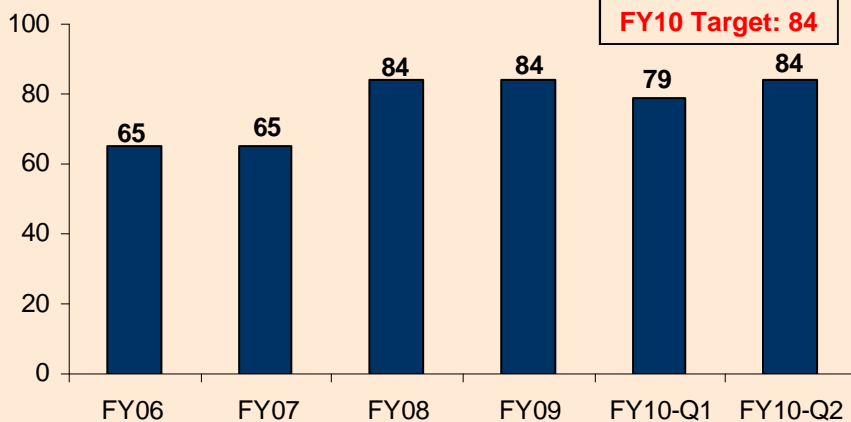
Goal:
To decrease the number of packs of cigarettes sold by 21.7.

ACTION PLAN:

- In FY07 the Tobacco Use Prevention and Control program developed a comprehensive strategic plan to reduce youth smoking. The first phase of implementation began in FY08. In FY10, an extensive, multi-media social marketing campaign to reduce the social acceptability of tobacco use that incorporates the latest evidence-based strategies to reduce youth tobacco use will be implemented.
- Provide school- and community-based youth tobacco prevention services, focusing on youth at highest risk for smoking. Services and activities include enforcement of school policy, implementing prevention curricula, and promoting youth empowerment to youth statewide.
- See *adults that use tobacco* action plan on previous page.

OBJECTIVE 7: EXPAND HEALTH CARE FOR SCHOOL-AGE CHILDREN AND YOUTH THROUGH SCHOOL BASED HEALTH CENTERS.

Number of Operating SBHCs



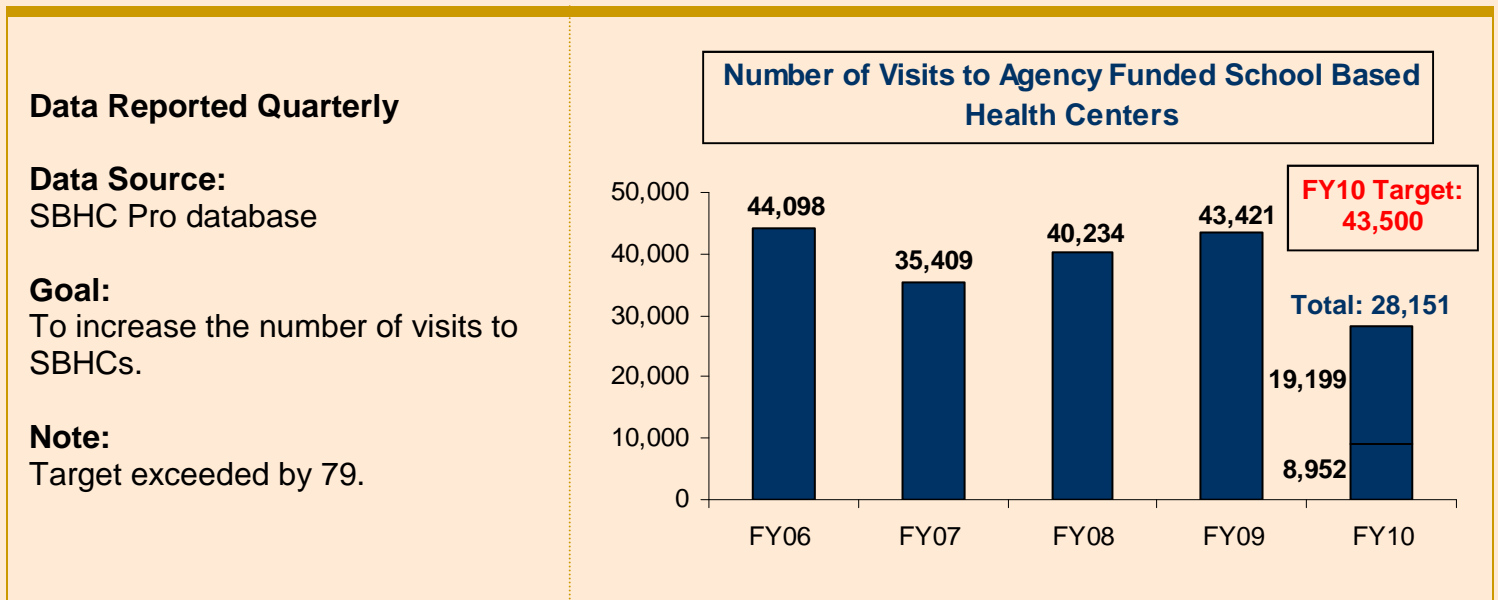
Data Reported Quarterly

Data Source:
SBHC database

Goal:
To increase the number of operating SBHCs.

ACTION PLAN:

- A total of 79 SBHCs are operating throughout the state. The 79 sites include 57 DOH funded sites and 22 sites funded through other resources, including Indian Health Service, private funding and federal funding. This number is lower than the total number operating last year. A total of five SBHCs closed and do not plan to reopen. The sites that are no longer operating include, two sites managed by Peanut Butter and Jelly Pre-School (PB&J). PB&J could not justify the cost for a full-time primary care provider for their pre-school population. They are, however, continuing their focus on parenting and will be providing behavioral health services. Funding for these services is provided through CYFD. Another SBHC that closed was located in Las Cruces at the San Andres Alternative School. The school did not have enough students to justify the cost for primary and behavioral health providers. Students from this school will receive services through two local high schools and the public health office. Two sites located in Chaves County, Dexter and Hagerman, are reorganizing and have plans to work with a local provider to operate a primary care clinic that is open to the public.
- The SBHC Quality Improvement Initiative is in its 3rd year of activity. Partnership with UNM – Pediatrics, Envision New Mexico, will focus be providing a series of webinars covering a variety of adolescent health topics, including clinic operations, screening and assessment, substance abuse, teen pregnancy, youth suicide prevention, healthier weight and community/school engagement. A comprehensive report of SBHC improvements will be prepared for the Human Services Division – Medicaid in Schools program.

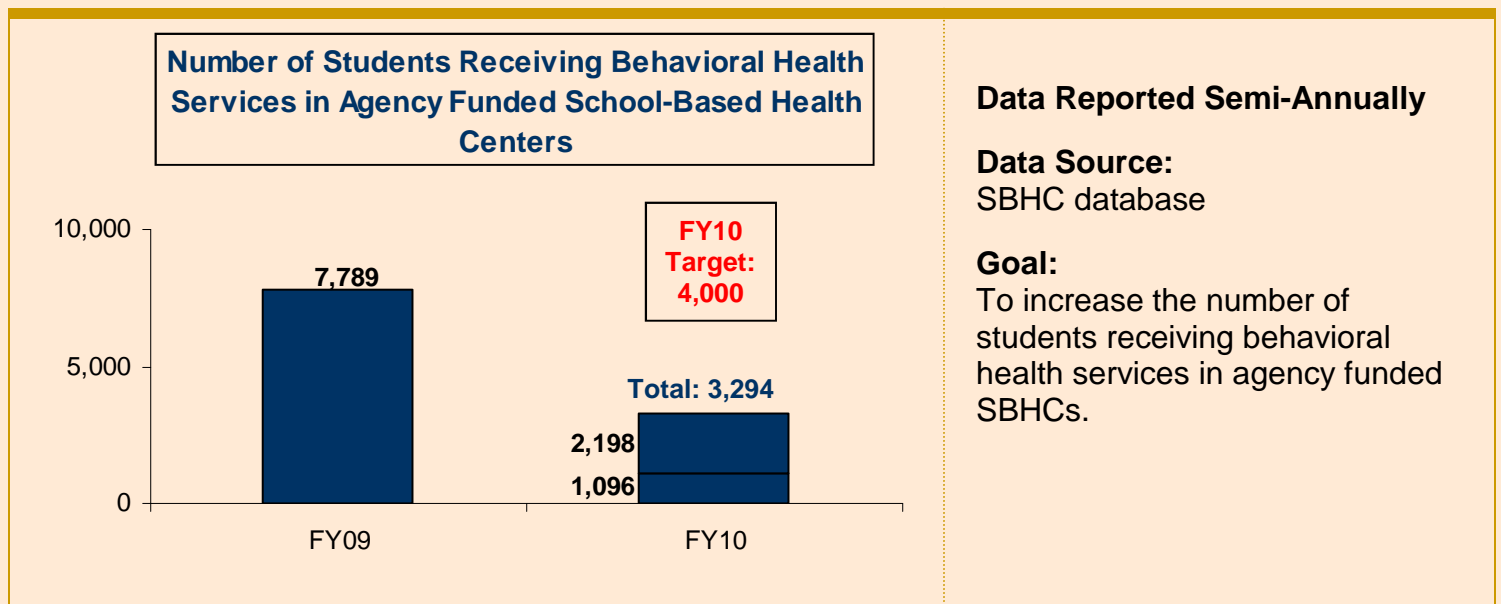


ACTION PLAN:

- SBHCs partnered with Public Health staff and school nurses to implement seasonal and H1N1 immunization clinics. Students and school staff were able to obtain immunization on-site thus reducing lost classroom time.

ACTION PLAN:

- School-based health centers statewide are currently providing reproductive health services to students. Services vary and are determined through collaboration with local school health advisory committees, school administration and health councils. Services include STD screening and treatment, pregnancy testing, well exams and reproductive health education. Year-to-date, a total of 2,165 students received a total of 3,594 visits for reproductive health. The Office of School and Adolescent Health, in partnership with the Family Health Bureau, work together to strengthen the role of SBHCs and to ensure the quality of reproductive health services for teens.
- Teen pregnancy prevention is a priority area of concern for OSAH. Students accessing SBHCs receive comprehensive reproductive health education from providers, STD screening and treatment and pregnancy testing. Currently 26 SBHCs have approval from their local school administrators to dispense contraceptive supplies and medications on site.
- Youth are utilizing the SBHC to receive well-exams, urgent care, reproductive health services, and behavioral health treatment. SBHCs are focused on providing students with quality healthcare, especially well-examinations for every youth seen by the SBHC. Screening for risk behaviors is also priority and all students seen by the SBHC are required to complete a Student Health Questionnaire to identify areas of risk, resiliency and need. The tool is used by the providers to guide discussions with youth, identify services and to provide health education.

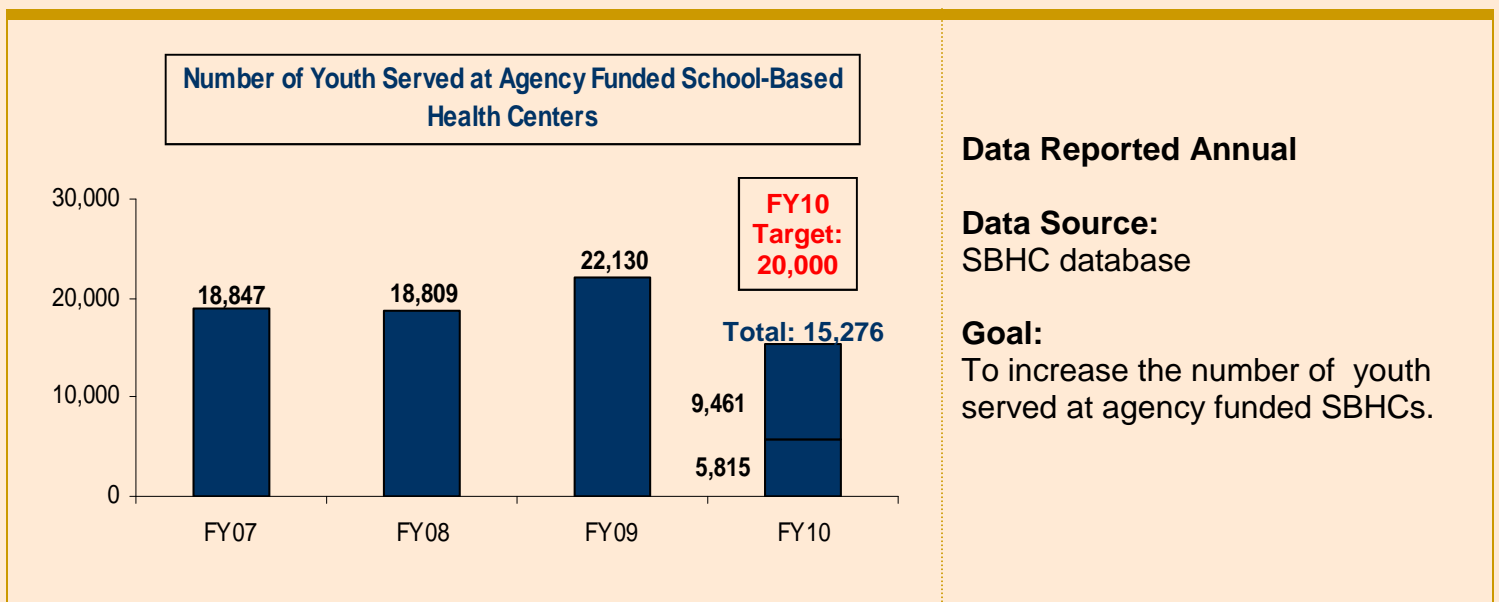


ACTION PLAN:

- The 2,198 students seen during the 2nd quarter received a total of 5,421 behavioral visits. Of these students, 567, were first time users. Year to date, the total unduplicated number of students seen for Behavioral Health is 2,728. Behavioral health visits accounted for 31.03% of all visits to the SBHCs in the 2nd Quarter.

