FY19 Strategic Plan Progress Report

Quarter 2

NEW MEXICO
DEPARTMENT OF
HEALTH

Focus on Results…

Create Value

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Performance At A Glance

Result 1: Improved Health Status for New Mexicans	Actual Performance				Performance Target
Health Status Indicators	**CY14**	**CY15**	**CY16**	**CY17**	**CY18**
Diabetes hospitalization rate per 1,000 people with diagnosed diabetes	180.0	169.0	161.9	162.3	≤ 185.5
Percent of third grade children who are considered obese	18.1%	18.9%	19.4%	19.9%	≤ 17.1%
Percent of adults who are considered obese*	29.0%	29.8%	29.0%	29.2%	≤ 25.4%
Percent of adolescents who smoke	***	11.4%	***	10.6%	≤ 13.5%
Percent of adults who smoke*	19.7%	17.9%	16.8%	18.1%	≤ 18.5%
Births to teens aged 15-19 per 1,000 females aged 15-19	37.0	33.7	29.1	27.6	≤ 25.5
Drug overdose death rate per 100,000 population*	26.8	24.7	24.8	24.6	≤ 25.9
Alcohol-related death rate per 100,000 population*	59.6	65.7	66.0	66.8	≤ 58.5
Fall-related death rate per 100,000 adults aged 65 years or older	93.8	104.5	92.3	87.9	≤ 96.1
Heart disease and stroke (Cardiovascular disease) death rate per 100,000 population (ICD10: I00-I99)*	190.4	189.3	197.2	198.1	≤ 181.1
Sexual assault rate per 100,000 population	***	***	921.0	1306.0	≤ 475.0
Suicide rate per 100,000 population*	21.1	23.4	22.2	23.2	≤ 20.7
Pneumonia and Influenza death rate per 100,000 population*	16.2	13.5	14.4	13.5	≤ 15.0
Age-adjusted ****No data*					
Performance Measures					
P002 Public Health Division	**FY15**	**FY16**	**FY17**	**FY18**	**FY19**
Percent of participants in the National Diabetes Prevention Program that were referred by a health care provider through the agency-sponsored referral system	***	***	70.0%	0.0%	≥ 50%
Percent of children in Health Kids, Health Communities (HKHC) with increased opportunities for healthy eating in public elementary schools	88.0%	97.0%	88.6%	88.9%	≥ 89%

Number of WIC clients participating in food tastings in WIC clinics with kitchens	***	***	***	986	≥ 1,232
Number of high school youth trained in the Evolvement youth engagement program to implement tobacco projects in their school/community	***	329	356	402	≥ 375
Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up	31.5%	32.5%	32.0%	30.5%	≥ 30%
Percent of New Mexico adult cigarette smokers who access NMDOH cessation services	2.4%	2.4%	2.8%	2.8%	≥ 2.5%
Percent of female clients ages 15-19 seen in NMDOH public health offices who are provided most or moderately effective contraceptives	53.6%	65.4%	64.1%	61.0%	≥ 59.5%
The number of teens that successfully complete teen pregnancy prevention programming	733	510	365	232	≥ 264
Percent of preschoolers (19-35 months) fully immunized (NMSIIS data source)	***	***	***	61.8%	≥ 65%
The percentage of NMDOH-funded school-based health centers that demonstrate improvement in their primary care or behavioral health care focus area	***	***	***	66.0%	≥ 95%
Percentage of older adults who have ever been vaccinated against pneumococcal disease	***	72.7%	72.6%	73.0%	≥ 75%
Number of successful overdose reversals per client enrolled in the NMDOH Harm Reduction Program	***	.255	.323	.331	≥ .25
P003: Epidemiology and Response Division	**FY15**	**FY16**	**FY17**	**FY18**	**FY19**
Percent of vital records customers who are satisfied with the service they received	97.6%	98.9%	***	99.6%	≥ 95%
Percent of retail pharmacies that dispense naloxone	7.5%	26.5%	60.9%	72.6%	≥ 80%
Percent of county and tribal health councils that include in their plans evidence-based strategies to reduce alcohol-related harms	0.0%	11.0%	11.0%	11.0%	≥ 12%
Number of health care providers who have received training in the use of the STEADI fall prevention toolkit	64	73	406	190	≥ 175

	FY15	FY16	FY17	FY18	FY19
Percent of NM hospitals certified for stroke care	9.3%	9.3%	14.0%	16.2%	≥ 20%
Number of New Mexicans who have completed an evidence-based or evidence-supported sexual assault primary prevention program	2,047	3,097	6,962	7,470	≥ 3,800
Number of community members trained in evidence-based suicide prevention practices	***	30	52	222	≥ 70
Percentage of the New Mexico population served during mass distribution of antibiotics and/or vaccinations through public/private partnerships in the event of a public health emergency	***	***	12.2%	14.7%	≥ 18%
Percent of opioid patients also prescribed benzodiazepines	15.4%	14.9%	14.2%	13.1%	≤ 5%
P004: Scientific Laboratory Division	**FY15**	**FY16**	**FY17**	**FY18**	**FY19**
Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 15 calendar days	94.0%	85.0%	62.0%	44.0%	≥ 90%
P006: Facilities Management Division	**FY15**	**FY16**	**FY17**	**FY18**	**FY19**
Percent of priority Request for Treatment clients who are admitted to the program (TLH)	26.0%	41.0%	43.0%	59.0%	≥ 50%
Number of significant medication errors per 100 patients	***	***	***	***	≤ 2.0
Percent of residents who are successfully discharged	***	***	***	***	≥ 80%
Percent of long-term care residents experiencing one or more falls with major injury	***	***	***	3.9%	≤ 0.5%
Turquoise Lodge Hospital detox occupancy rate	48.0%	72.0%	85.0%	86.0%	≥ 85%
Percent of eligible third-party revenue collected at all agency facilities	88.0%	93.8%	92.0%	88.1%	≥ 93%
P007: Developmental Disabilities Supports Division	**FY15**	**FY16**	**FY17**	**FY18**	**FY19**
Number of individuals receiving developmental disabilities waiver services	4,610	4,660	4,691	4,618	Explanatory

Number of individuals on the developmental disabilities waiver waiting list	6,365	6,526	6,602	6,438	Explanatory
Percent of developmental disabilities waiver applicants who have a service plan in place within 90 days of income and clinical eligibility	90.6%	54.0%	92.3%	72.7%	≥ 95%
Percent of adults on the DD Waiver who receive employment supports	***	***	***	***	≥ 34%

P008: Division of Health Improvement	FY15	FY16	FY17	FY18	FY19
Percent of New Mexico's nursing home population who have received or who have been screened for influenza immunizations	87.0%	91.0%	85.0%	***	≥ 90%
Percent of New Mexico's nursing home population who have received or who have been screened for pneumococcal immunizations	79.8%	82.6%	70.9%	***	≥ 90%
Abuse rate for Developmental Disability Waiver and Mi Via Waiver clients (calendar year data reported)	11.9%	10.2%	7.2%	6.8%	≤ 8%
Re-abuse rate for Developmental Disability Waiver and Mi Via Waiver clients (calendar year data reported)	16.3%	18.5%	6.1%	6.8%	≤ 16%
Percent of long-stay nursing home residents receiving psychoactive drugs without evidence of psychotic or related conditions (calendar year data reported)	16.8%	17.9%	15.9%	***	Explanatory

P787: Medical Cannabis Program	FY15	FY16	FY17	FY18	FY19
Percent of complete medical cannabis client applications approved or denied within 30 calendar days of receipt	95.0%	68.0%	90.5%	99.0%	≥ 98.5%
Percent of registry ID cards issued within five business days of application approval	***	***	98.5%	99.5%	≥ 95%

*****No data*

NMDOH FY19-Q2 Progress Report

The New Mexico Department of Health (NMDOH) Results Scorecard shows the progress we made toward a Healthier New Mexico during fiscal year 2019 (FY19), quarter 2 (Q2). You can use this Scorecard to learn about the actions we are taking to carry out our Strategic Plan. The Scorecard shows what we are doing and how well we are doing it.

A Result (R) is the condition of well-being we would like to see for the population of New Mexico. An Indicator (I) helps us measure the desired Result in the population. A Program (P) is an organizational unit in our agency that helps us reach the desired Results. A Performance Measure (PM) helps us measure how well a Program is contributing to population health.

January 22, 2019

Result 1: Improved Health Status for New Mexicans

Health Status Indicators

Diabetes hospitalization rate per 1,000 people with diagnosed diabetes

Performance Data

Diabetes hospitalization rate per 1,000 persons with diagnosed diabetes

Target: ≤ 185.5

(Chart: Rate vs. Time, with data points for CY14 through CY17 showing a declining trend from approximately 180 to approximately 160. X-axis labels: CY14, CY15, CY16, CY17, CY18, CY19. Y-axis "Rate" from 0 to 300.)
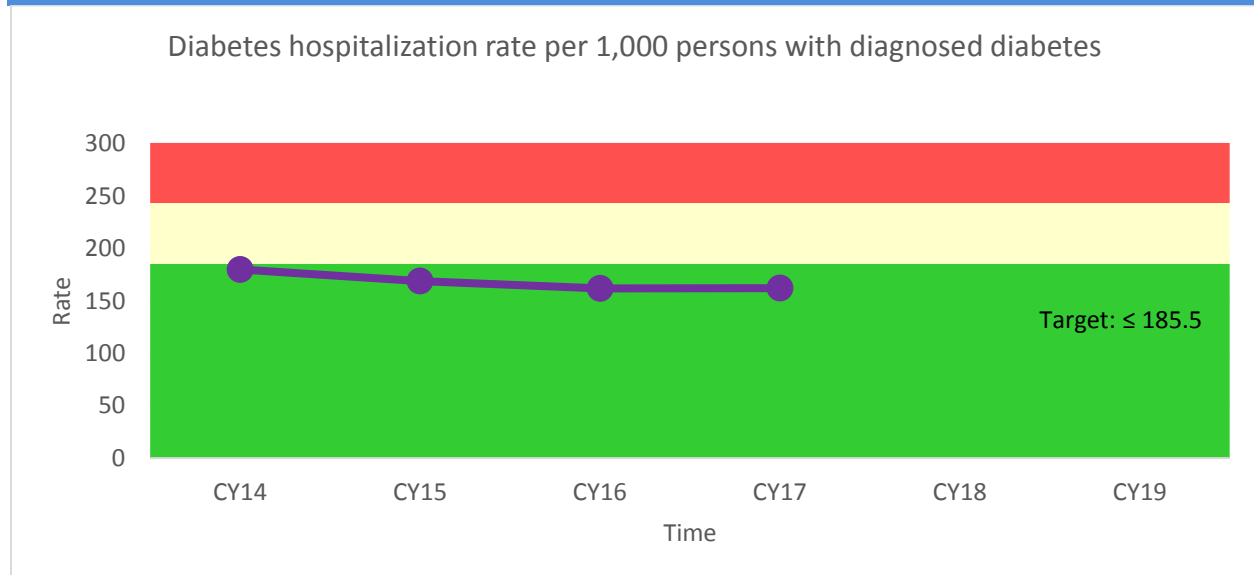
Story Behind the Curve

- Diabetes, one of the leading causes of death and disability in the US, is the sixth leading cause of death in New Mexico (NM).
- In 2017, an estimated 220,039 NM adults ages 18 and older (13.7%) had diabetes, and only 7 in 10 with the condition were aware of it. (NM Behavioral Risk Factor Surveillance System)
- Risk factors for diabetes include: overweight; ≥45 years of age; parent/sibling has type 2 diabetes; physically active fewer than three times/week; gave birth to a baby that weighed more than nine pounds; and had diabetes while pregnant.
- African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans are at higher risk for type 2 diabetes.
- Poor New Mexicans may lack access to healthy food and safe physical activity venues, as well as medications and medical supplies, putting them at increased risk.
- For individuals with diagnosed diabetes, effective disease management and self-management are key to reducing the risk for complications which can lead to costly interventions, including hospitalizations.