ACTION PLAN:

- OSAH continues to partner with Optum Health and UNM Envision to increase productivity and behavioral health quality. SBHCs have participated in training focused on increasing provider confidence and utilization of screening tools, assessment and brief intervention, as well as improved team conferencing and coordination with school and community resources.
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- The OSAH Behavioral Health Team provided a total of 998 hours of technical assistance and training to schools, school based health centers and community providers on early identification and intervention for student behavioral health needs.
- CRCBH provided a total of 24 DOH Funded Patient Encounters to the Mescalero community.
- CRCBH has been working closely with ABQ Area IHS to extend tele-behavioral health to other IHS service units, primarily Acoma/Laguna and Tohajiilee. Two teleconferencing units for these sites were purchased and setup is scheduled for the third quarter. Also, during the second quarter, Dr. Del Fabbro made on-site visits and initial teleconferencing meeting with Taos IHS.



ACTION PLAN:

- 62 school-based health centers are currently tracking and reporting student data via a data collection system and strategy defined by OSAH. SBHCs are able to connect to an on-line patient management system to enter student data or are downloading information from existing patient management systems. During the second quarter a total of 8,667 students visited an SBHC. Of these students, 7,401, were first time users. Year to date, the total unduplicated number of students seen at a SBHC is 13, 216.
- SBHCs offer important services and supports to students – here are a few examples:
- The Southern New Mexico Adolescent Health Services Telemedicine Project, also known as ConnecXions, address barriers to health care access in rural areas through telemedicine. ConnecXions has interlinked four SBHCs in two districts and one juvenile detention center with three consultation sites. Telemedicine devices interface between the caregiver and patient and collect vital information (data, images and sound) which are transmitted or stored for later use. It's been two years since the implementation of the program. Clinical services include primary care, behavioral health and health education.
- Quemado SBHC hosted an event entitled “The Maze of Life,” for students from Quemado and Reserve Jr. High and High Schools. The Maze was created in partnership with the Catron County Health Council, Presbyterian Medical Services, Border Area Mental Health, the DWI Program, Catron County Sheriff’s Office and Magistrate Judge, NM State Police, Domestic Unity, Grassroots, Vista Program, AmeriCorp Program, Forest Service and the Wellness Coalition. The Maze provided students an opportunity to learn about health risks and health consequences as a result of daily health choices. Student participants drew from a stack of cards that demonstrated health and unhealthy decision making. One teen drew a card indicating she was now the mother of twins and was given two 7 pound babies to carry around throughout the event. Another student drew a card indicating arrest for drunk driving and was placed in a mock jail and given a probation officer. This event is just one example of the type of health education/health promotion activities SBHCs implement in an effort to increase health knowledge and skills.
- As part of its full-service community school approach, Elev8 New Mexico unveiled its dental health program at Laguna Middle School Based Health Center. Two-hundred-forty students from Laguna Elementary and Middle Schools underwent a dental screening and received fluoride treatments in October, 2009. The 240 school children were screened to establish a baseline of dental needs. A monthly series of dental clinics has been scheduled – four in January alone. The first clinic, held January 6, was geared toward addressing the highest priority needs, nine students were provided restorative care. Subsequent clinics are scheduled for January 13, 14, and 27; with ongoing weekly clinics planned through the school year. The Laguna dental clinic is being run in partnership with Acoma Cañoncito Laguna Hospital and the ACL Teen Centers, UNM Dept. of Pediatrics, Prevention and Population Sciences.

ACTION PLAN (CONTINUED):

- A recent report from a parent highlights the important impact SBHCs are making in preparing students to become informed health consumers. During a visit to the Laguna Middle School SBHC, a mother said, “Normally, the doctor addresses the parent and rarely speaks to the child. I like how (the nurse practitioner) spoke directly to my daughter. I think my daughter was surprised herself and kept looking to me, but it was good for my daughter. The SBHC Provider also took time to ask my daughter about her family history, encouraging her to learn more about her family health history. She even asked my daughter to really listen to the questions, so that she could be prepared to answer these important questions with other providers in the future.”
- In December, the Spartan SBHC at Bernalillo High School, which is working on Pediatric Overweight Advanced QI, embarked on a QI-driven project to get more students to eat breakfast. All of the students at Bernalillo HS qualify for the free breakfast program but very few actually eat the breakfast. The SBHC and the Youth SHAC together designed a survey to administer to the students to determine some of the reasons for this. Preliminary data points to student issues with the cafeteria (too crowded, noisy) as well as school policies that prohibit students from taking their food and eating outside. The Youth SHAC has become very interested in the policy implications and will plan a problem-solving strategy session once the complete survey data is in.

PROGRAM AREA 3: EPIDEMIOLOGY & RESPONSE

MISSION/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.

PROGRAM AREA 3 OBJECTIVES:

OBJECTIVE 1:

Improve the state's capacity to respond to public health emergencies.

OBJECTIVE 2:

Expand public access to vital records.

FY09 OPERATING BUDGET:

General Funds: 9,850.3

Federal Funds: 14,118.1

Other State Funds: 1,009.6

Other Transfers: 311.7

SUMMARY AND RESULTS AT A GLANCE

Q2 ERD Summary: ERD has four quarterly measures. Of those measures, three show improvement over FY09 Q2 results. The number of health emergency exercises is up 14 from this time last year. The number of designated trauma centers is up by 2. The percent of birth certificates is up 17.7 points from FY09-Q2.

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Number of health emergency exercises conducted to assess and improve local and international capability (GPAC 2.4)	Quarterly	85	14	32 Total: 46		
Number of designated trauma centers in the state (GPAC 6.5)	Quarterly	9	6	8		
Number of hospitals reporting data in the state trauma registry (GPAC 6.5)	Quarterly	20	16	16		
Percent of birth certificates issued/searched for within seven days of receipt of an approved birth search application and fees	Quarterly	98%	97.3%	97.0% Total: 97.0%		

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

Data Reported Quarterly

Data Source:

Exercise Database

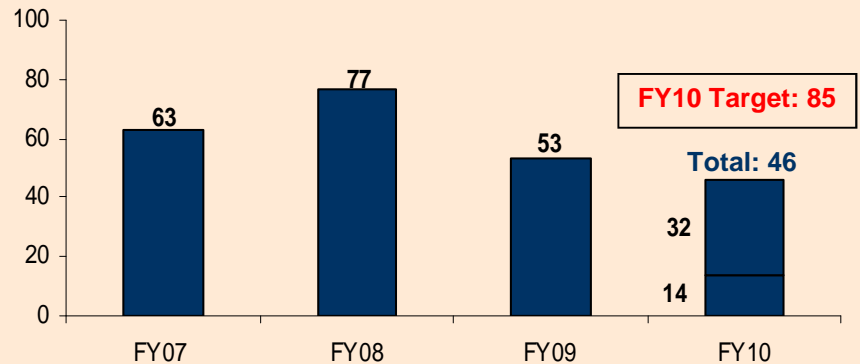
Goal:

To increase the number of pandemic influenza plan exercises by 27.

Note:

These exercises include seminars and tabletops at hospitals, schools, & state agencies.

Number of Health Emergency Exercises Conducted to Assess and Improve Local Capability



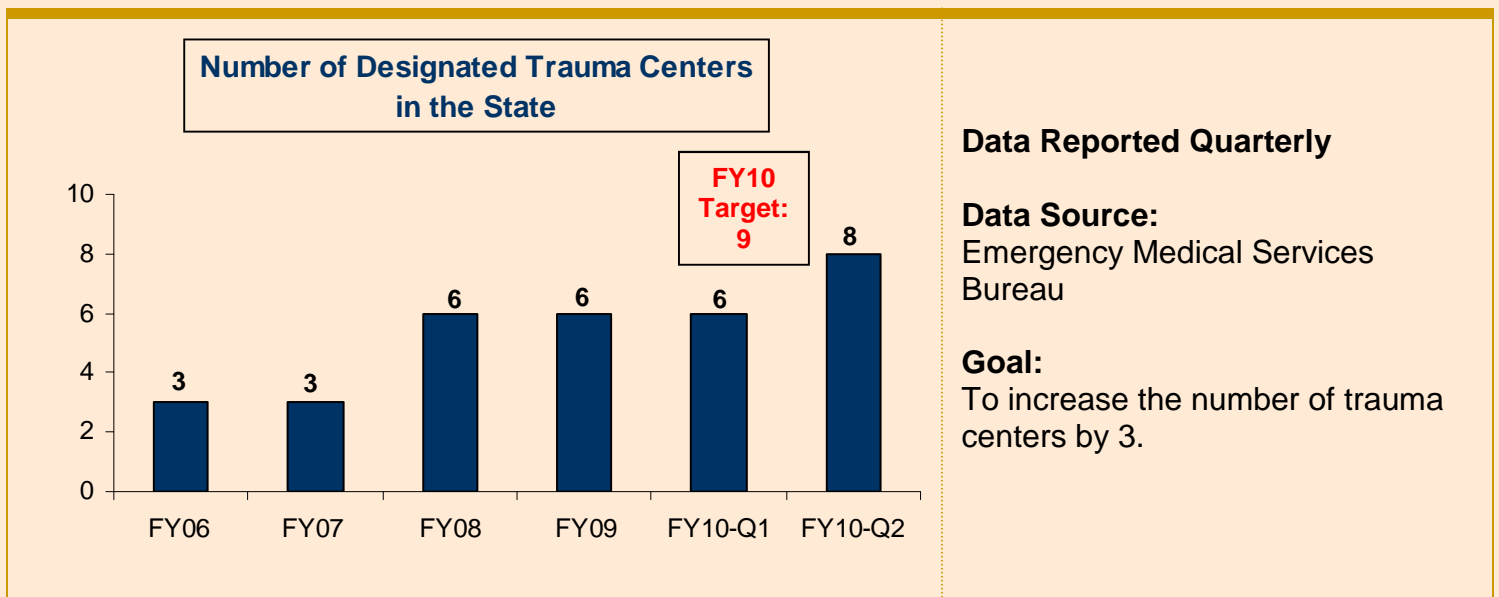
ACTION PLAN:

- The Bureau of Health Emergency Management's (BHEM) emphasis is on the quality of the training and exercises that are delivered. BHEM is striving to coach and assist our partners to follow Homeland Security Exercise Evaluation Program (HSEEP) requirements of having planning meetings of stakeholders and effective implementation of exercise plans that produce After Action Report/Improvement Plans that identify repeatable strengths, areas for improvement and recommendations for better future preparedness responses.
- Thirty-one preparedness exercises and training sessions (presentations, seminars, workshops & symposiums) were also held during Q2. It is also important to note that 32 events, in localities throughout NM, were also documented and reported to the Bureau of Health Emergency Management (BHEM) for the second quarter of FY10. The trainings were about H1N1 preparedness and response, proper usage of Personal Protection Equipment (PPE), incident command structure & systems, emergency communications and more. The exercises which included table top discussion sessions, drills, and functional exercises covered such topics as patient surge, alternate care sites, evacuation, influenza response, internal hospital disaster and call down for staffing at the regional or state levels for the City Readiness Initiative and State Strategic Stockpile respectively.
- On October 2, 2009 the Department of Health, in conjunction with UNM Hospitals, Veteran Administration Health Care Systems, Indian Health Service, NM Department of Homeland Security and Emergency Management and the City of Albuquerque, hosted the NM Influenza Management and Mitigation Symposium. Many key H1N1 influenza topics were addressed including roles; epidemiologic & surveillance updates; antiviral use and PPE guidelines; pregnancy considerations; school response; emergency management response; mass vaccination campaign; infection control; patient management; managing patient surge; critical care & ethical decision making. Approximately 400 people participated.

ACTION PLAN (CONTINUED):

- Another notable exercise was a statewide multifunctional hospital preparedness exercise that involved 51 hospitals, a few clinics, local emergency managers statewide and BHEM. The multiple preparedness functions tested by the exercise on 12/2/09 were health emergency alerting/messaging, bed tracking and reporting, interoperable radio communications and the ability to correctly order medical personnel and supplies utilizing proper forms and procedures.
- The other exercises and training sessions were conducted to raise awareness, knowledge, and response capabilities and skills to respond to health emergencies including response to H1N1 Influenza Pandemic, Bioterrorism, Hazardous-Materials events and other All-Hazard Health Emergencies.
- Projected Preparedness Training and Exercise activities for the remainder of FY10 include quarterly statewide multi-function drills for hospitals. These drills will continue to test interoperable communications, HavBed (polling), resource request procedures (ICS308), and Health Alert Network (HAN) communications capabilities. A statewide Pandemic Influenza Update is scheduled for February 26, 2010 in Las Cruces, NM. A full Scale Regional Exercise for the Strategic National Stockpile (SNS) Program and City Readiness Initiative (CRI) is scheduled for June 2010. This exercise will include testing the US Postal Service (USPS) Bio-Detection Equipment (BDE). Additionally, local and regional training and exercises will be conducted and our regional preparedness coordinators will be involved and reporting data on these events.