Partners

- NMDOH Heart Disease & Stroke Prevention Program
- Public Health Division Regions
- Referral system contractor PAC Software, Inc. (formerly Consortium for Older Adult Wellness)
- Marketing contractor CWA Strategic Communications
- American Association of Diabetes Educators, national (AADE) and local affiliates (AADE NM)
- HealthInsight NM
- NM Primary Care Association
- Chronic Disease Self-Management Education and Support Programs (CDSMEP) and CDSMEP Regional Coordinators & Master Trainers

What Works

- People at high risk for diabetes, including those with diagnosed prediabetes, may prevent or delay the onset of diabetes by losing 5-7% of body weight, increasing physical activity (150 minutes per week) and adopting a healthier diet. The National Diabetes Prevention Program (NDPP) is a proven intervention to help people at high risk for diabetes achieve these lifestyle changes.
- For people with diagnosed diabetes, the condition can be managed and complications can be prevented or reduced through improved quality of clinical care and increased access to sustainable self-management education and support services. Case management interventions are effective in improving glycemic control. Disease management programs provided by health care organizations and diabetes self-management education in community gathering places, private homes, worksites, and school settings is a proven intervention. Blood sugar, blood pressure and cholesterol control, and tobacco cessation are all important for effective management.

Strategy

- Lead efforts to scale and sustain prevention and management programs by: 1) training National Diabetes Prevention Program Lifestyle Coaches and Chronic Disease Self-Management Education and Support Program Leaders; 2) strengthening linkages between health systems and community organizations to refer individuals to programs; 3) promote

programs among health care providers/other referring entities and consumers; and 4) seek reimbursement for programs.

During FY18, the Diabetes Prevention and Control Program worked with its statewide partners to offer Diabetes Self-Management Education and Support services, which include the Chronic Disease Self-Management Education and Diabetes Self-Management Education Programs. Through an active presence in 16 counties, 62 programs were offered, including 13 Spanish language programs. Of 725 participants, 600 (83%) completed the programs.

The Diabetes Prevention and Control Program also worked with its partners to improve access to, participation in, and coverage for the National Diabetes Prevention Program for adults with prediabetes. Three new National Diabetes Prevention Program (NDPP) delivery sites, Nor-Lea Medical District, the Solution Group, and Bernalillo County Cooperative Extension Services, were established and registered through the Centers for Disease Control and Prevention's Diabetes Prevention Recognition Program. Across all program delivery sites, nine NDPP classes were offered to 133 participants. The Diabetes Prevention and Control Program's Master Trainer Select for the National Diabetes Prevention Program delivered one lifestyle coach training producing 15 new lifestyle coaches. New Mexico's Diabetes Prevention Action Plan was also finalized and will be used to guide further efforts to grow and ensure the long-term success of the National Diabetes Prevention Program. The plan is comprised of four components: 1) screening, testing, and referral; 2) awareness; 3) coverage; and 4) availability and support.

Percent of third grade children who are considered obese

Percent of 3rd grade children who are considered obese

Target: ≤ 17.1%
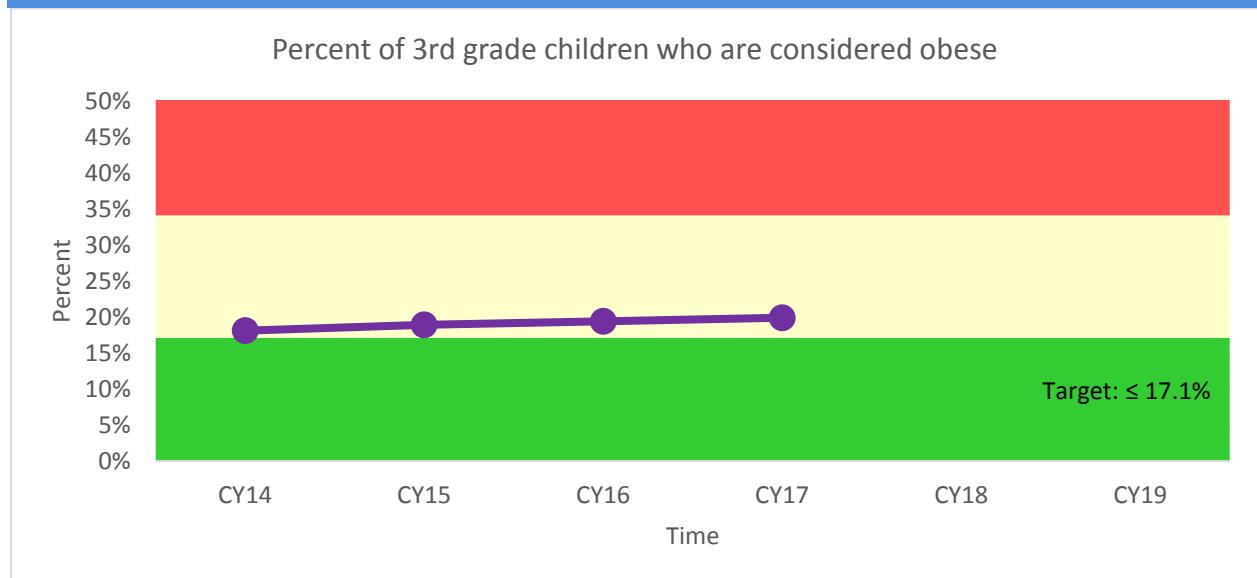
Story Behind the Curve

- Childhood obesity occurs when a child is well above the healthy weight for his/her age and height. Obesity is defined as a Body Mass Index (BMI) at or above the 95th percentile for children of the same age and sex.
- Obese children are more likely to become obese adults with increased risk of chronic conditions including heart disease and type 2 diabetes. American Indian children have the highest obesity rates among all racial/ethnic groups (48.7%), followed by Hispanics (36%).
- In FY18 Q1, the NMDOH Office of Nutrition and Physical Activity (ONAPA) randomly selected and recruited 64 public elementary schools statewide to conduct annual BMI surveillance in the fall of 2017.
- ONAPA has built strong partnerships with schools/districts across New Mexico and partners with 8-12 nursing programs statewide to measure kindergarten and third grade students each year.
- Consuming a healthy diet and being physically active can help children grow as well as maintain a healthy weight throughout childhood. Increasing opportunities for healthy eating and physical activity in the school and childcare settings is one way to expose children to healthy lifestyle behaviors at an early age.

Partners

- New Mexico Public Education Department
- New Mexico Children, Youth, and Families Department
- New Mexico Human Services Department
- New Mexico Department of Transportation
- NMDOH Women, Infants, and Children Program
- New Mexico State University
- University of New Mexico
- NMDOH health promotion
- Schools
- Planning organizations
- Parks and Recreation
- Local/Tribal governments
- Healthy Kids Healthy Communities (Chaves, Cibola, Colfax, Curry, Dona Ana, Eddy, Grant, Guadalupe, Hidalgo, Lincoln, Luna, Roosevelt, San Juan, Socorro counties; pueblos of San Ildefonso, Zuni, Ohkay Owingeh).

What Works

- Improve nutrition quality of foods and beverages served or available in schools consistent with the Institute of Medicine's Nutrition Standards for Foods in Schools (including increased access to fruit, vegetables, and plain drinking water).
- Improve the quality and amount of physical education and activity in schools (including increased physical activity opportunities throughout the school day such as daily recess, mileage clubs, and walk and roll to school programs).

Strategy

- Establish/expand the 5.2.1.O Challenge in elementary schools.
- Establish/expand healthy eating opportunities (fruit and vegetable tastings, salad bars, healthy snacks, edible gardens).
- Establish/expand physical activity opportunities before, during, and after school (schoolyards for open community use, walk and roll to school programs, mileage clubs).

FY18 Annual Progress Summary

In FY18, ONAPA worked closely with 14 counties and three tribal communities to build and maintain diverse coalition teams, create sustainable policy, systems, and environmental changes,

and motivate children and families to adopt healthy lifestyle behaviors. In the fall of 2017, ONAPA and its partners completed statewide childhood obesity surveillance by measuring 8,065 students in 62 randomly selected public elementary schools and, in March 2018, published its New Mexico Childhood Obesity 2017 Update. ONAPA and its partners also built support for measuring an additional 2,911 students in 31 Healthy Kids Healthy Communities schools so they communities would have more representative childhood obesity data. Finally, Healthy Kids Healthy Communities leveraged at least 21,026 partner volunteer hours and over $700,000 to support healthy eating and physical activity initiatives in the school setting, food setting, and built environment.