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



ACTION PLAN:

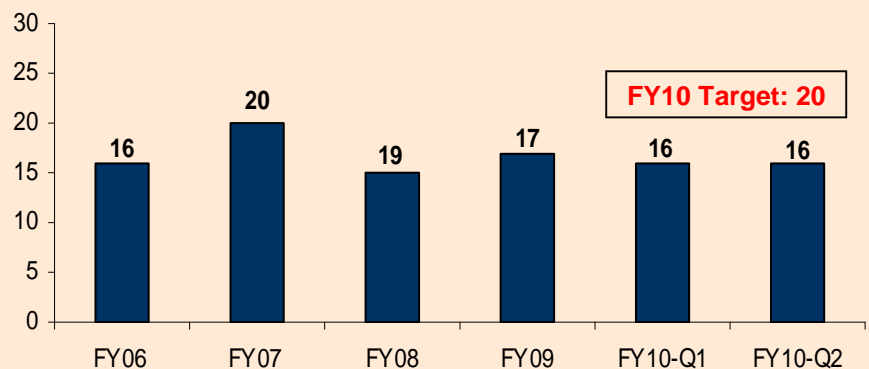
- Eastern New Mexico Medical Center designated in November 2009 as a Level III Trauma Center. University Medical Center of El Paso designated in November 2009 as a New Mexico Level I Trauma Center. Eastern New Mexico Medical Center had a positive verification site visit and designation is anticipated by November 2009.
- October 2009, San Juan Regional Medical Center withdrew their letter of intent to designate as a Level II trauma center.
- Gallup Indian Medical Center Technical Site Visit was held to assess its ability to attain Level III Trauma Center Designation.
- A Sierra Vista Hospital Technical Site Visit was held to assess preparedness for Level IV Trauma Center designation.
- Program assistance was provided to Christus - St. Vincent Regional Medical Center Program Assistance to aid the facility in preparation for attaining Level II Trauma Center Designation.
- Program assistance was provided to Artesia General Hospital Program Assistance to aid the facility in determining their ability to attain Level IV Trauma Designation.
- Eastern New Mexico Medical Center - Designated as a Level III Trauma Center November 2009.
- Nor-Lea Hospital - Technical Site Visit: Nor Lea will need extensive coaching prior to the official designation site visit, another site visit is planned.

Data Reported Annually

Data Source:
State Trauma Registry

Goal:
To increase the number of hospitals reporting data in the state trauma registry by 10.

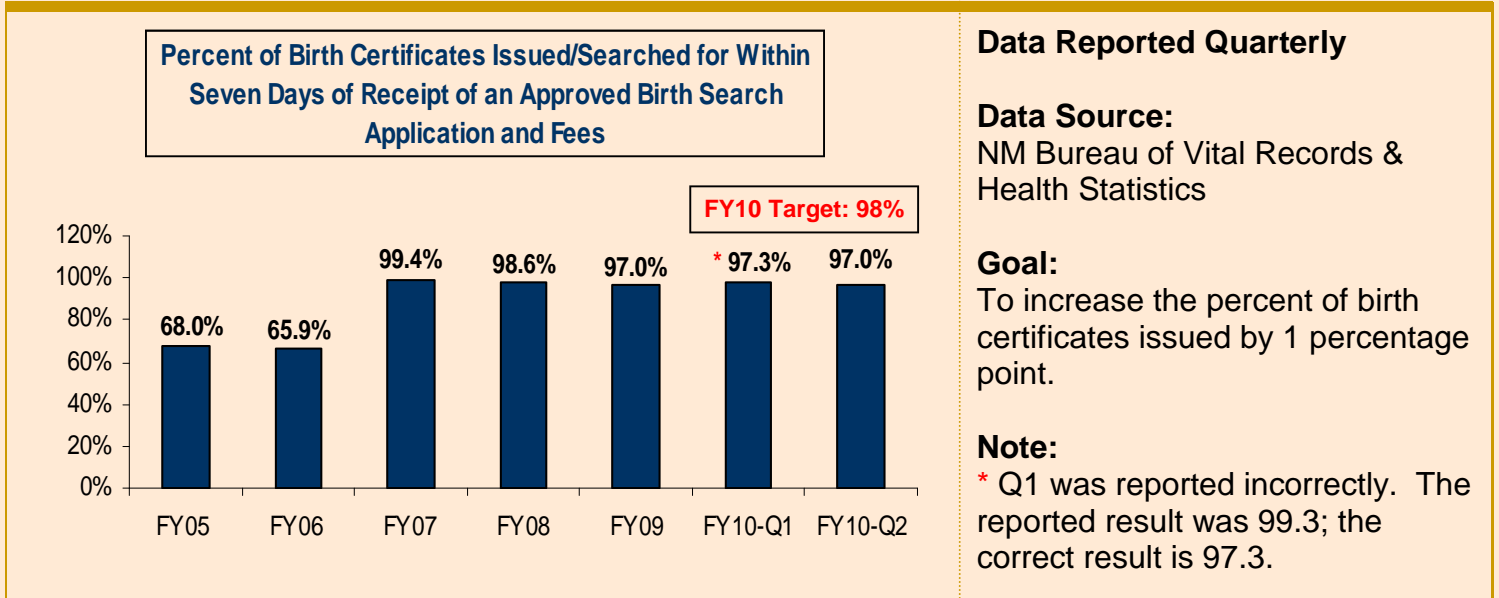
Number of Hospitals Reporting Data in the State Trauma Registry



ACTION PLAN:

- DOH is continuing to provide funding to hospitals to participate in the state trauma registry.

OBJECTIVE 3: IMPROVE VITAL RECORDS SERVICES ACROSS THE STATE.



ACTION PLAN:

- For Q2, there were 29,601 birth certificates issued, of which 28,762 were issued within 7 days.
- Birth certificates are being issued using two different registration systems: LifeSpan (for births that occurred before July 2007) and E-Vitals (for births that occurred from July 1, 2007 on).
- Vital Records is down four staff members in the records section from the previous year. This has resulted, on a few occasions, in short delays when staff is out sick or on leave. Staff reassignments are made as needed to fulfill issuance requests.
- Process is continuing to merge the LifeSpan system into E-Vitals, so that only one electronic system is needed to handle all issuances. This process is scheduled for completion near the end of calendar year 2010.

PROGRAM AREA 4: LABORATORY SERVICES

MISSION/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.

PROGRAM AREA 3 OBJECTIVE:

OBJECTIVE 1:

Improve the Scientific Laboratory's ability to provide laboratory analytical services to state programs.

FY09 OPERATING BUDGET:

General Funds: 6,534.3

Federal Funds: 1,740.0

Other State Funds: 2,498.5

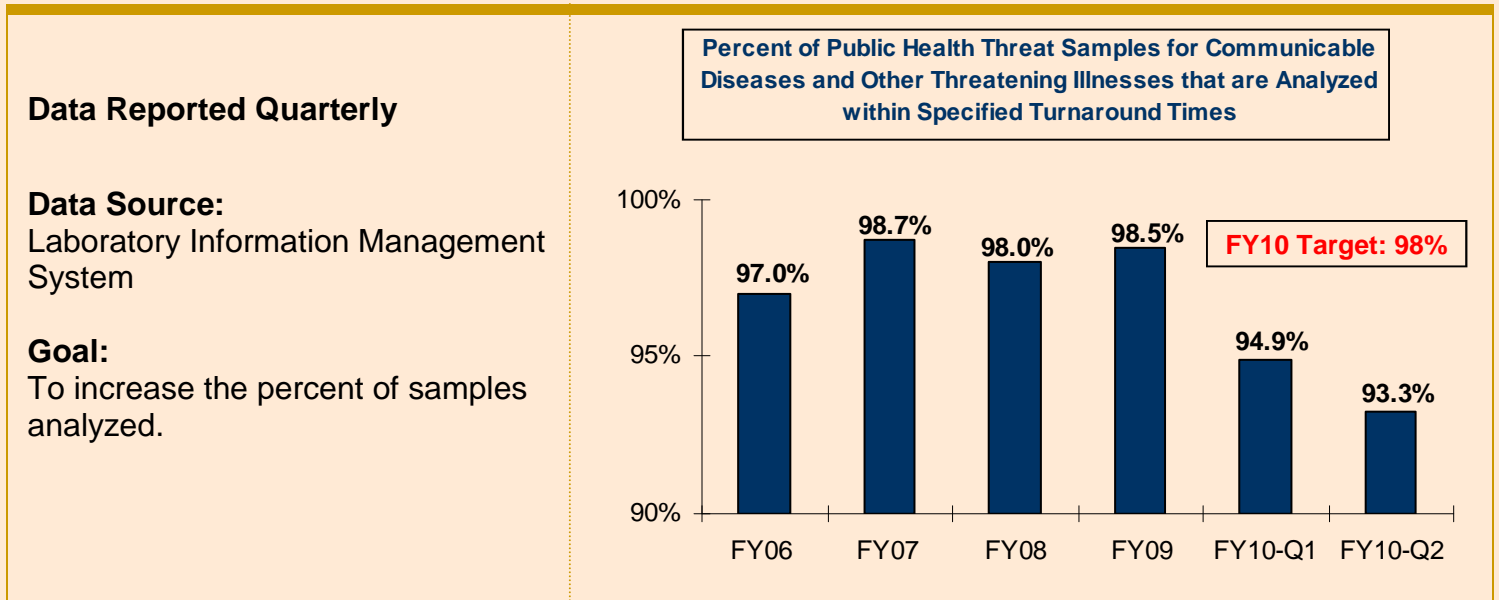
Other Transfers: 0.0

SUMMARY AND RESULTS AT A GLANCE

Q2 SLD Summary: SLD has three quarterly measures. The public health threat samples analyzed is down 5.2 points from FY09-Q2 results and was highly impacted by staff vacancies and increased H1N1 testing. The percent of blood alcohol tests analyzed shows a 26.3 point increase over FY09-Q2 results. The number of lab tests performed per year is 5,349 tests short of the half way mark of meeting target. The number of lab tests received at SLD are also impacted by budget cuts occurring at other state agencies.

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Percent of public health threat samples for communicable diseases and other threatening illnesses that are analyzed within specified turnaround times	Quarterly	98%	94.9%	93.3% Total: 94.06%		
Percent of blood alcohol tests from driving-while-intoxicated cases that are analyzed and reported within seven business days	Quarterly	90%	76.4%	47.9% Total: 62.23%		
Number of laboratory tests performed each year	Quarterly	340,000	86,651	78,000 Total: 164,651		

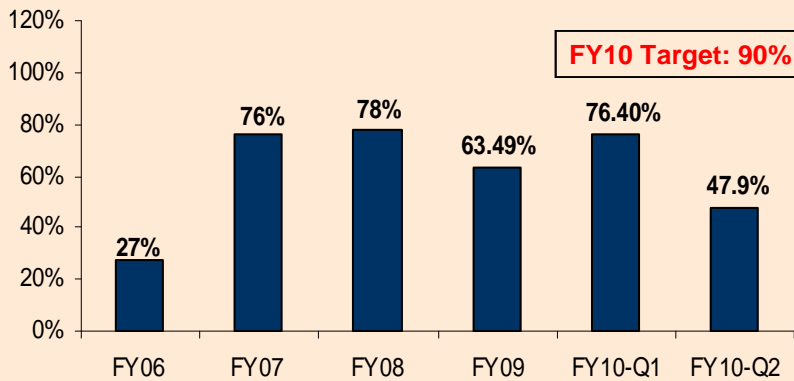
OBJECTIVE 1: IMPROVE THE SCIENTIFIC LABORATORY'S ABILITY TO PROVIDE LABORATORY ANALYTICAL SERVICES TO STATE PROGRAMS.



ACTION PLAN:

- The percent of public health threat samples for communicable diseases did not meet the specified turnaround times due to low staffing: General Microbiology section has a 50% vacancy and Virology/Serology has one vacancy. Virology/Serology has also experienced an increase in H1N1 testing during this quarter.
 - The new Laboratory Information Management System (LIMS) was implemented in the Biological Services Bureau during Q1. Usage of the new LIMS will increase staff efficiency for routine testing and reduce turn-around time for test results for submitters.
 - Staff were involved in the planning and preparation for the Select Agent and Toxins certification site visit and the College of American Pathologists accreditation site visit.
- Due to the complex nature of the analyses conducted at SLD, all staff must have continuing education to meet the certification requirements of the regulatory agencies.
- The continual monitoring and maintenance of the laboratory equipment and instrumentation is vital in the maintenance of productivity of the laboratory staff.