Percent of adults who are considered obese

Percent of adults who are considered obese*

Target: ≤ 25.4%

*Age-adjusted
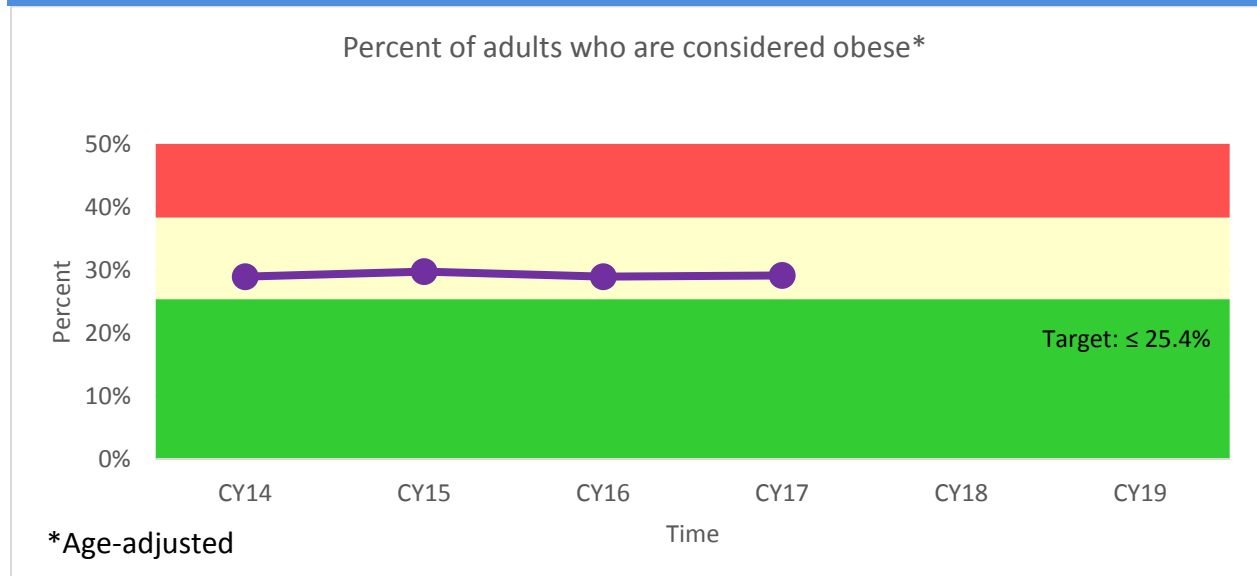
- Adult obesity is tracked and reported through the Behavioral Risk Factor Surveillance System (BRFSS) as the percent of respondents whose self-reported height and weight corresponds to a Body Mass Index (BMI) equal to or greater than 30.0.

- Among New Mexico's adults, 64.8% are overweight or obese (American Indians have the highest rates at over 74%). Similarly, over one-in-four adults ages 45 years and older has been diagnosed with two or more chronic diseases. Adults with lower socioeconomic status are at greater risk for adopting unhealthy lifestyle behaviors, becoming overweight or obese, and developing chronic disease.

- The NMDOH Office of Nutrition and Physical Activity (ONAPA) works closely with local Healthy Kids Healthy Communities (HKHC) coordinators to engage partners and build support for implementing sustainable physical activity and healthy eating initiatives coupled with nutrition education.

- Diverse multi-sector coalitions comprised of key community leaders help HKHC achieve meaningful progress in the local food system and built environment.

- ONAPA continues to create environments that make it easier for people to eat a healthy diet and be physically active through tasting and cooking demonstrations to increase exposure and access to healthy foods among low-income adults, specifically Women, Infants, and Children (WIC) Program recipients.

Partners

- New Mexico Public Education Department
- New Mexico Children, Youth, and Families Department
- New Mexico Human Services Department
- New Mexico Department of Transportation
- NMDOH WIC Program
- New Mexico State University
- University of New Mexico
- NMDOH health promotion
- Schools
- Planning organizations
- Parks and Recreation
- Local/Tribal governments
- Healthy Kids Healthy Communities (Chaves, Cibola, Colfax, Curry, Dona Ana, Eddy, Grant, Guadalupe, Hidalgo, Lincoln, Luna, Roosevelt, San Juan, Socorro counties; pueblos of San Ildefonso, Zuni, Ohkay Owingeh).

What Works

- Increased opportunities for, exposure to, and consumption of fruits, vegetables, whole grains, and low-fat dairy as well as increased physical activity and limited screen time.
- Implement healthy eating and physical activity strategies in a multi-sector approach - policymakers, state and local organizations, business and community leaders, school, childcare and healthcare professionals, and individuals working together to create an environment that supports a healthy lifestyle. Policy, systems, and environmental changes coupled with nutrition education can also have a positive impact on adult behavior and health and weight status.

Strategy

- Implement tasting and cooking demonstrations to increase exposure and access to healthy foods among the 40,000 low-income families and 16,000 low-income senior adults that receive services from food assistance sites across the state, including WIC.

FY18 Annual Progress Summary

In FY18, the Obesity, Nutrition, and Physical Activity Program (ONAPA) partnered with both state and local organizations to align policy, systems, and environmental obesity prevention efforts with direct nutrition education to support healthy eating and physical activity among the low-income adult population. ONAPA primarily partnered with New Mexico State University Cooperative Extension Service to implement tasting, cooking, and/or gardening lessons in food assistance program and/or distribution sites, farmers' markets, WIC clinics, and senior centers in rural, frontier, tribal, and low-income areas. ONAPA enhanced nutrition education efforts by leveraging funding from the U.S. Centers for Disease Control and Prevention to create policy, systems, and environmental changes in communities including: 1) increasing access to a healthy and affordable food supply in rural, frontier, tribal, and low-income areas through the implementation of healthy food stores or mobile grocery stores, farmers' markets, and/or community gardens; 2) creating safe and active outdoor open space (parks and playgrounds) for community use; 3) increasing the number of safe walking and biking routes that connect neighborhoods to schools and other community points of interest; and 4) supporting Complete Streets initiatives that increase access to community areas for walking and biking.

Percent of adolescents who smoke

Percent of adolescents who smoke

Target: ≤ 13.5%
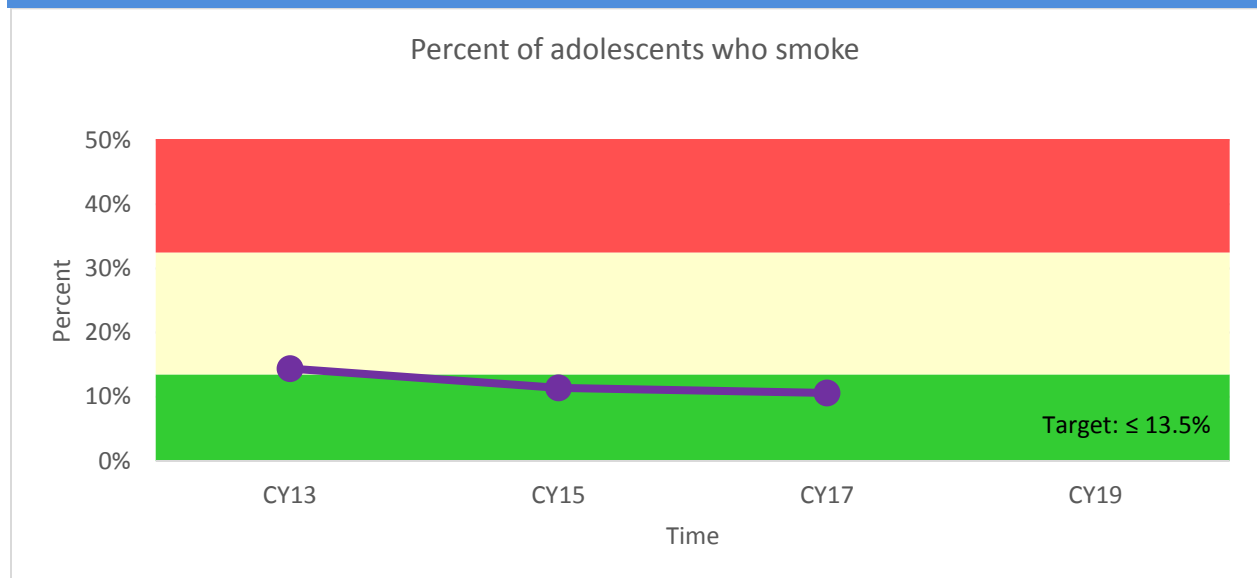
Story Behind the Curve

- Adolescent smoking is defined as the percentage of high school youth who smoked cigarettes on one or more of the past 30 days and is tracked through a statewide youth health survey every other year.
- Nearly 9 out of every 10 adult smokers began smoking cigarettes as an adolescent, making the prevention of youth smoking a public health priority. Cigarette use kills over 2,800 New Mexicans annually and afflicts 84,000 people with tobacco-related diseases.
- Adolescent smoking has declined significantly over the past decade. After peaking at 30.1% in 2003, the percentage of adolescents who smoke has declined to a historic low of 10.6% in 2017. However, smoking is still much higher among youth who identify as lesbian/gay/bisexual (19%) and youth who earn mostly D's and F's (27%).
- Current NMDOH efforts for preventing adolescent smoking include youth engagement and leadership training and outreach in schools and communities throughout the state, as well as working with school districts to update their policies to make campuses completely tobacco-free.
- Existing tobacco prevention efforts are being updated to include the prevention of e-cigarette use, which presents a growing problem with nicotine addiction among youth and young adults.

Partners

- Rescue (The Behavior Change Agency)
- University of New Mexico
- New Mexico Public Education Department
- New Mexico Human Services Department Synar & US Food and Drug Administration Programs
- Albuquerque Area Southwest Epidemiology Center
- New Mexico Boys and Girls Club

What Works

The Guide to Community Preventive Services recommends the following interventions to reduce adolescent smoking:

- Increasing the unit price of tobacco products.
- Mass media campaigns in combination with other interventions.
- Smoking bans and restrictions, and restricting minors' access to tobacco products, through community mobilization with additional interventions.

Strategy

- Implement a statewide youth (18 years and younger) engagement strategy, called *Evolvement.*
- Develop specific tobacco counter-marketing campaigns targeting high school youth to prevent tobacco use initiation.
- Train youth leaders statewide on tobacco control efforts and to develop specific projects within their schools and communities to reach their peers with tobacco counter-marketing messages.

FY18 Annual Progress Summary

- The percentage of adolescent youth who smoke in New Mexico declined even further, from 11.4% in 2015 to 10.6% in 2017, which is a new all-time low. The landscape of tobacco use among youth has changed dramatically in recent years. There have been substantial declines in cigarette, cigar, and hookah use while spit/chew tobacco use

remains stable and e-cigarettes have emerged as a high-use tobacco product. Overall, one in three adolescents uses some form of tobacco.

- Some of the contributing factors to the continuing decline in adolescent cigarette smoking include the Evolvement youth engagement program and the various tobacco prevention campaigns that it has supported; successes in making school campuses and other public places smoke-free, changing social norms around smoking; and perhaps some youth are foregoing cigarette use for other newer products, such as e-cigarettes. Monitoring use of all tobacco products, including e-cigarettes, will be important in tracking the overall nicotine addiction burden among New Mexico's youth.

Percent of adults who smoke

Percent of adults who smoke*

Target: ≤ 18.5%

*Age-adjusted
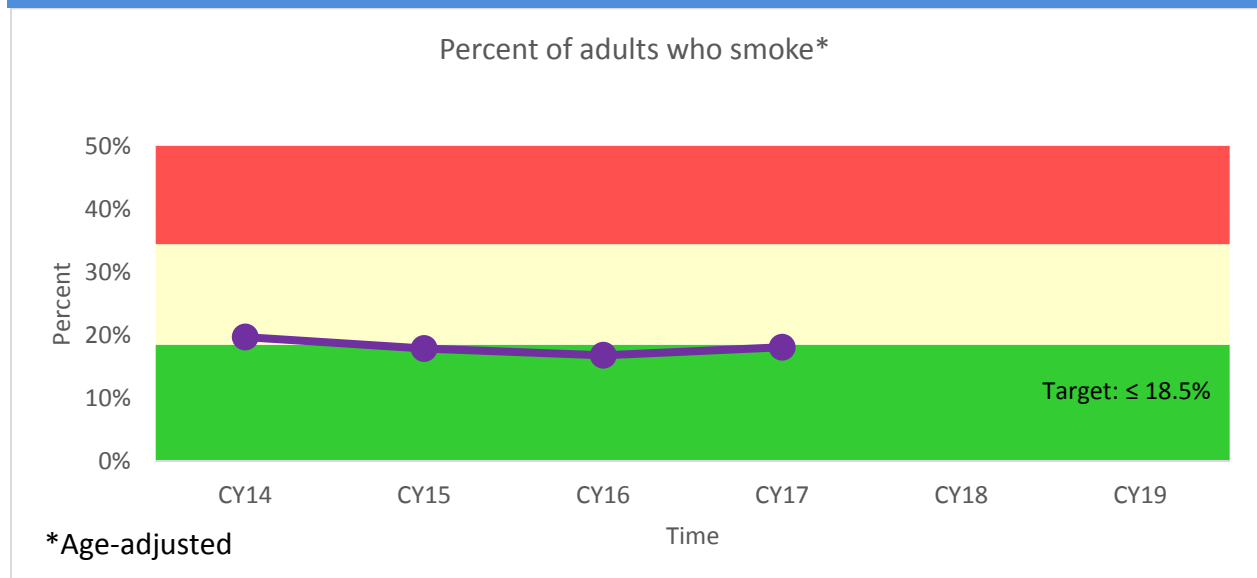
Story Behind the Curve

- Adult smoking refers to the percentage of New Mexico adults who currently smoke cigarettes every day or some days.
- Cigarette smoking is a leading preventable cause of disease and death in the U.S. and in New Mexico. People experiencing poverty (e.g., low-income, unemployed, Medicaid) smoke at significantly higher rates than other people and comprise most of the remaining smokers.
- Although the rate of smoking among adults in New Mexico has declined since 2011, there appears to be a leveling off in recent years. In 2017, 17.5% of adults smoked cigarettes, a statistically similar rate to that seen in 2015 and 2016.
- Factors contributing to the decline in smoking likely include ongoing promotion and use of QUIT NOW tobacco cessation services, expanded coverage and availability of cessation services under the Affordable Care Act, and continued societal shifts away from using cigarettes.
- NMDOH will continue to promote and offer free tobacco cessation services through QUIT NOW and DEJELO YA (Spanish) and will continue recruiting and training health care providers statewide on brief tobacco interventions and referrals to QUIT NOW.

Partners

- Optum Health (tobacco cessation services provider)
- Media Matched (media contractor)
- NMDOH Tobacco Use Prevention and Control (TUPAC) Evaluation Team
- TUPAC Statewide Contractors
- Health Care Providers
- Federally-Qualified Health Centers and Other Clinics

What Works

The U.S. Guide to Community Preventive Services recommends the following interventions to reduce adult smoking:

- Increasing the unit price of tobacco products.
- Mass media campaigns in combination with other interventions.
- Multi-component cessation interventions that include telephone support.
- Health care provider reminder systems for tobacco cessation.
- Reducing client out-of-pocket costs for cessation therapies.
- Smoke-free policies to reduce tobacco use.

Strategy

- Develop and implement a Health Systems Change Training and Outreach Program for Tobacco Use with New Mexico Community Health Centers (CHCs) to increase CHCs' and their providers' ability to consistently identify tobacco users.
- Advise tobacco users to quit and refer those ready to make a quit attempt to appropriate treatment resources.

FY18 Annual Progress Summary

- We are awaiting new adult smoking data from the 2017 calendar year. Data from the previous year showed that adult smoking continued to decline, reaching an all-time low of 16.6% in 2016. Use of other tobacco products such as spit/chew tobacco, cigars, hookah, and e-cigarettes all remained relatively low (under 5%) among New Mexico adults.
- NMDOH served an estimated 8,025 tobacco users, family/friends of tobacco users, and health care providers in FY18 through its QUIT NOW tobacco cessation services. Interest in quitting among smokers remains high. As many as 2 in 3 adults who smoke have made a quit attempt in the past month, indicating a continuing need for tobacco cessation

services. Among QUIT NOW enrollees, nearly 1 in 3 are still successfully quit at their 7-month follow-up. The long history of QUIT NOW services, attention to continuous quality improvement, high awareness of its availability among tobacco users, and high satisfaction rates of its users all contribute to its success.

Births to teens aged 15-19 per 1,000 females aged 15-19

Births to teens aged 15-19 per 1,000 females aged 15-19
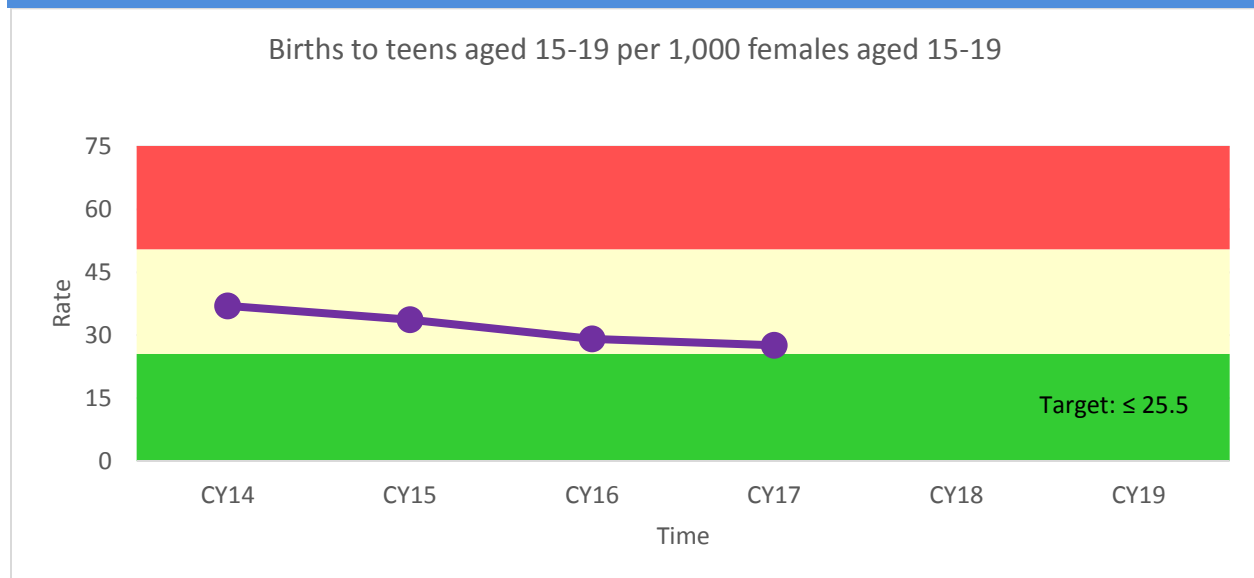
Story Behind the Curve

- Increased access to and availability of most- and moderately-effective contraception and evidence-based unintended teen pregnancy prevention programming can be directly linked to a decrease in the teen birth rate.
- Since 2012, the teen birth rate among 15-to-19-year-olds in New Mexico (NM) has declined by 41.0% to 27.6 per 1,000 in 2017 (NM-Indicator-Based Information System) and is the seventh highest in the nation (National Center for Health Statistics). Teens who drop out of school are more likely to become pregnant and have a child than peers who graduate. Seventy-one percent of teen mothers report that their pregnancy was unintended or mistimed, compared to 44% of all mothers (NM IBIS, 2018). Some reasons for higher teen parenthood in mixed urban/rural areas include lack of health insurance, increased poverty, transportation barriers, and less access to services. In NM, teen birth rates are highest for American Indians and Hispanics.
- The NMDOH Family Planning Program (FPP)'s clinical services and educational programming are provided throughout the year.
- The FPP is dedicated to continuing the provision of family planning clinical services and telemedicine services for reproductive health in the Regions to aid in the state's decreasing teen birth rate.

Partners

- Primary care clinics
- Community-based clinical providers
- Schools, after-school, and youth programs
- Community-based organizations
- County health councils
- School-based health centers
- Parent organizations
- Policy makers
- Centers for higher education
- Indian Health Services
- University of New Mexico
- NM Higher Education Department
- NM Public Education Department
- NM Human Services Department
- NM Children, Youth and Families Department

What Works

- Access to confidential, low- or no-cost family planning services through county public health offices, community clinics, and school-based health centers.
- Increased availability of most-effective contraceptive methods for teens.
- Service-learning, positive youth development, and comprehensive sex education programs.
- Adult-teen communication programs to give adults information and skills to communicate effectively with young people about reducing risky sexual behavior.

Strategy

- Through shared-decision making counseling, increase teens' access to birth control including the most effective contraceptive methods (implants & IUDs).
- Incorporate service-learning programs consisting of community-based volunteer services and guided curriculum education.
- Promote BrdsNBz, a text-messaging system that offers teens and parents free, confidential answers to sexual health questions in English or Spanish.

- A decreasing teen birth rate can be attributed to aspects of the Family Planning Program's efforts to increase awareness of and access to birth control and to provide educational programming to teens through service learning, guided-curriculum education, and education on birth control methods.
- The Family Planning Program supports the provision of family planning clinical services and telemedicine services for reproductive health to facilitate the reproductive life plan for family planning clients, including shared decision making for contraceptive counseling. The Family Planning Program is committed to providing confidential family planning services with a broad range of methods at local public health offices and community health clinics across the state.
- In addition to clinical and educational services, The Family Planning Program used a digital media campaign to promote awareness of family planning clinic services and birth control methods.