Percent of Blood Alcohol Tests From DWI Cases That are Analyzed and Reported Within 7 Business Days



Data Reported Quarterly

Data Source:
Toxicology Bureau Database

Goal:
To increase the percent of blood alcohol tests analyzed by 15 percentage points.

ACTION PLAN:

- The turn-around times for blood alcohol testing are affected by the following:
 - Specimen numbers are up 11% from the same quarter last year; subpoenas are up 58% from the same quarter last year;
 - 29% staff vacancy in the testing section.
 - Currently 25% of analysts are not trained on all Drug Screening analyses. With two positions held vacant due to budget cuts; a 58% increase in subpoenas (from FY'09, Q2), it is imperative to get the staff trained in all methods.
- The continual monitoring and maintenance of the laboratory equipment and instrumentation is vital in the maintenance of productivity of the laboratory staff.
- The Toxicology Bureau staff have begun the requirements gathering process for the Laboratory Information Management System.
- Implementation of the LIMS will help monitor overall laboratory productivity by streamlining laboratory processes through automation. The Toxicology Bureau staff will complete the requirements gathering process and implementation will occur during this quarter.

Data Reported Quarterly

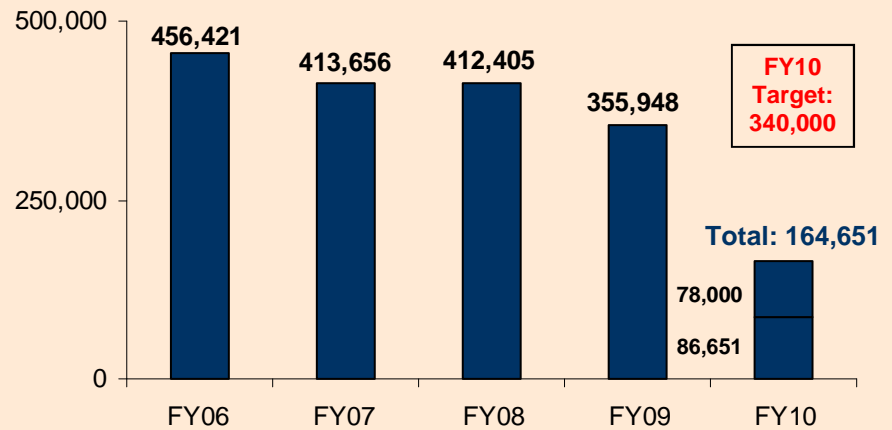
Data Source:

Laboratory Information Management System

Goal:

To increase the number of lab tests performed per year.

Number of Laboratory Tests Performed Per Year



ACTION PLAN:

- The total number of tests done at SLD is lower than expected for the following reasons:
 - NM Environment Department has reduced the number of samples collected/submitted to SLD.
 - Because Office of the Medical Investigator (OMI) sample testing is not paid for, SLD implemented a testing algorithm that targets the tests requested depending on the cause of death in order to increase efficiency and reduce turn-around time for OMI samples.
- Most of SLD's work is for other tax-supported entities. Budget cuts will affect the number of samples submitted to SLD.
- Implementation of the LIMS will help monitor overall laboratory productivity by streamlining laboratory processes through automation.
- The continual monitoring and maintenance of the laboratory equipment and instrumentation is vital in the maintenance of productivity of the laboratory staff.
- Due to the complex nature of the analyses conducted at SLD, all staff must have continuing education to meet the certification requirements of the regulatory agencies.
- The current facility is stretched in capacity and unable to meet the continually evolving demands of new technology. The new facility will allow for greater efficiency in testing, thus reducing result turn-around time.

SLD HIGHLIGHTS

Biology Bureau: The Environmental Microbiology Section assisted Epidemiology and Response Division with a national outbreak investigation involving aquatic frogs and *Salmonella typhimurium*. The outbreak and its investigation were published in the CDC journal, MMWR.

SLD was successful in gaining accreditation by the College of American Pathologists (CAP) following its inaugural inspection on December 15-16. This accreditation, which covers SLD's human clinical testing, replaces SLD's CLIA certification. While SLD was in good standing with CLIA, CAP accreditation was pursued because CAP is more rigorous than CLIA and is geared toward ISO standards, which are becoming more universally applied across accrediting organizations. The SLD will have continuous certification through the transition process, keeping it in good standing with Federal requirements.

Chemistry Bureau: The SLD Chemistry Bureau sent two supervisors to the EPA's Drinking Water Certification Officers' training course in Cincinnati, Ohio in late September 2009. Two months later, we heard that the organics supervisor was recertified, and the inorganics supervisor was certified for the first time. These staff will now be able to audit other drinking water testing laboratories in New Mexico on behalf of the NMED drinking water regulatory program.

Toxicology Bureau: Toxicology turn-around times for the 278 OMI cases reported out between 27 October and 18 December, 2009 had an average turn around time of 34 days from date of receipt at SLD.

There were 3,129 cases submitted to the Toxicology Bureau for analysis for alcohol and/or drugs by law enforcement agencies throughout the State. This is a 13.9% increase from the amount of cases that were received by the Toxicology Bureau in all of 2008 and is the highest amount of cases submitted to the laboratory in the last 10 years.

PROGRAM AREA 6: FACILITIES MANAGEMENT

MISSION/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.

PROGRAM AREA 6 OBJECTIVE:

OBJECTIVE 1:

Improve resident care and services in DOH Facilities.

FY09 OPERATING BUDGET:

General Funds: 63,551.5

Federal Funds: 0.00

Other State Funds: 82,777.6

Other Transfers: 716.0

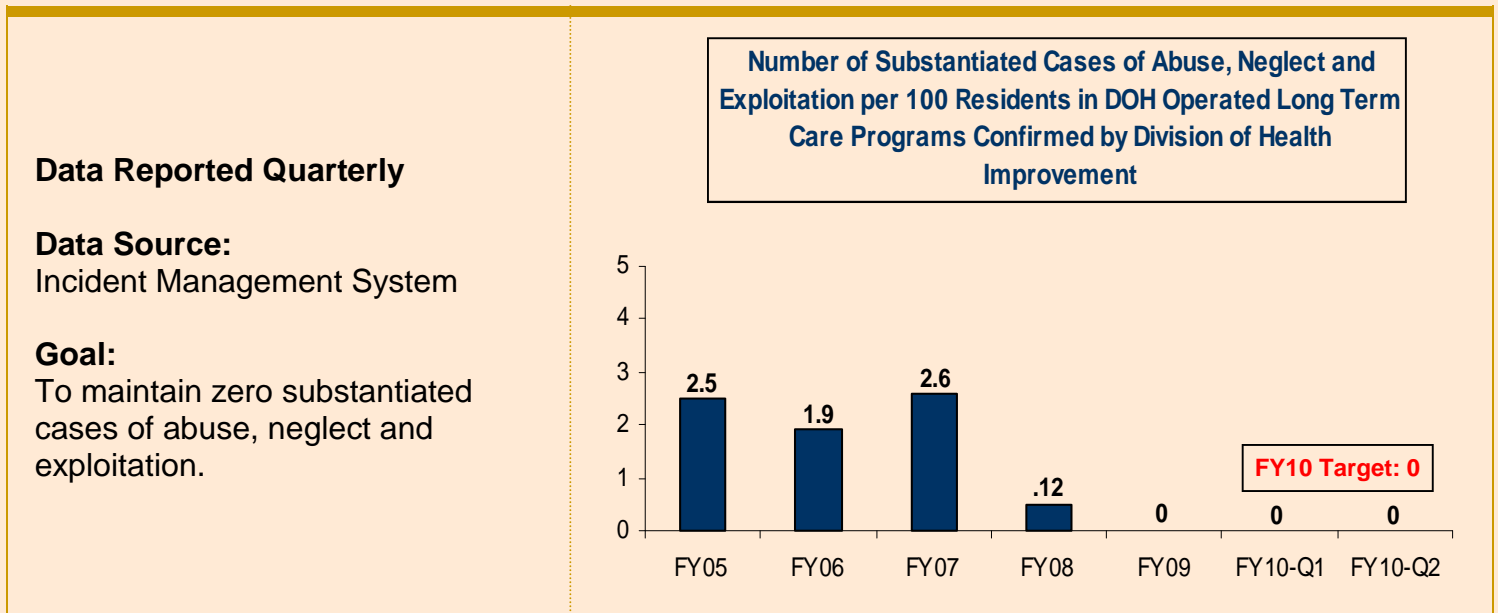
SUMMARY AND RESULTS AT A GLANCE

Q2 Facilities Summary: Facilities has four quarterly measures and three annual measures. Two quarterly measures exceeded target. Facilities has maintained zero substantiated cases of abuse, neglect and exploitation. Pressure sores at Fort Bayard at 0% exceeded target. For NMBHI pressure sores, 2.2% negatively exceeded the target of 2.0%, but it is still lower than both the state and national average. The Q2 result for the Veteran's Home also negatively exceeded target. This result includes three residents with complex medical histories.

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
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	Quarterly	0	0	0		
Percent of low risk residents at Fort Bayard who have pressure sores	Quarterly	2%	1.6%	0%		
Percent of low risk residents at New Mexico Veterans Home who have pressure sores	Quarterly	2%	1.4%	4.5%		

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Percent of low risk residents at New Mexico Behavioral Health Institute's long-term care program who have pressure sores	Quarterly	2%	0%	2.2%		
Percent of clients at New Mexico Rehabilitation Center with continued improvement on medical rehab goals three to six months post discharge	Annual	85%	NA	NA		
Percent of clients at Sequoyah Adolescent Treatment Center without relapses at three to six months post discharge	Annual	92%	NA	NA		
Percent of clients at Turquoise Lodge without relapses at three to six months post discharge	Annual	45%	NA	NA		

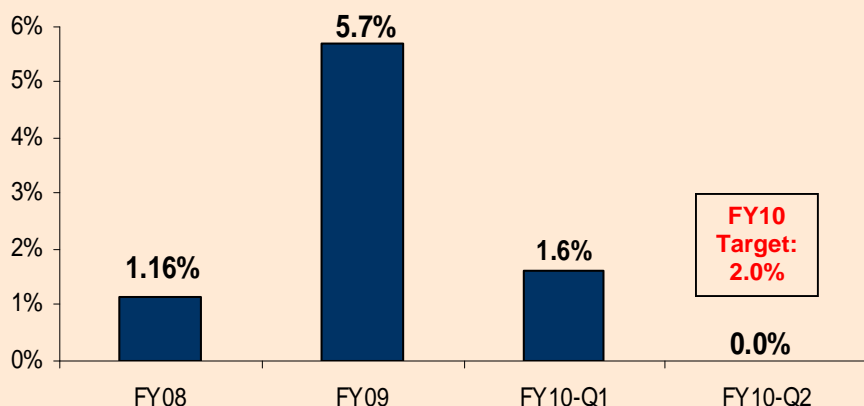
OBJECTIVE 1: IMPROVE RESIDENT CARE AND SERVICES IN DOH FACILITIES.



ACTION PLAN:

- Decrease the number of substantiated cases of abuse, neglect and exploitation by increasing the number of unannounced surveys.
- Provide mandatory annual training for all staff members on incident management. Update any changes in the process, review definitions and requirements for reporting and dealing with incidents.

Percent of Low Risk Residents at Fort Bayard Who Have Pressure Sores



Data Reported Annually

Data Source:

Minimum Data Set

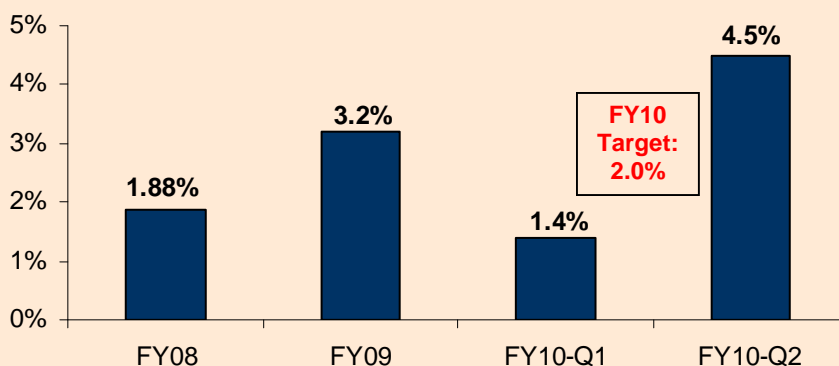
Goal:

To decrease the percent of low risk residents at Fort Bayard who have pressure sores.

Note:

FBMC has been successful in reducing the number of pressure sores in the facility to 0.0% from the prior quarter of 1.6% and 5.7% for FY09. The 0.0% is lower than both the state (3.3%) and national (2.4%) rates for the same quarter.

Percent of Low Risk Residents at New Mexico Veteran's Home Who Have Pressure Sores



Data Reported Annually

Data Source:

Minimum Data Set

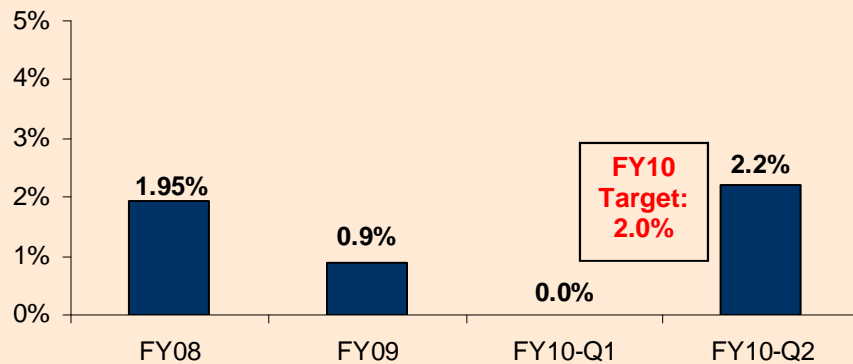
Goal:

To decrease the percent of low risk residents at New Mexico Veteran's Home who have pressure sores.

Note:

This quarterly result for NMSVH is higher than both the state (3.3%) and national (2.4%) rates for the same quarter. This result includes three residents. One resident was admitted with the pressure ulcer and has a complex medical history that includes chronic pressure ulcers. Another resident developed the pressure ulcer as a result of wearing a leg brace for 24 hours a day due to a fractured tibia. The third resident also has complex medical history and developed an ulcer above an amputation. The facility believes that two of these residents are at high risk for developing pressure ulcers, but are coded as low risk by MDS because they do not require extensive assistance with their activities of daily living. There is no evidence of infection any of these pressure ulcers and they are healing.

Percent of Low Risk Residents at New Mexico Behavioral Health Institute's Long-Term Care Program Who Have Pressure Sores



Data Reported Annually

Data Source:

Minimum Data Set

Goal:

To decrease the percent of low risk residents in New Mexico Behavioral Health Institute's Long-Term Care Program who have pressure sores.

Note:

This result for NMBHI long-term care is lower than both the state (3.3%) and national (2.4%) rates for the same quarter.

ACTION PLAN (FOR THREE PRESSURE SORE MEASURES):

- Facilities take every precaution to avoid the development of pressure ulcers. Residents are frequently admitted with them and the facilities must resolve them. Skin assessments are done at least quarterly to determine risk. Those residents that are determined to be high risk for pressure ulcers are monitored closely. All facilities require frequent repositioning of residents to improve pressure ulcer prevention. Overall skin integrity is monitored on a weekly and monthly basis. Facilities also continue to monitor nutritional status of all residents in order to prevent pressure ulcers.
- Identify residents at risk for pressure ulcers. Ensure prevention through proper assessment upon admission and routinely thereafter.
- Evaluate risk factors for pressure ulcers. Ensure implementation and practice of pressure ulcer prevention protocol, for example, turning schedules.
- Ensure accurate routine evaluation, treatment and documentation of resident's skin condition.
- Reduce causative factors, monitor response to treatment and provide ongoing staff education.
- Provide implementation and evaluation of treatment interventions.
- Submit facility pressure ulcer management program report to Performance Improvement Committee.

Data Reported Annually

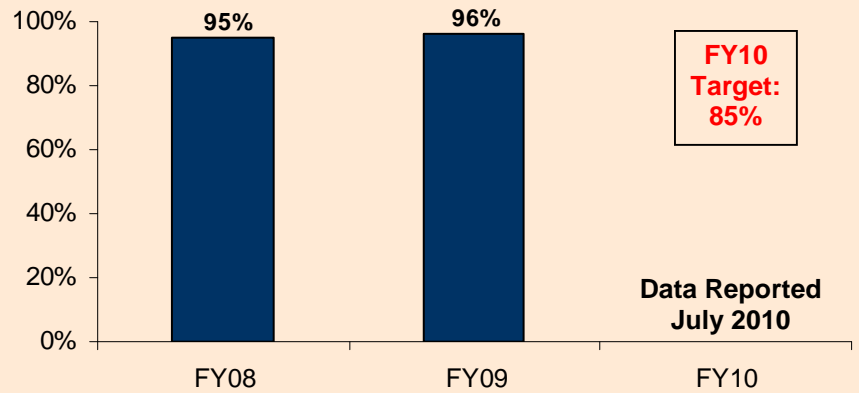
Data Source:

Annual Performance Improvement Study

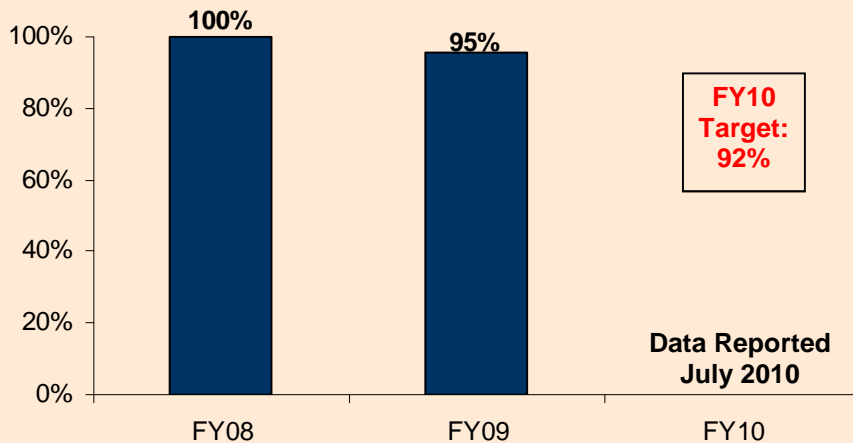
Goal:

To increase the percent of clients with continued improvement on medical rehab goals three to six months post discharge.

Percent of Clients at New Mexico Rehabilitation Center With Continued Improvement on Medical Rehab Goals Three to Six Months Post Discharge



Percent of Clients at Sequoyah Adolescent Treatment Center Without Relapses at Three to Six Months Post Discharge



Data Reported Annually

Data Source:

Annual Performance Improvement Study

Goal:

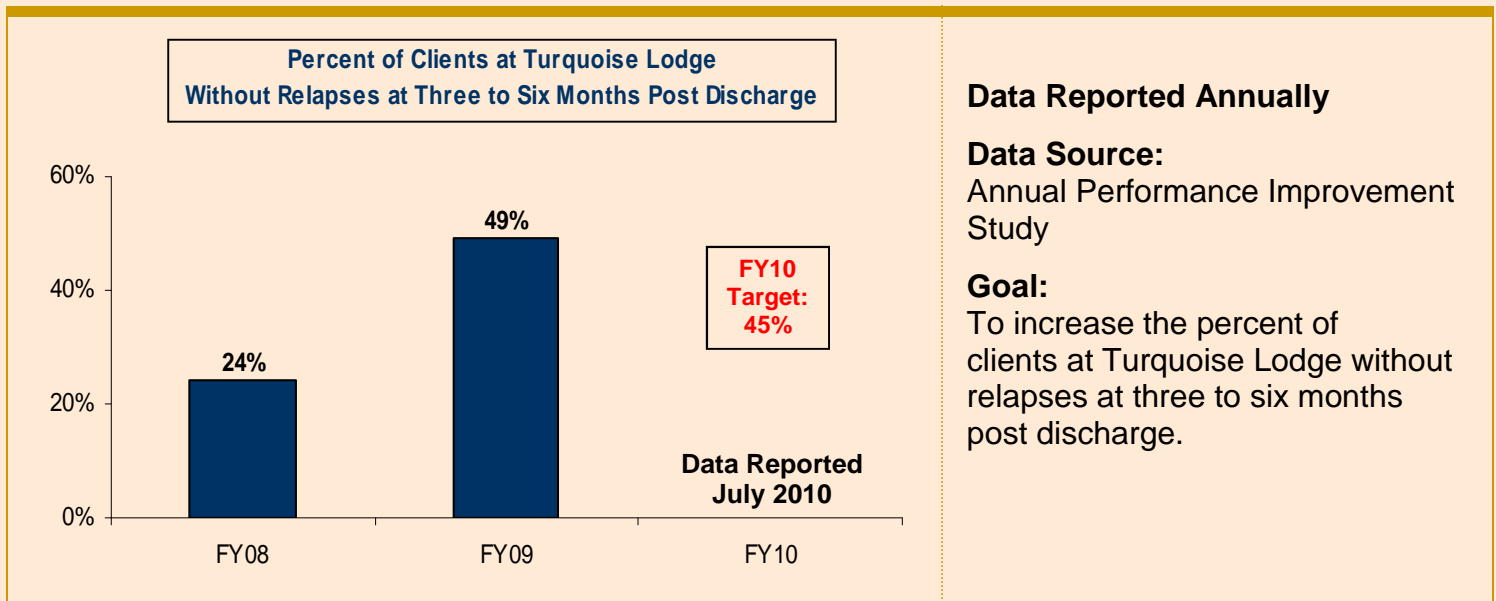
To increase the percent of clients with continued improvement on medical rehab goals three to six months post discharge.

ACTION PLAN (FOR TWO MEDICAL REHAB MEASURES):

- Measure the improvement of patients by establishing baseline functional independence of a patient relating to 18 specific areas including, dressing, mobility, ambulation, activities of daily living, continence, memory, cognition and social interaction.
- The Uniform Data Set consists of 18 functional measurable areas that a patient is scored on during admission, during the patient's stay, again at discharge and post discharge at 90 days. The accuracy of the Functional Independence Measures (FIM) are directly related to case-mix groups, which determine the Medicare reimbursements. At ninety days, a follow up is done with each discharged patient to monitor improvement, post discharge.

ACTION PLAN (CONTINUED):

- All licensed medical professionals (RN's, OT's, PT's, SLP's) are trained at hire to score the FIM tool objectively. This FIM data is submitted to Unified Data Systems and Medicare after discharge to obtain reimbursement and to use in comparison with regional and national rehab centers for outcomes related to length of stay and length of stay efficiency.
- All licensed personnel must test and re-certify with the FIM instrument every two years. This is reviewed quarterly to establish recognized areas of improvement and to compare the center's success rate with other regional centers.



ACTION PLAN:

- Use Family Program Survey responses to provide our families and patients with resources that will benefit both parties.
- Collect Patient Satisfaction Surveys to provide the facility with feedback on the former patients' perceived treatment and how the facility met their needs.
- Perform Continuum of Care Surveys to assess our former patient's progress or lack thereof.

PROGRAM AREA 7: DEVELOPMENTAL DISABILITIES SUPPORTS

MISSION/PURPOSE:

The Mission of DDSD is to effectively administer a system of person-centered community supports and services that promotes positive outcomes for all stakeholders with a primary focus on assisting individuals with developmental disabilities and their families to exercise their right to make choices, grow and contribute to their community.

GOAL:

Ensure quality developmental disabilities services for New Mexicans.

PROGRAM AREA 7 OBJECTIVE:

OBJECTIVE 1:

Improve service access and outcomes for individuals with developmental disabilities.

FY09 OPERATING BUDGET:

General Funds: 107,073.5

Federal Funds: 2,571.7

Other State Funds: 1,200.0

Other Transfers: 7,299.7

SUMMARY AND RESULTS AT A GLANCE

Q3 Developmental Disabilities Summary: DDSD has four quarterly measures, three annual measures and one semi-annual measure. Two additional quarterly measures are explanatory, non-key data. Of the four quarterly measures, two exceeded target: Applicants determined to be both income eligible and clinically eligible and applicants who have a service plan in place within 90 days are at 100%. Adults in community integrated employment at 32% is the same as the FY09-Q2 result, which is an accomplishment considering economic challenges. The number of children with autism spectrum disorder receiving services measure is at more than the half way mark to meeting target and numbers are expected to increase in the Spring.

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Percent of adults receiving developmental disabilities day services who are engaged in community-integrated employment (GPAC 5.7)	Quarterly	40%	32%	Due Q3		
Percent of families who report an increased capacity to address their child's developmental needs as an outcome of receiving early intervention services (GPAC 5.7)	Annual	97%	Due Sept 2010			
Percent of infants and toddlers in the Family, Infant Toddler program who make progress in their development (GPAC 5.7)	Annual	97%	Due Sept 2010			

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Percent of developmental disabilities waiver applicants determined to be both income eligible and clinically eligible within ninety days of allocation	Quarterly	95%	100%	100%		
Percent of developmental disabilities waiver applicants who have a service plan in place within ninety days of income and clinical eligibility determination	Quarterly	98%	100%	100%		
Percent of Jackson requirements from the plan of action and Appendix A to the joint stipulation completed	Quarterly	80%	76%	76%		
Percent of individuals participating in developmental disabilities community service program who report that services helped them maintain or increase independence (GPAC 5.7)	Annual	91%	Due Sept 2010			
Number of children with autism spectrum disorder who receive legislative appropriation funded respite and/or adaptive skill building services (GPAC 5.7)	Semi-Annual	200	Due Jan 2010	115		
Number of individuals on the developmental disabilities wavier receiving services	Quarterly/ Annual	NA	3,750			
Number of individuals on the developmental disabilities wavier waiting list	Quarterly	5,073	4,720	4,738		

OBJECTIVE 1: ENSURE QUALITY DEVELOPMENTAL DISABILITIES SERVICES FOR NEW MEXICANS.