Drug overdose death rate per 100,000 population

Drug overdose death rate per 100,000 population*

*Age-adjusted
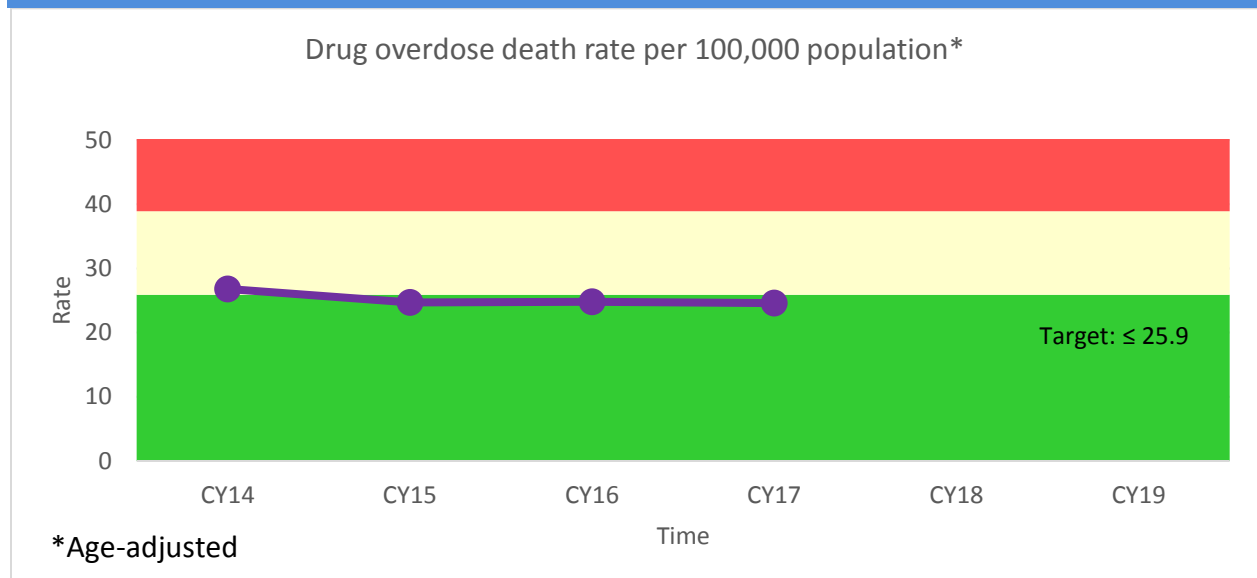
- The current epidemic of overdose death nationally has been driven by the increased use and misuse of opioid pain relievers. National surveys show that most people who have recently initiated heroin use abused prescription opioids prior.

- Almost 500 New Mexicans die of drug overdose every year. The highest death rates are among people aged 35-54 and in rural areas.

- The Epidemiology and Response Division (ERD) Prescription Drug Overdose Prevention Program (PDOPP) is promoting improved prescribing practices, increased availability of naloxone to reverse overdoses, and increased access to treatment, including Medication Assisted Treatment.

- ERD PDOPP worked with the Board of Pharmacy (BOP) to develop and distribute quarterly prescribing behaviors reports.

- Provided technical assistance to community work groups to implement the strategies. Training was provided to pharmacies and law enforcement agencies regarding naloxone standing orders. The ERD PDOPP worked with the health care licensing boards to update pain management rules for providers and assure the use of the Prescription Monitoring Program (PMP) by their prescribers.

- NMDOH will implement a public education and media campaign regarding opioid safety. NMDOH will work with BOP to link the PMP to electronic health records and pharmacy management systems, and will work with managed care organizations to align third-party

payer mechanisms with key aspects of the Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain.

Partners

- NMDOH
- New Mexico Human Services Department
- New Mexico Children, Youth, and Families Department
- University of New Mexico (UNM)
- United States Drug Enforcement Agency
- BOP
- Overdose Prevention and Pain Management Advisory Council
- Health care professional licensing boards
- Regulation and Licensing Department
- Health care professional associations
- Health Councils
- Pharmacies
- Managed Care Organizations
- New Mexico Hospital Association
- Office of the Medical Investigator
- Workers' Compensation Administration
- Department of Public Safety, State Police
- High Intensity Drug Trafficking Area
- Local law enforcement agencies
- Tribes

What Works

- Maximizing the use of the PMP.
- Improving controlled-substance prescribing practices through prescriber education.
- Increasing public knowledge of the risks of controlled substances and of safe storage and disposal of medications.
- Increasing the availability of treatment for drug dependence.
- Increasing the availability of naloxone, which can reverse an opioid overdose.

Strategy

- Collect, analyze, and interpret public health surveillance data on drug use and related harms.
- Disseminate findings on drug use and related harms to all stakeholders and respond to inquiries.
- Provide support to external partners in planning and evaluating strategies that prevent drug use and related harms.
- Provide technical assistance to public health partners on effective approaches for monitoring and reporting findings on drug use and related harms.
- Support the health care licensing boards' enforcement for controlled substance prescribing.
- Provide feedback reports on controlled substance prescribing to practitioners.
- Provide naloxone to individuals.
- Increase naloxone carry and administer programs in law enforcement.
- Increase sharing of public health and public safety information between NMDOH and law enforcement agencies to reduce access to controlled substances.
- Work with county multi-disciplinary work-groups in high-burden communities to develop local responses.

FY18 Annual Progress Summary

Through current and planned efforts the New Mexico Department of Health Epidemiology and Response Division is working collaboratively with many internal and external stakeholders to reduce the number of overdose deaths in New Mexico. Efforts in FY18 have established a solid foundation on which FY19 efforts will be based on.

Alcohol-related death rate per 100,000 population

Alcohol-related
death rate per 100,000 population*

Target: ≤ 58.5

*Age-adjusted
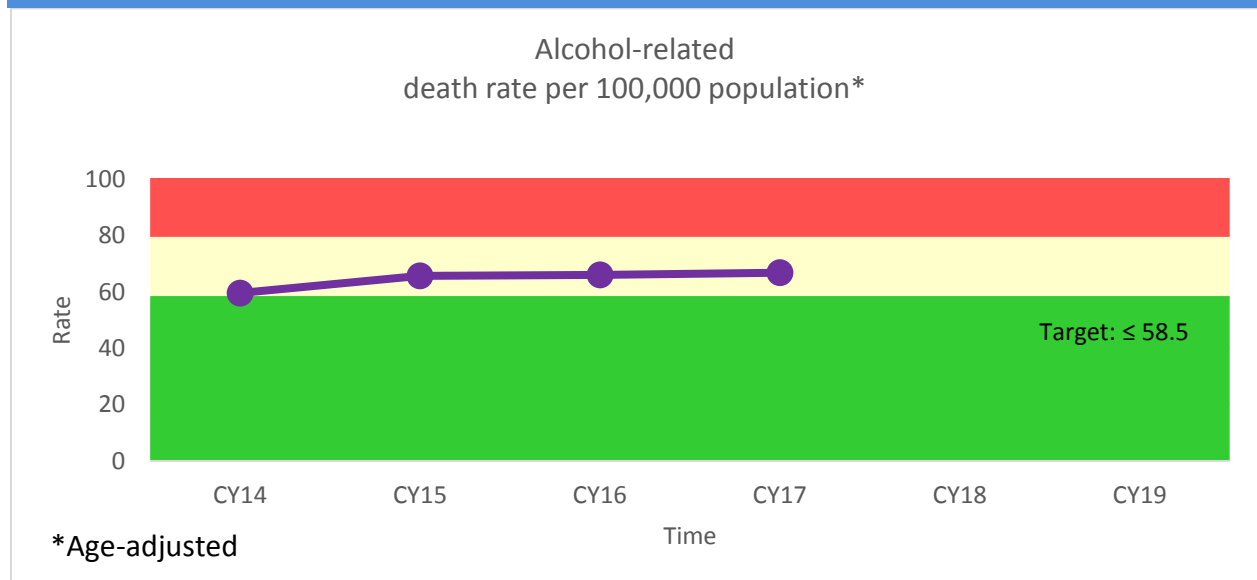
Story Behind the Curve

- Alcohol-related deaths include 54 conditions ranging from alcohol-related motor vehicle traffic crash deaths and alcohol liver disease to alcohol poisoning and some cancers. Combined, alcoholic liver disease and cirrhosis make up more than a third of alcohol-related death in New Mexico. Four people die of alcohol-related causes every day in New Mexico.

- New Mexico has the highest alcohol-related death rate in the nation and the rate continues to increase.

- Although excessive alcohol consumption does not differ by race/ethnicity, there are disparities in alcohol-related death. For example, alcohol-related death rates are two times higher for Whites, three times higher for Black/African Americans and Hispanics, and nearly ten times higher for American Indians compared to Asian/Pacific Islanders. This points to the importance of including "upstream" public health factors, such as access to health care, when planning prevention strategies.

- Many evidence-based strategies can be implemented to reduce alcohol-related harm, such as those recommended by the Community Preventive Services Task Force (CPSTF) and the United States Preventive Services Task Force (USPSTF).

- NMDOH depends on partnerships with other state agencies, health care providers, community groups, and community and tribal health councils to expand our reach. These stakeholders are key to turning the curve on alcohol-related mortality.

Partners

- NMDOH
- New Mexico Department of Transportation
- New Mexico Human Services Department
- New Mexico Children, Youth, and Families Department
- New Mexico Department of Finance and Administration
- County and Tribal Health councils
- Santa Fe Prevention Alliance
- McKinley County DWI Council
- Rocky Mountain Youth Corp
- Hands across Cultures
- Gallup Share and Care
- Partners for Community Action
- Clinical groups
- Navajo Nation
- Bernalillo County, Office of Health and Social Services

What Works

- Regulate alcohol outlet density in key areas.
- Increase alcohol screening and brief intervention.
- Increase the price of alcohol.
- Decrease the hours alcohol is sold.

Strategy

- Collect, analyze, and interpret public health surveillance data on excessive alcohol and related harms and on policy and environmental strategies to address it.
- Disseminate findings on drug use and related harms to all stakeholders and respond to inquiries.
- Provide scientific support to health department and external partners to help plan and evaluate evidence-based strategies for preventing excessive alcohol use and related harms.
- Provide technical assistance to public health partners on effective approaches for monitoring and reporting findings on excessive alcohol use and related harms.

- Implement evidence-based strategies to reduce alcohol-related harm recommended by the Community Preventive Services Task Force and the US Preventive Services Task Force. Examples include alcohol screening and brief intervention and regulating alcohol outlet density.

FY18 Annual Progress Summary

In FY18, the New Mexico Department of Health Epidemiology and Response Division continued to work collaboratively with internal programs as well as many of the county-based health councils to lessen the severity of alcohol-related deaths in New Mexico.

Fall-related death rate per 100,000 adults aged 65 years or older

Fall-related death rate per 100,000 adults aged 65+

Target: ≤ 185.5
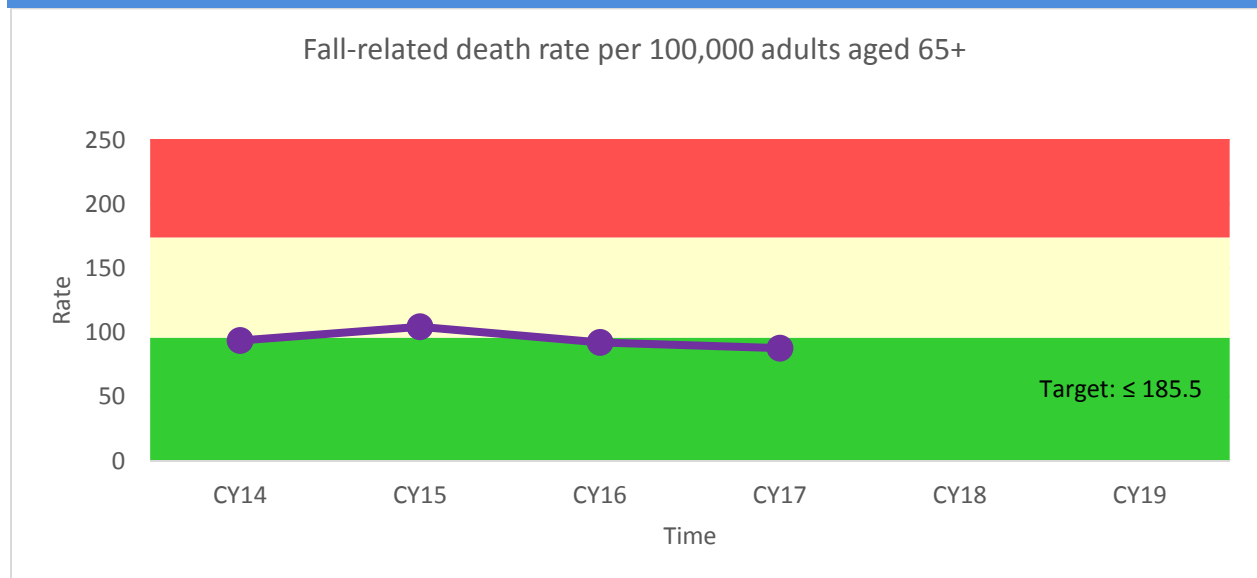
Story Behind the Curve

- Falls are the leading cause of fatal and non-fatal injuries for Americans aged 65 years and older. According to the U.S. Centers for Disease Control and Prevention (CDC), every 11 seconds an older adult is treated in the emergency room for a fall; every 19 minutes an older adult dies from a fall. Falls threaten seniors' safety and independence and generate enormous economic and personal costs.
- New Mexico's fall-related death rate was 1.5 times greater than the U.S. rate in 2016. Evidence-based fall prevention programs are an effective means of gaining strength and improving balance and have been demonstrated to reduce the risk of adult falls. NMDOH currently supports five evidence-based fall prevention programs for older adults including STEADI (Stopping Elderly Accidents, Deaths & Injury).
- There are currently over 95 evidence-based fall prevention instructors in 16 New Mexico counties and 14 Native American Pueblos. Over 500 older adults in New Mexico have completed an evidence-based fall prevention program referral for resources.
- NMDOH works with eight contractors to support and train master trainers, instructors, coaches, and older adults throughout New Mexico.

Partners

- NMDOH

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- AARP
- New Mexico Adult Falls Prevention Coalition
- New Mexico Aging and Long-Term Services Department/Aging and Disability Resource Center
- University of New Mexico Health System
- Indian Health Service
- New Mexico State University Kinesiology and Dance
- Presbyterian Health System
- CHRISTUS St. Vincent Outpatient Services
- New Mexico Primary Care Association
- New Mexico Healthy Aging Collaborative
- New Mexico Injury Prevention Coalition

What Works

Evidence-based fall prevention programs have been proven to reduce falls in adults aged 65 years and older. NMDOH supports five evidence-based falls prevention/exercise programs: STEADI, OTAGO, Tai Ji Quan: Moving for Better Balance, A Matter of Balance, and Tai Chi for Arthritis. These practices include:

- Conduct annual screenings for strength and balance.
- Provide annual medication reviews and management for older adults.
- Conduct annual vision exams for older adults.
- Provide patient counseling on home and environmental safety.
- Encourage older adults to exercise, provide education and referrals to older adults for physical activity classes such as Matter of Balance, OTAGO, or Tai Chi.
- Review vitamin D supplementation as appropriate.

Strategy

- Expand the network of instructors available statewide for evidence-based falls prevention exercise programs.
- Increase the number of professionals trained on the use of the STEADI toolkit.
- Continue to encourage older adults to exercise, provide education and referrals to older adults for physical activity classes such as A Matter of Balance, OTAGO, or Tai Chi.

FY18 Annual Progress Summary

In FY18 the New Mexico Department of Health Epidemiology and Response Division's Adult Falls program has consistently achieved its milestones.

Heart disease and stroke (Cardiovascular disease) death rate per 100,000 population

Cardiovascular disease death rate per 100,000 population*

*Age-adjusted
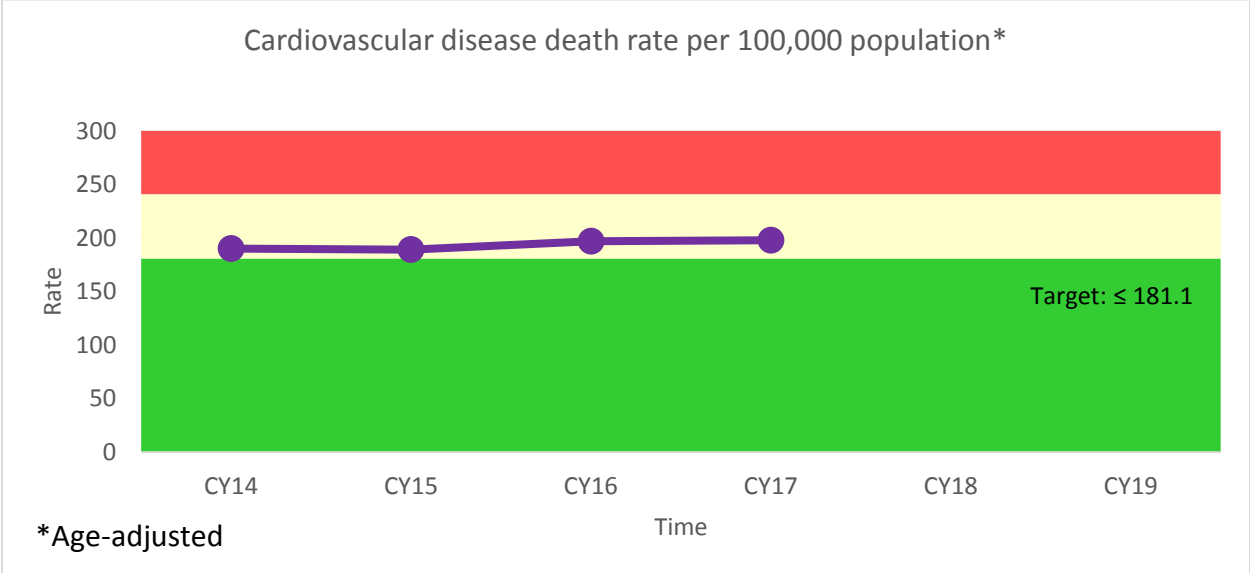
- In 2017, heart disease was the leading cause of death in New Mexico (20% of all deaths). Males had higher death rates compared to females at 187.3 and 113.4 per 100,000 respectively.

- Heart disease mortality varies by race and ethnicity. From 2015-2017, African Americans and Whites had the highest rates among all racial/ethnic groups at 213.3 (African Americans) and 152.2 (Whites) per 100,000 respectively. The Asian/Pacific Islander group, with a rate of 84.8 per 100,000, had the lowest heart disease death rate. For 2015-2017, heart disease death rates were highest and similar in Mixed Urban/Rural and Rural counties, and lowest in Metro and Small Metro counties. The heart disease death rate for Small Metro counties was significantly lower than all other Urban/Rural categories.

- Stroke mortality rates were significantly higher for older age groups. There were no significant differences between racial/ethnic groups for stroke mortality. Within each racial/ethnic group, there were no differences between the male and female rates.

- NMDOH collaborated to target interventions within the southeast region of the state. Interventions included air quality monitors, partnerships with higher education entities, and increased systems of care involvement from targeted hospitals.

- The Epidemiology and Response Division's (ERD) Environmental Health Epidemiology Bureau (EHEB) and Emergency Medical Systems Bureau (EMSB) continue to partner with the Public Health Division's Chronic Disease Bureau (CDB) to address this indicator.

Partners

- NMDOH
- New Mexico Environment Department, Air Quality Bureau
- City of Albuquerque, Bernalillo Air Quality Division
- Cardiovascular Disease Mortality Health Status Workgroup
- Acute care hospitals and primary health care systems in New Mexico
- Emergency Medical Services (EMS) agencies
- American Heart Association
- American College of Cardiology
- Environmental Protection Agency (EPA) (Tribal Lands)

What Works

EHEB, EMBS, and CDB have interventions in place to address cardiovascular disease (CVD). The workgroup developed a logic model to map out how NMDOH can collectively impact CVD mortality utilizing evidence-based practices. Examples of the evidence-based practices include:

- Team-based care to improve blood pressure control.
- Reducing out-of-pocket costs for CVD prevention services for patients with high blood pressure.
- Behavior change among older CVD high risk populations during poor air quality days.
- Increasing electronic health record adoption and the use of health information technology to improve performance for hypertension control in health systems.
- Installing air filters in homes.
- Closing windows and using air conditioning (although using air conditioning can contribute to increased demand on electricity, which can produce higher particulate matter [PM] emissions from coal plants, and may lead to higher population-wide PM exposures for population impacted by power plants).

Strategy

- Use a Cardiovascular Disease Community Risk Profile to target interventions in areas of the state most at risk of cardiovascular disease.
- Use hospitalization data to improve clinical care.
- Support use of PM2.5 (fine particles in the ambient air) exposure-reduction strategies during poor air quality days.
- Use health system assessment data to provide technical assistance to health systems on effectively reporting in Electronic Health Records (EHR) and using EHR data to improve performance.
- Promote team-based care models for hypertension control.