Data Reported Quarterly

Data Source:

Supported Employment Unit,
Community Programs Bureau

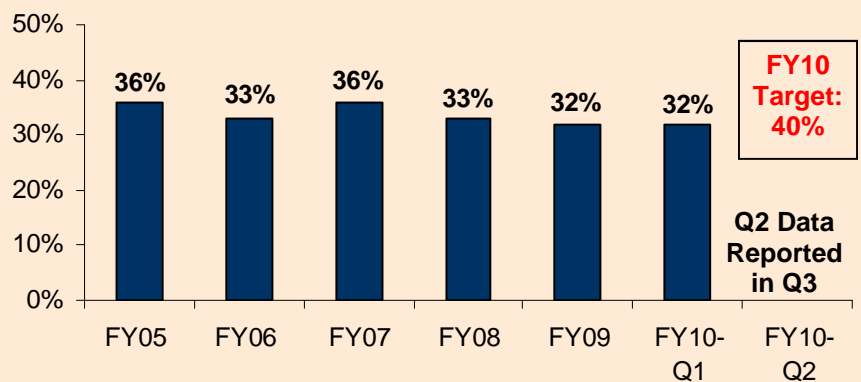
Goal:

To increase the percent of adults receiving DD day services who are engaged in community integrated employment.

Note:

965 of 3,038 individuals (32%) were reported in Community Integrated Employment in Q1.

Percent of Adults Receiving Developmental Disabilities Day Services Who are Engaged in Community-Integrated Employment



ACTION PLAN:

- Identify disincentives and solutions to address disincentives to employment through technical assistance requests and other information gathering. Utilize consultation to increase employment from national consultants and NM Employment Institute. Engage the Advisory Council on Quality in identifying ways to increase full employment.
- We continue to be relatively encouraged by this consistency during an ongoing period of extreme economic challenges. We remain ahead of national trends of approximately 20% and continue to work toward our target of 45%.
- Our targeted training for direct support staff, previously identified as a priority, has continued with a second training completing 2 of 5 regions. This will encourage vocational profiles and action plans targeted toward positive employment outcomes. We continue to utilize the New Mexico Employment Institute in areas of job development and technical assistance to train and assist providers.
- We continue to schedule and conduct local Employment Leadership Network meetings to support employment efforts among providers, employers and individuals served. We also continue to work closely with the national Supported Employment Network of which we are a member in various areas of Supported Employment best practices as well as with national employment expert, Ruby Moore.

Data Reported Annually

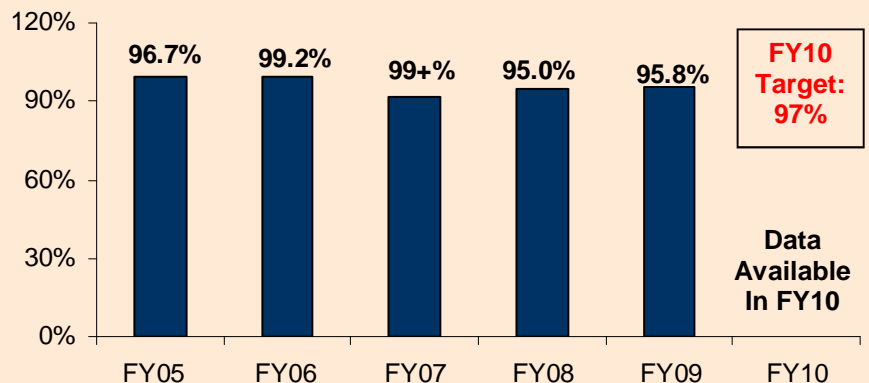
Data Source:

Family Infant Toddler (FIT) database

Goal:

To increase the percent of families who report an increased capacity to address their child's developmental needs as an outcome of receiving early intervention services.

Percent of Families Who Report an Increased Capacity to Address Their Child's Developmental Needs as an Outcome of Receiving FIT Services

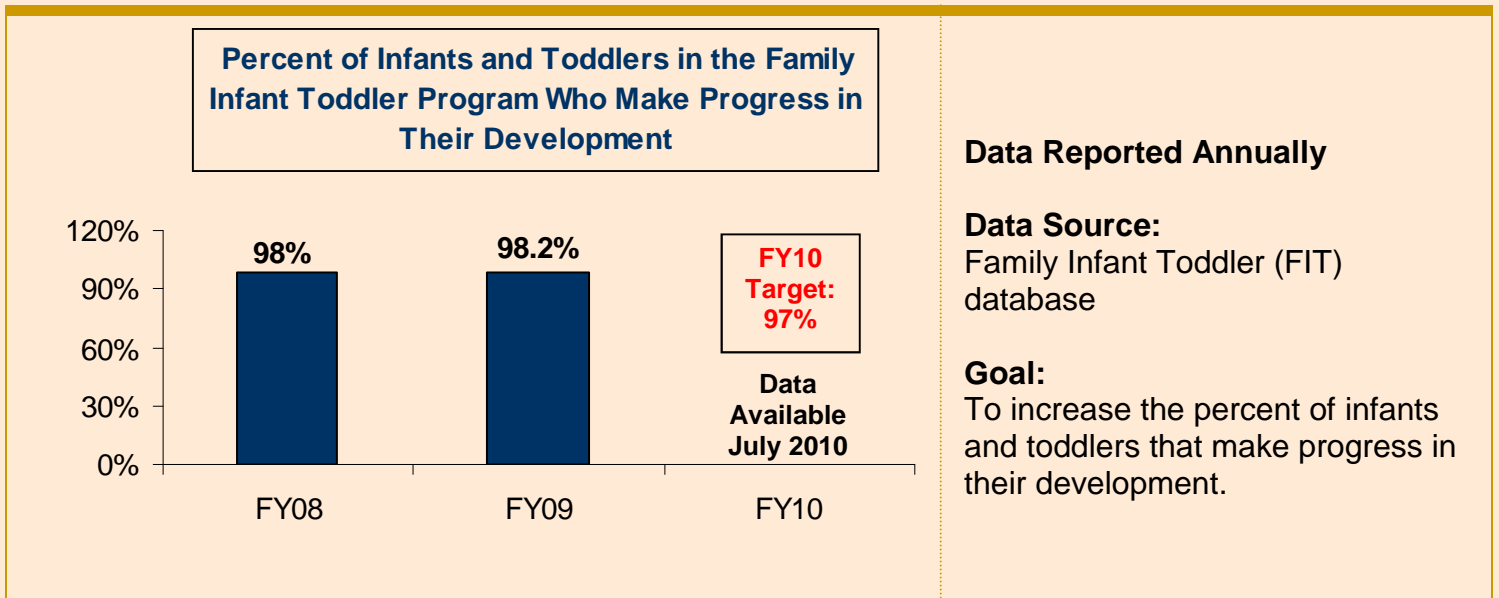


ACTION PLAN:

- Provide parent training opportunities in each region of the state through Parents Reaching Out and Educating Parent of Indian Children with Special Needs programs, in order for parents to understand early intervention and develop advocacy skills to meet their children's and family's needs.
- Promote provider compliance with distribution of the FIT Family Handbook to all parents in the FIT Program. Make the Family Handbook available in English and Spanish.

ACTION PLAN (CONTINUED):

- Provide training to personnel within the Family Infant Toddler (FIT) Program that includes focus on family centered values.
- Provide FIT service coordination and early intervention training modules across New Mexico that focus on family centered approaches to early intervention in order to promote effective practices in working with families.
- Make the family survey available online to enable more families to complete it and make it available 24/7 throughout the year.



ACTION PLAN:

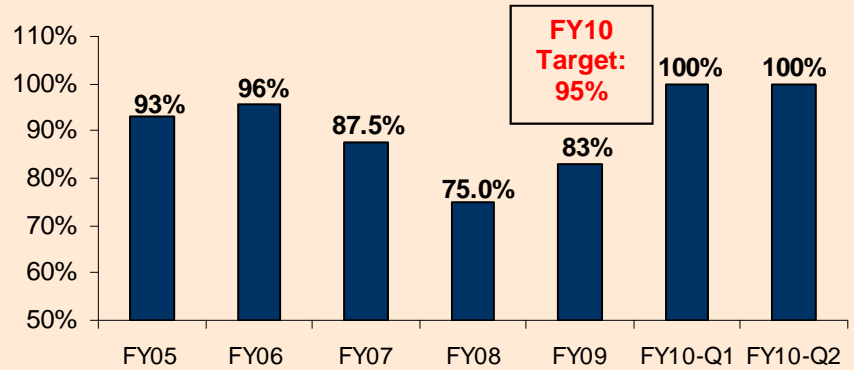
- Provide the following training workshops i) It's Only Natural Supports and Services in Everyday Routines, Activities and Places; ii) Developing the Dream: The IFSP; and iii) Family Visiting: Relationship Based Intervention; in order to promote effective evidence based practices.
- Convert Evaluation and Assessment core training into an online training to promote effective developmental evaluation and assessment of young children.
- Hold an annual Interdisciplinary Early Care and Intervention Conference: Promise, Practice and Policy, in order to support effective practices in promoting child development.
- Provide ongoing training and technical assistance to provider agencies regarding the methodology used in measuring child developmental functioning, recording the score on the Early Childhood Outcomes summary form and how to submit the data to the FIT Program.

Data Reported Quarterly

Data Source:
Central Registry

Goal:
To increase the percent of DD Waiver applicants that are eligible within 90 days of allocation by 23 percentage points.

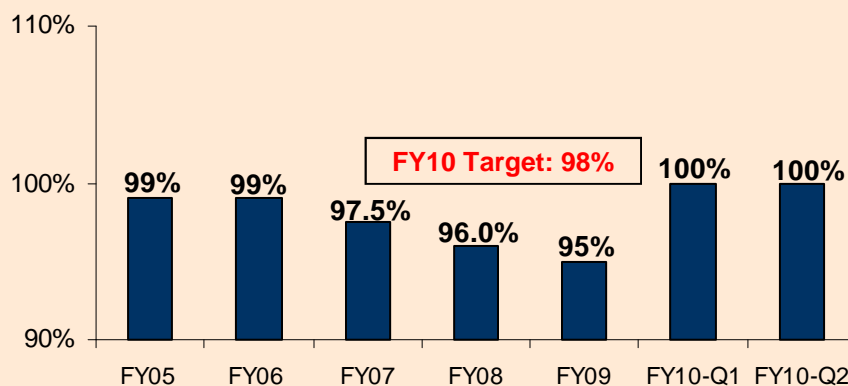
Percent of DD Waiver Applicants Determined to be Both Income Eligible and Clinically Eligible Within 90 Days of Allocation



ACTION PLAN:

- Seven out of seven (100%) developmental disabilities waiver applicants were determined to be both income eligible and clinically eligible within ninety days of allocation during this quarter.
- Conduct training sessions for potential waiver applicants to improve awareness of the eligibility process, as there is a direct relationship between consumer understanding of the eligibility process and how quickly an individual can be determined eligible for the waiver.
- The Intake & Eligibility Bureau staff contact individuals awaiting allocation to the Developmental Disabilities Waiver in writing and by telephone to help them gather eligibility documents and answer questions about process. This will reduce the amount of time it takes an individual to complete the eligibility determination process.

Percent of DD Waiver Applicants Who Have a Service Plan in Place Within 90 days of Income and Clinical Eligibility Determination



Data Reported Quarterly

Data Source:
Central Registry

Goal:
To increase the percent of DD Waiver applicants that have service plans in place within 90 days of income and clinical eligibility determination by 3 percentage points.

ACTION PLAN:

- Seven out of seven developmental disabilities waiver applicants had a service plan in place within ninety days of income and clinical eligibility determination during this quarter.
- Eligibility workers request bi-weekly status reports from Case Managers (or from applicants if choosing the Mi Via option). Status reports are monitored to identify barriers, and potential barriers, to completion of eligibility determinations. Information obtained from monitoring is passed to appropriate DDSD personnel as indicated.

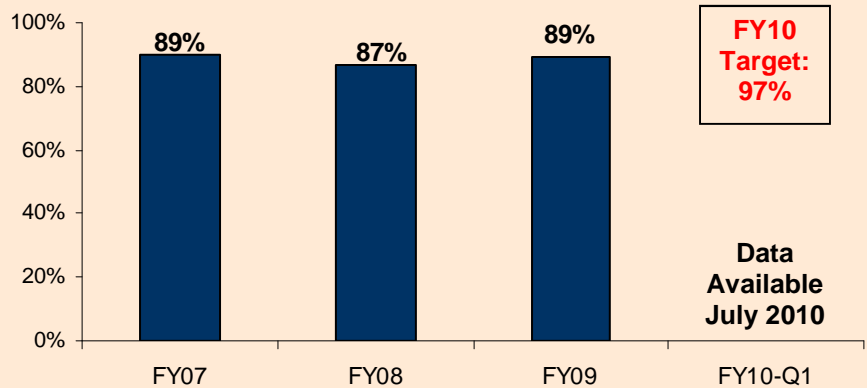
Data Reported Annually

Data Source:

DDSD Consumer Satisfaction Survey Instrument

Goal: To increase the percent of individuals participating in DD Community Service Programs, who report that services helped them maintain or increase independence by 10 percentage points.