FY18 Annual Progress Summary

In FY18, the New Mexico Department of Health Epidemiology and Response Division is working collaboratively with several internal and external stakeholders to lessen the severity of deaths from cardiovascular disease in New Mexico.

Sexual assault rate per 100,000 population

Performance Data

Sexual assault rate per 100,000 population

Target: ≤ 475.0
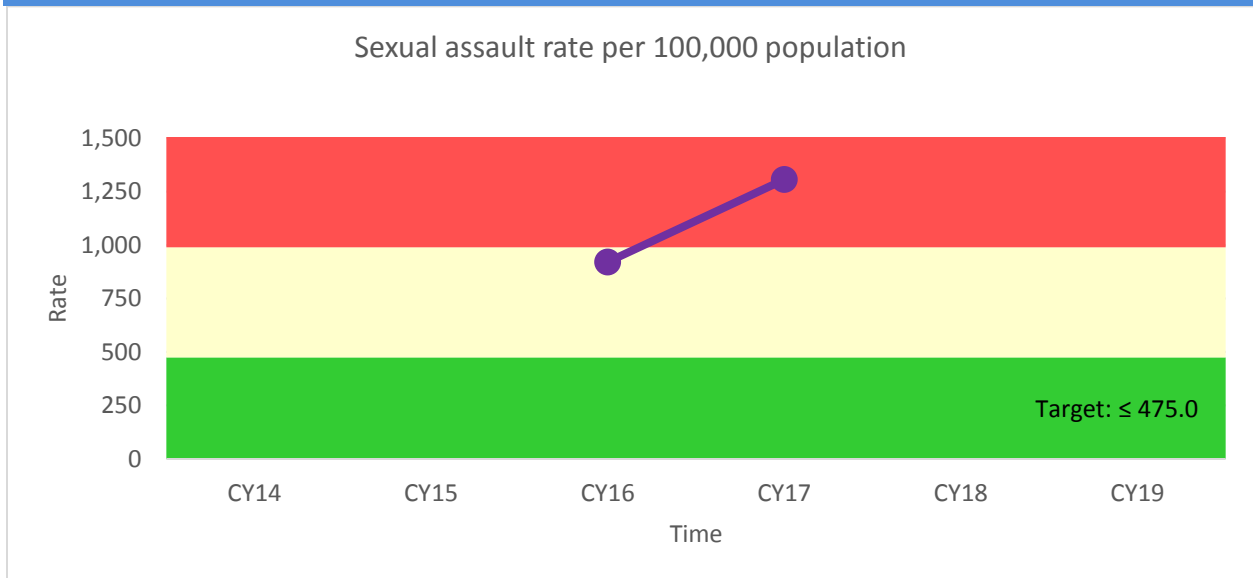
Story Behind the Curve

- According to the 2015 National Intimate Partner and Sexual Violence Survey (NIPSVS), 19.5% of women in New Mexico have been raped during their lifetime, and 34.4% have been victims of rape, physical violence, and/or stalking by an intimate partner.
- NIPSVS data show that sexual violence in youth, without appropriate trauma-informed interventions, can result in immediate and lifelong consequences. Certain populations are at greater risk for sexual violence, including LGBTQ, American Indians, people living with disabilities, African Americans, immigrants, children, and women.
- The Epidemiology and Response Division Sexual Violence Prevention Program (SVPP) addresses the issue through a social-ecological approach where prevention is addressed through multi-levels: individual, relationship, community, and societal. Many approaches are focused on the individual and relationship level. For this, sexual violence prevention partners deliver primary prevention at the school level. In FY17, 4,000+ students were reached. For FY18, the cumulative target is 3,800.
- SVPP works with partners to establish a sexual violence primary prevention network and consistent technical assistance to help build and strengthen capacity.
- This work is connected to the implementation of the New Mexico – Sexual Violence Free: A Statewide Strategic Plan for the Primary Prevention of Sexual Violence 2015-2020.

Partners

- NMDOH
- New Mexico Coalition of Sexual Assault Programs
- Rape Crisis Center of Central New Mexico
- Community Against Violence
- Sexual Assault Services of Northwest New Mexico
- Silver Regional Sexual Assault Services
- Valencia Shelter Services
- Aging and Long-Term Service Department- Adult Protective Services
- Attorney General's Office
- University of New Mexico Prevention Center
- Disability Advisory Group about Tobacco/Sexual Assault
- New Mexico Crime Victims Reparation Commission

What Works

- According to the Centers for Disease Control and Prevention, there are nine recommended best practices for effective prevention. These include strategies that consist of multi-levels, involve teaching methods that are varied and interactive, have multi-sessions, are theory driven, promote positive relationships between youth and adults, are appropriately timed, consider the local culture and community norms, have a well-trained staff, and complete an outcome evaluation.
- Due to relatively few evidence-based programs (like Safe Dates), there is interest in evidence-informed programs that use the recommended best practices. In order to support and research these programs, process evaluation is also recommended.
- In FY17, New Mexicans received evidence-based sexual violence prevention education. Evaluation data shows that these programs were effective in changing norms that are risk factors. Effective prevention increases protective factors, and decreases risk factors (i.e., adherence to traditional gender roles).

Strategy

- The NMDOH Epidemiology and Response Division, Office of Injury Prevention (OIP) works with partners around the state to provide education to youth and adults who work with youth for the primary prevention of sexual violence. All programs were evaluated using standardized measures beginning in FY16. Evaluation data show that youth who completed a Sexual Violence Primary Prevention funded program have lower acceptance

of couple violence, lower acceptance of rape myth, higher acceptance of flexible gender norms, and are more likely to intervene as bystanders to interrupt instances of sexual violence. These measures increase protective factors and decrease risk factors. By changing rigid gender norms and creating more active bystanders, incidence of sexual violence can be reduced.

- OIP will increase the number of New Mexicans who have completed an evidence-based sexual assault primary prevention program.

FY18 Annual Progress Summary

In FY18 the New Mexico Department of Health Epidemiology and Response Division's Sexual Violence Prevention Program has demonstrated consistent progress and exceeded anticipated achievements. The efforts accomplished in FY18 have established a solid foundation on which FY19 successes will be based on.

Suicide rate per 100,000 population

Suicide rate per 100,000 population*

*Age-adjusted

Target: ≤ 20.7
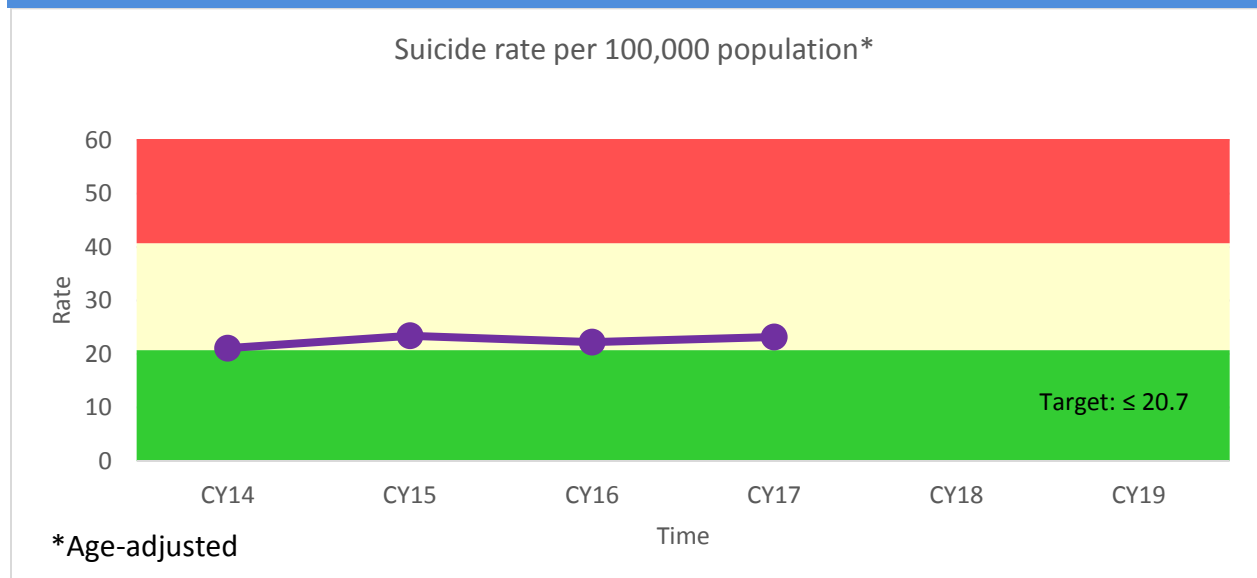
Story Behind the Curve

- The suicide rate in New Mexico was at least 50% higher than the U.S. rate. Over the past decade, suicides increased in New Mexico by 33% compared to U.S. at 21%.
- In 2017, death by suicide was the 9th leading cause of death in New Mexicans across all ages; the 2nd leading cause of death for those ages 10 to 34 years; and the 4th leading cause of death for people 35 to 44 years.
- In 2017, the rate of suicide in New Mexico was 23.2 deaths per 100,000 residents, an increase from 22.2 deaths per 100,000 residents in 2016, and a trend consistent with increasing rates across the United States.
- In FY18, the New Mexico Department of Health (NMDOH) focused on community data presentations related to suicide and suicide-related behaviors and on gatekeeper trainings to community members and school personnel. Office of Injury Prevention staff worked to establish a statewide Suicide Prevention Coalition comprised of stakeholders and constituents engaged in suicide awareness, prevention, postvention, and intervention activities who will collaborate on developing a Suicide Prevention Strategic Plan for the state.
- The Epidemiology and Response Division's Injury and Behavioral Epidemiology Bureau (IBEB) will provide county-specific data presentations on suicidal behaviors to at-risk communities.

- IBEB is developing a process for identifying and intervening in suicide attempt clusters using syndromic surveillance of emergency department admissions for self-inflicted injury which will enable IBEB to direct prevention efforts.