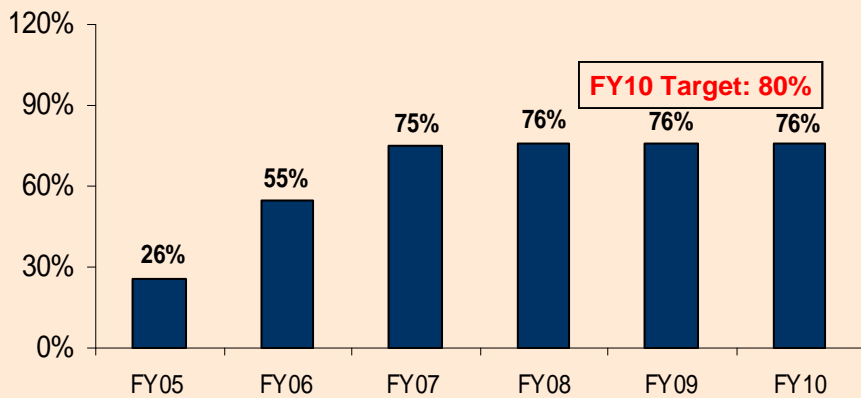
Percent of Individuals Participating in DD Community Service Program Who Report That Services Helped Them Maintain or Increase Independence



ACTION PLAN:

- Continue and expand the Mi Via Self-Directed Waiver (SDW) program for individuals who are developmentally disabled, disabled and elderly, have HIV/AIDS, have brain injuries and are children who are medically fragile. Effective October 1, the Mi Via Waiver renewal is complete. People receiving services are being transitioned from the prior Mi Via Waiver to the new waiver.
- 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.
- 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 support timely access to services and promotes self advocacy and self determination.
- Continue to participate in the National Core Indicators Project in order to better identify trends related to consumer satisfaction, person centered service delivery and individual outcomes.
- Improve provider accessibility, quality, and stability by clarifying performance expectations, increasing training and technical assistance, and strengthening contract management.

Percent of Jackson Requirements From the Plan of Action Appendix A and the Joint Stipulation Completed



Data Reported Annually

Data Source:

Office of Jackson Disengagement

Goal:

To increase the percent of Jackson requirements from the Plan of Action Appendix A and the Joint Stipulation completed by 24 percentage points.

Note:

New motions are in progress, but not yet disengaged.

ACTION PLAN:

- The 76% percentage rate reported in FY09 was determined based on multiple Jackson requirements including the Plan of Action, Appendix A, 1998 Audit Recommendations, and the JSD's Continuous Improvement requirements. Reported SFY 09 Performance Measure results need to be reevaluated to determine if they accurately reflect the status of DOH in regards to just the Plan of Action and Appendix A requirements.
- Jackson Compliance office disengaged two additional Plan of Action (POA) outcomes (Sexuality Outcomes C & D) in first quarter of FY10. To accurately reflect the Plan of Action compliance, DOH has disengaged 38 of 53 requirements for a 72% compliance rate for just the POA. The newly disengaged areas statistically did not have an overall impact on the compliance percentage used in previous reporting periods.
- OGC, DDSD and DHI are in the process of preparing motions for disengagement with Jackson external legal counsel.

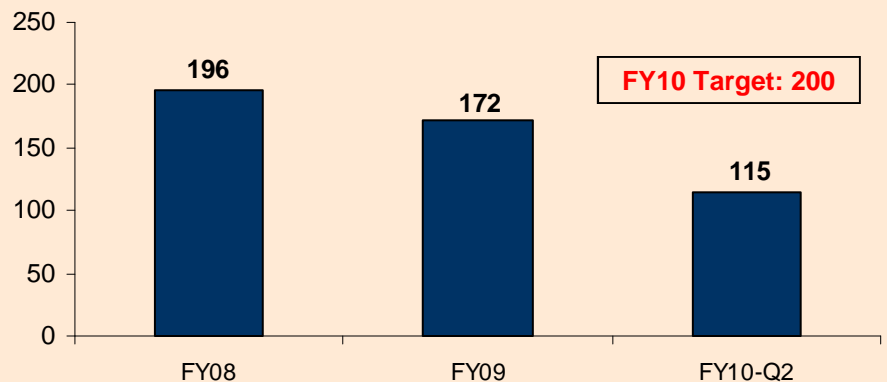
Number of Children with Autism Spectrum Disorder Who Receive Legislative Appropriation Funded Respite and/or Adaptive Skill Building Services

Data Reported Semi-Annually

Data Source:

Provider reports

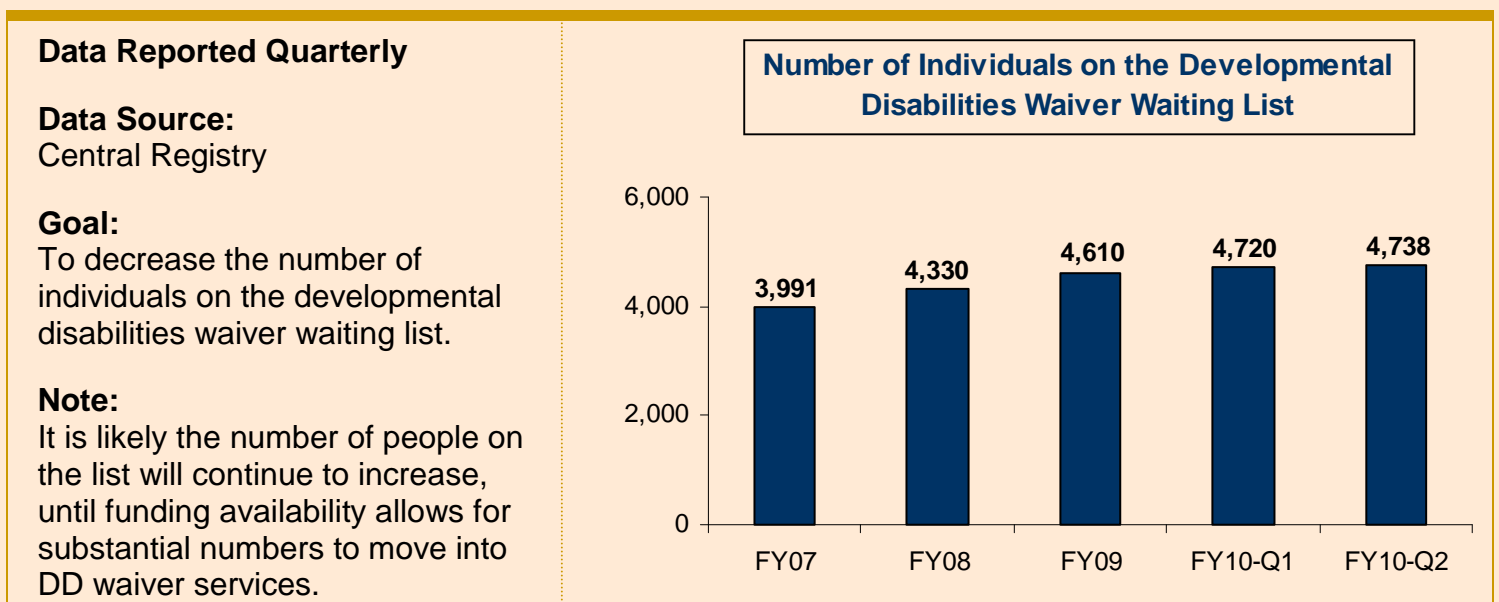
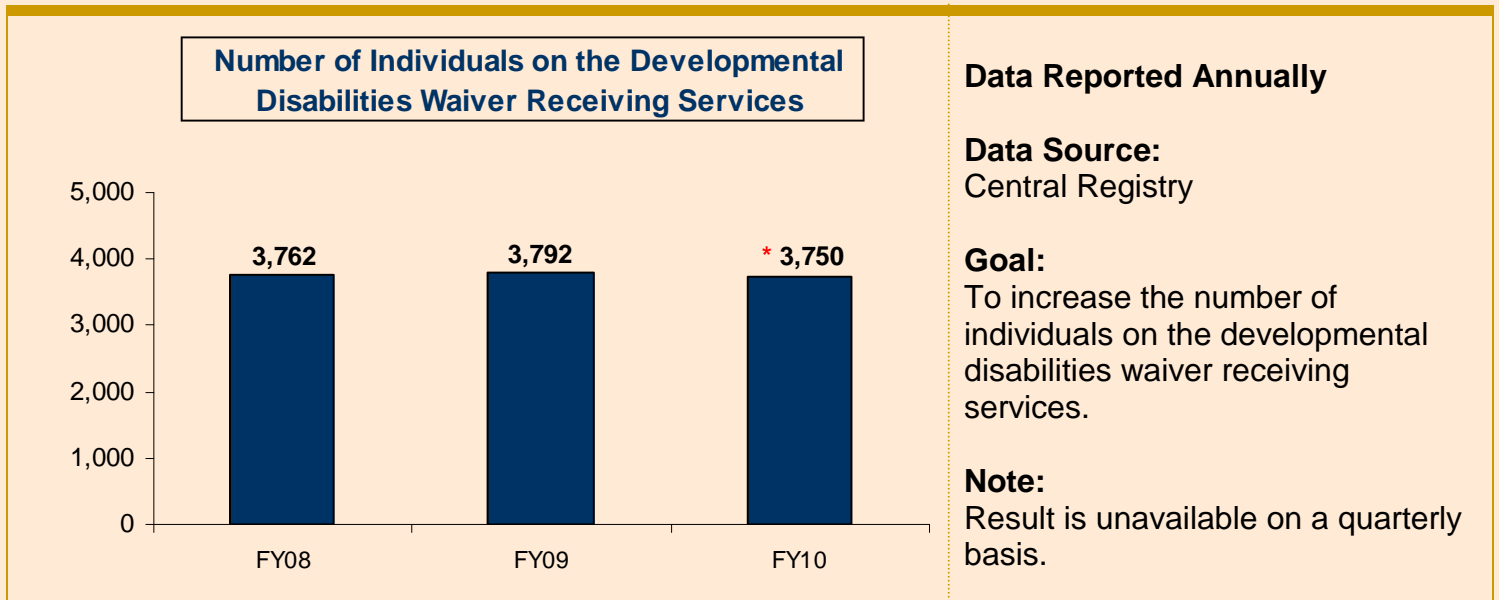
Goal: To increase the number of children with autism spectrum disorder who receive legislative appropriation funded respite and/or adaptive skill building services.



ACTION PLAN:

- The number of children with autism spectrum disorder who receive legislative appropriation funded respite and/or adaptive skill building services is derived from monthly and quarterly provider reports. These programs have not met their target for FY10, but it is expected that the number of children participating in services will increase during the spring.
- In order to inform the New Mexico public about these services and increase program participation for the number of children with Autism Spectrum Disorder, we actively market the program through the use of the Center for Development and Disability Information Center, the NM Autism Society Listserv and through advertising in various statewide Autism newsletters. To further increase public awareness for these services, we also provide technical assistance to contracted providers to help them identify individuals eligible for service. The age of attendees ranges from birth to 19 years.

EXPLANATORY (NON-KEY) DATA :



PROGRAM AREA 8: HEALTH CERTIFICATION, LICENSING AND OVERSIGHT

MISSION/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.

PROGRAM AREA 8 OBJECTIVE:

OBJECTIVE 1:

Enforce “Zero Tolerance” of abuse, neglect, or exploitation of seniors and vulnerable adults.

FY09 OPERATING BUDGET:

General Funds: 5,324.7

Federal Funds: 1,658.2

Other State Funds: 2,637.1

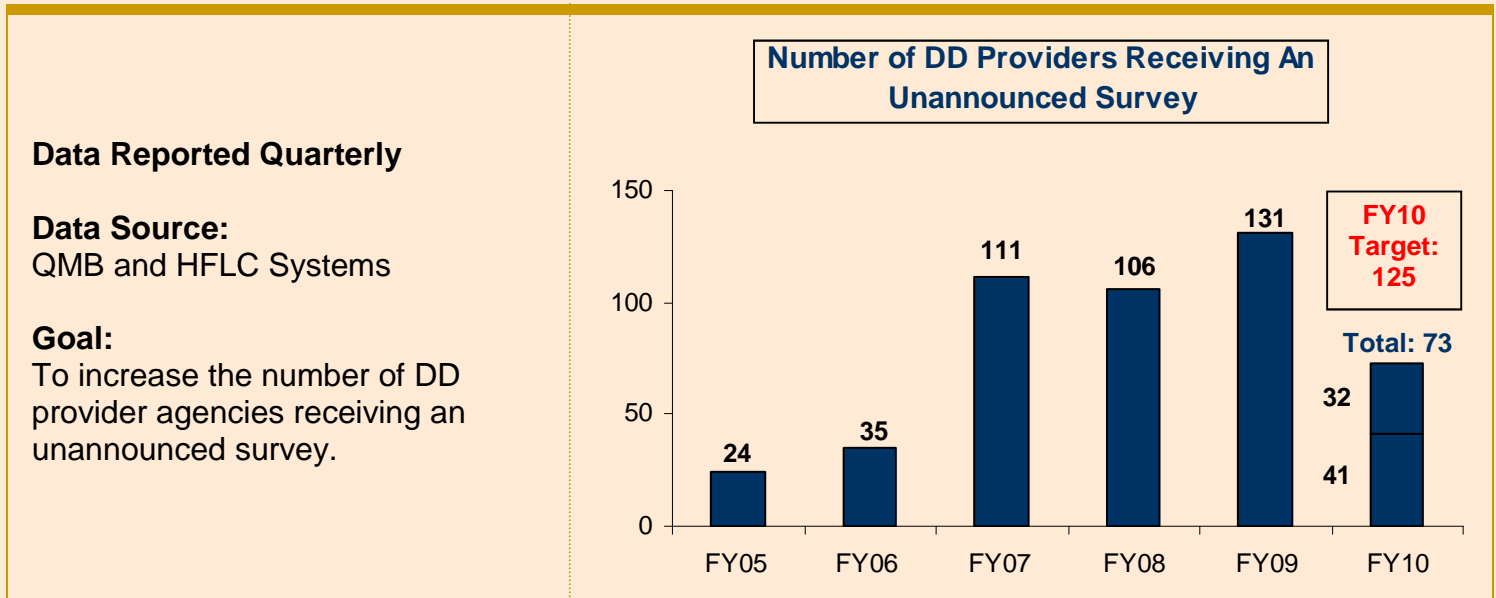
Other Transfers: 5,262.3

SUMMARY AND RESULTS AT A GLANCE

Q3 Health Certification Licensing and Oversight Summary: HCLO has five quarterly measures. The number of DD surveys and the percent of required compliance surveys are both above the half way mark to target and will make target by the end of the fiscal year. The number of ANE reported and the average length of time are less than the half way mark to target, trending in the right direction. The percent of ANE investigated is .23 points below the FY09-Q2 result and did not meet target.

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Number of developmental disabilities providers receiving an unannounced survey	Quarterly	125	41	32 Total: 73		
Percent of required compliance surveys completed for adult residential care and adult day care facilities (GPAC 5.1)	Quarterly	80%	44%	30% Total: 74%		
Number of allegations of abuse, neglect and exploitation reported	Quarterly	1,600	306	284 Total: 590		
Percent of abuse, neglect and exploitation incidents for community-based programs investigated within 45 days (GPAC 5.1)	Quarterly	95%	94.17%	93.59% Total: 93.92%		
Average length of time between the notice of disqualification to the final determination for individuals requesting caregiver criminal history screening	Quarterly	45	21	21		

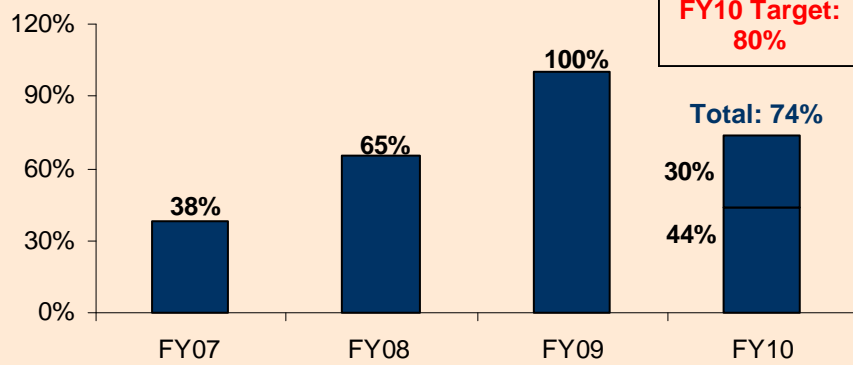
OBJECTIVE 1: ENFORCE “ZERO TOLERANCE” OF ABUSE, NEGLECT, OR EXPLOITATION OF SENIORS AND VULNERABLE ADULTS.



ACTION PLAN:

- This year, 154 providers are scheduled for survey. This quarter, QMB completed 22 Developmentally Disabled Waiver DDW unannounced surveys. HFLC completed 10 unannounced surveys of DD ICF/MR facilities.
- QMB completes unannounced compliance and quality assurance surveys statewide for DDW community living, community inclusion and case management providers. For community living and inclusion services, surveys are completed on a 1-3 year cycle, based on the compliance rating of the previous survey. Case management surveys are completed annually. Statewide, there are 365 DDW providers surveyed by QMB.
- QMB completes additional unannounced surveys when specific compliance issues arise or if referrals are made. No additional compliance issue surveys were completed this quarter.
- The Health Facility Licensing & Certification Bureau ensures that all surveyors are up to date on the latest trainings. As budget allows, we schedule surveyors for training in the areas in which they will survey. During times of surveyor shortage, we borrow surveyors from other districts. We survey at 100% based on the federal reimbursement we receive.
- The purpose of unannounced surveys is to get a true picture of the services being delivered on a daily basis in the facility. Surveys are conducted to ensure that the health and safety of our most vulnerable residents are maintained. All surveys are conducted to ensure compliance with the state and federal regulations regarding the specific facility type. When the survey is completed, the facility is given a 2567, which is a Statement of Deficiencies based on the survey findings. The facility has ten days from receipt to give HFL&C an acceptable Plan of Correction. Facilities with egregious findings or repeat findings will be issued a Civil Monetary Penalty (CMP) and possible termination of their provider agreement.

Percent of Required Compliance Surveys Completed for Adult Residential Care and Adult Day Care Facilities



Data Reported Quarterly

Data Source:
QMB and HFLC Systems

Goal:
To increase the number of DD provider agencies receiving an unannounced survey by 6.

ACTION PLAN:

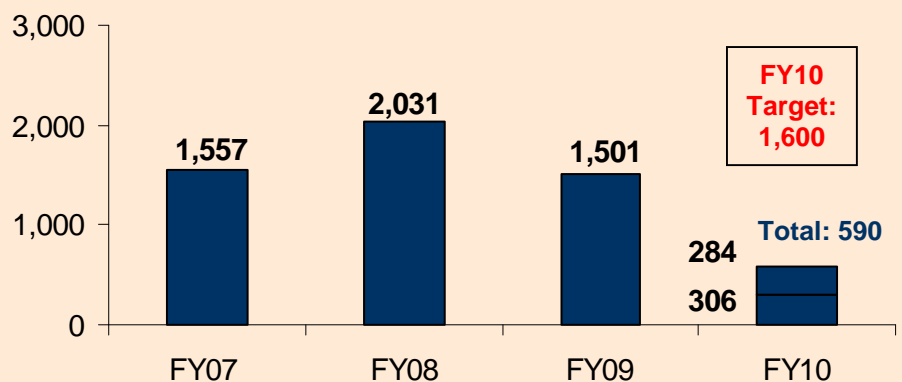
- In Q2, the Licensed Only Team conducted 34 initial/annual surveys, 24 revisits to those initial/annual survey sites and 17 complaint surveys for a total of 75 onsite surveys. The team lost a staff member in November 2009, so there are currently 3 Licensed Only Surveyors and the Licensed Only Program Manager due to the hiring freeze.
- The survey staff performs on-site survey/monitoring visits at all adult residential care and adult day care facilities to determine compliance with regulations, to investigate complaints, and to investigate the appropriateness of licensure for any alleged unlicensed facility.
- When violations are found, the facilities submit a plan that addresses how violations will be corrected, when they will be corrected, how the facility will identify other residents that potentially could be affected by the same deficient practice, and how the facility will monitor its corrective actions.

Data Reported Quarterly

Data Source:
Incident Management Bureau database

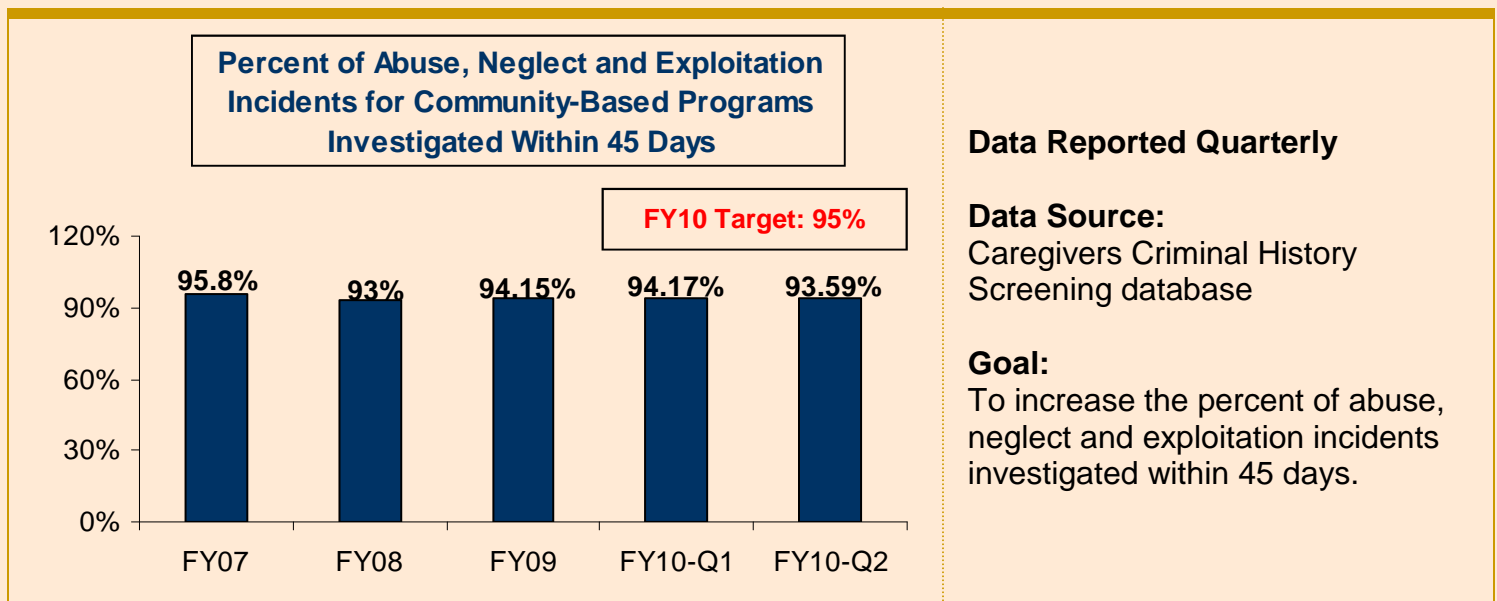
Goal:
To decrease abuse, neglect and exploitation by increasing the number of allegations of abuse, neglect and exploitation reported.

Number of Allegations of Abuse, Neglect and Exploitation



ACTION PLAN:

- Incident reports are received from community based providers of service who contract with the Department of Health and the Aging and Long Term Services Traumatic Brain Injury program. Incidents reported include abuse, neglect, exploitation, death, emergency services, law enforcement and environmental hazards. Incident Management Intake triages all incident reports received to determine priority, severity and assignment of case. Incident Management Bureau has no control over the number of incidents received. Factors that impact the actual number of incidents received may include the number of individuals receiving services, the number of enrolled providers, the number of incidents that occur, etc.
- Investigators are assigned to review incidents reporting use of emergency services and law enforcement involvement to determine if the services were utilized appropriately and to determine if abuse, neglect or exploitation could also be alleged and confirmed.
- Finally, investigators are also assigned reports of environmental hazards and unexpected deaths to determine if abuse, neglect or exploitation may be alleged and confirmed.



ACTION PLAN:

- The survey staff performs on-site survey/monitoring visits at all community based programs to determine compliance with regulations, to investigate complaints, and to investigate the appropriateness of licensure.

Data Reported Quarterly

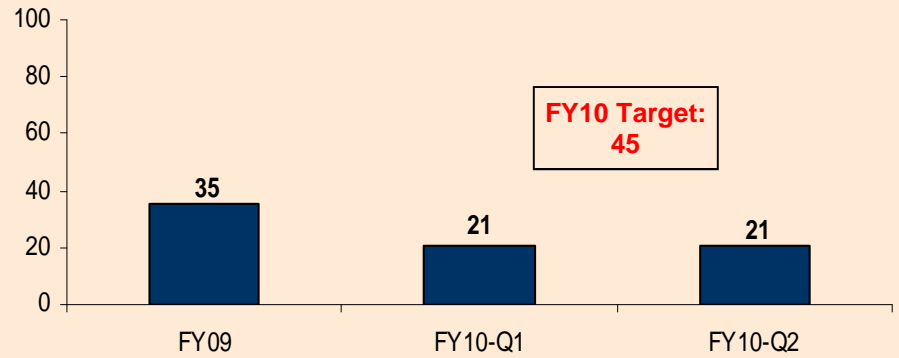
Data Source:

Caregivers Criminal History Screening database

Goal:

To decrease the average length of time between the notice of disqualification to the final determination for individuals requesting CCHS.

Average Length of Time Between the Notice of Disqualification to the Final Determination for Individuals Requesting Caregiver Criminal History Screening



ACTION PLAN:

- The Caregivers Criminal History Screening Program (CCHSP) receives background applications and fingerprint cards from potential state of New Mexico caregivers. Finger print cards are scanned for results from New Mexico Department of Public Safety and Federal Bureau of Investigations. Fitness determination is made by CCHSP personnel and a determination letter is sent to the requesting facility and applicant. Determination is based on the Caregivers Criminal Screening Act and Rules.



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