Partners

- NMDOH
- State government agencies and offices
- National Alliance on Mental Illness New Mexico
- New Mexico Crisis and Action Line
- Southern New Mexico Suicide Prevention & Survivors Support Coalition
- New Mexico Injury Prevention Coalition
- University of New Mexico
- Agora Crisis Center
- Health Councils
- Crisis Response of Santa Fe
- School districts
- Behavioral Health Collaboratives
- Tribal councils

What Works

- Community Interventions
  - Gatekeeper Training
  - Crisis Intervention (National Suicide Prevention Lifeline)
  - Reducing access to lethal means among persons at risk of suicide
  - Parenting skill and family relationship programs
  - Community engagement activities
  - Postvention
  - Safe reporting/messaging about suicide (Media guidelines)

- Clinical Interventions
  - Treatment for people at risk of suicide
  - Treatment to prevent re-attempts (Emergency Department Brief intervention with Follow-up Visits)

- School-based Interventions

- o   Peer norm programs
- o   Social-emotional learning programs

- Organizational Interventions
  - o   Safer suicide care through systems change
  - o   Organizational policies and culture

- Policy Interventions
  - o   Strengthening household financial security
  - o   Housing stabilization policies
  - o   Coverage of mental health conditions in insurance policies
  - o   Reducing provider shortages in underserved areas
  - o   Community-based policies to reduce excessive alcohol use

Strategy

- Gatekeeper training to identify and support people at risk.
- Community engagement activities (via county-based data presentations).
- Safe reporting and messaging about suicide to lessen harms and prevent future risk.
- Suicide attempt cluster investigation.

FY18 Annual Progress Summary

In FY18, the New Mexico Department of Health Epidemiology and Response Division's suicide prevention program (SPP) ended FY18 on a strong note and has established strategic partnerships to be more effective in the number of trainings for New Mexicans. For FY19, the SPP is committed to providing as many trainings as possible with an effective collaboration and dedicated workforce.

Pneumonia and Influenza death rate per 100,000 population

Pneumonia and Influenza death rate per 100,000 population*

*Age-adjusted
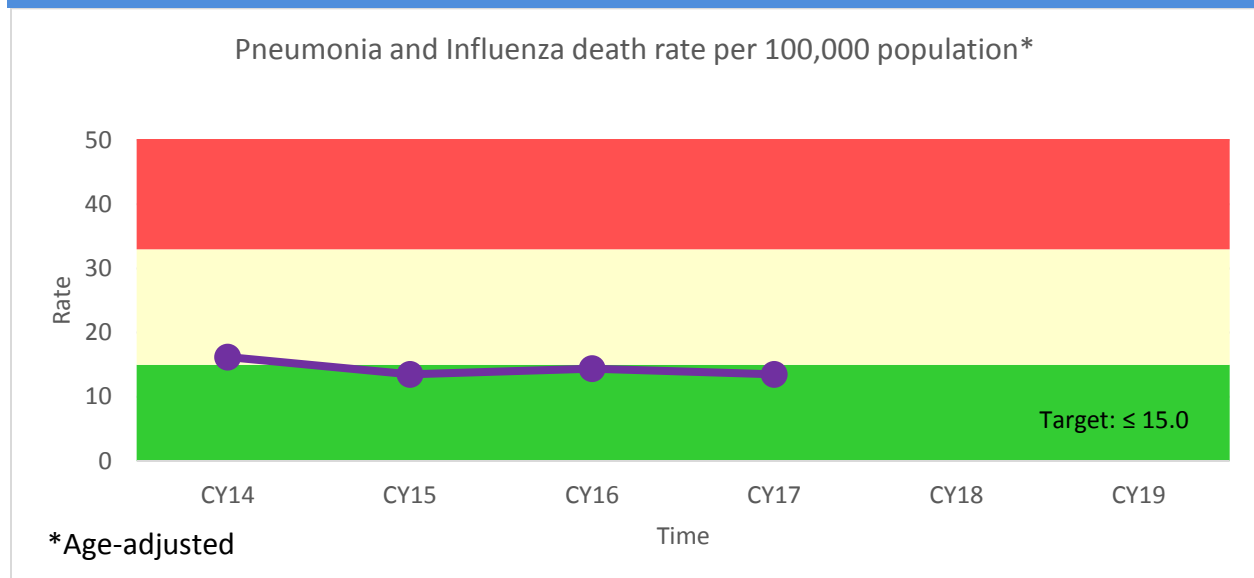
Story Behind the Curve

- Pneumonia and influenza (P&I) infections are the eighth leading cause of death in the US and 10th in New Mexico. Influenza causes more than 200,000 hospitalizations and 36,000 deaths nationally each year. The most recommended intervention to reduce these hospitalizations and deaths is vaccination.
- P&I infections have decreased over the last 10 years. Recognizing the importance of influenza anti-viral medications in preventing influenza-related deaths has increased their use among hospitalized influenza patients and during influenza outbreaks in healthcare facilities.
- Experts recommend annual flu vaccination for everyone six months and older, with few exceptions, and specifically for these high priority groups: pregnant women (up to two weeks post-partum); children younger than 2 years of age; people aged 65 plus; people living with asthma, diabetes, heart disease, and other chronic diseases; people who live in nursing homes and other long-term care facilities; people who live with or care for babies younger than 6 months; American Indians and Alaskan Natives, and people who are morbidly obese.
- NMDOH promotes and assures the use and availability of influenza vaccines. Surveillance for influenza-like illness and influenza hospitalizations will continue to inform influenza vaccination policy and recommendations.

Partners

- NMDOH
- University of New Mexico
- New Mexico Immunization Coalition
- Office of the Medical Investigator
- New Mexico Association for Professionals in Infection Control & Epidemiology
- Regional health promotion teams
- Local school districts and schools
- Local hospital infection control practitioners
- Indian Health Services
- Albuquerque Tribal Epidemiology Center
- Centers for Disease Control and Prevention (CDC)
- National Emerging Infections Program
- Bureau of Indian Education-New Mexico

What Works

- Promoting pneumococcal vaccine among adults ≥65 years of age and influenza vaccine among individuals ≥6 months of age.
- Promoting influenza vaccination to all residents of the state that are six months of age and older per Advisory Committee on Immunization Practices (ACIP) and NMDOH recommendations.
- Preventing influenza-related hospitalizations and deaths by promoting the appropriate use of anti-viral medications consistent with CDC identified risk factors and hospitalization status.
- Conduct virologic surveillance to detect changes in circulating strains and identify mismatch with vaccine strains.
- Promoting the use of standing orders for administration of vaccines to high-risk groups.

Strategy

- Measure the percent of adults ≥65 years of age who receive pneumococcal vaccine.
- Measure the rates of pneumococcal vaccine uptake among children.
- Measure the percent of the population ≥6 months of age who receive influenza vaccine.
- Measure P&I death and hospitalization rates through existing surveillance systems to detect changes in morbidity and mortality.

- Conduct viral isolation of specimens to detect changes in circulating viral strains and to compare what is circulating with vaccine strains.
- Measure the use of anti-viral medications among hospitalized cases and deaths attributed to influenza.
- Increased pneumococcal & influenza vaccination rates among New Mexicans.

FY18 Annual Progress Summary

In FY18, the New Mexico Department of Health Epidemiology and Response Division continued to work collaboratively with key internal programs as well as several state, federal, and tribal partners to understand and address the existing challenges and barriers in reducing this public health burden for New Mexico. All of the work done in FY18 has established a solid foundation on which FY19 achievements will be based on.

Program Area

P002: Public Health Division

What We Do

The Public Health Division (PHD) fulfills the NMDOH mission by working with individuals, families, communities and partners to improve health, eliminate disparities, respond to health threats, and ensure timely access to quality, culturally competent health care.

Who We Serve

The Public Health Division serves all New Mexicans.

How We Impact

PHD staff members implement evidence based public health interventions and promote healthy lifestyle choices that reduce the burden of chronic and infectious disease in our communities. Public Health assures access to health care through case management, and through recruitment and retention efforts including the J-1 Visa Program, licensing of midwives and community health workers, tax credits for rural health providers, and collaboration with rural primary health care providers throughout the state.

Budget

FY19 OPERATING BUDGET: $175,593,300

- General Funds: $49,775,300
- Other Transfers: $14,664,500
- Federal Funds: $69,804,400
- Other State Funds: $41,349,100

Accomplishments

During the second quarter of FY19, some of PHD's accomplishments included:

- The Office of Community Health Workers (OCHW) plays a critical role in helping New Mexicans address health and social care needs. During the second quarter of FY19, this program helped 25 individuals receive their certification to become Community

Healthcare Workers in their communities. Additionally, this program recertified seven Community Healthcare Workers to be able and continue this important work to improve health outcomes and promote health and wellness for all New Mexicans in a partnership within their communities through education, leadership and support. The OCHW program receives their operating budget solely from state general funds.

- The Northeast Region Health Promotion Team partnered with NM Diabetes Prevention and Control Program to strengthen support in addressing chronic conditions in Mora and Clayton. This staff partnership presented a diabetes prevention and self-management programs through Paths to Health New Mexico: Tools for Healthier Living initiative. Participants were exposed to self-management techniques to better manage or prevent chronic health conditions or injuries.

- New Mexico was represented as part of the 2018 America Walks, Walking College Rural Group by Nichole Romero, Colfax County Health Promotion Specialist. Ms. Romero was one of the thirty fellows selected from across the U.S. and Canada. Fellows learned about walkability, how to engage communities, and how to obtain funding through conference calls and on-line training. Each fellow in the program was mandated to create a Walking Action Plan to the US Centers for Disease Control in October. Ms. Romero will be utilizing this information with the local Ramblin' Round Raton group based in Raton, NM.

- Northeast Region Children's Medical Services (CMS) hosted seven pediatric specialty clinics. These clinics included: Cleft Lip and Palate, Nephrology, Gastroenterology, Cardiology Neurology, and Asthma. These clinics resulted in a high 'show' rate to all clinics CMS program social workers were able to assist families with follow-up and recommendations made during the clinic and to coordinate with primary care physicians and school nurses on updates.

- Northwest Region conducted several Flu Shot POD (point of dispensing) Clinics in the region. In Albuquerque, the CILOVIA Flu Clinic was conducted in October with 115 vaccines administered; Torrance County sponsored the Punkin Chunkin vaccine clinic and 200 vaccines administered; At Zuni Pueblo Schools and community NW Region staff administered the flu vaccine to school age children. This was the first time Northwest Region collaborated with Zuni public health nurses to vaccinate the Zuni school children and community.

- Sandoval County Health Collaborative initiative is called, "10x10 Health Booklet." This booklet is about 10 Things Every Child Should Know by Age 10, was distributed to over 3,200 1st and 2nd graders in a county wide effort to community organizations and elementary schools in Rio Rancho, Bernalillo, Cuba, Algodones and Cochiti Pueblo's After

School diabetes prevention program. The booklet includes information on strengthening a child's healthy behaviors with family engagement activities and resource guide.

Performance Measures

Percent of participants in the National Diabetes Prevention Program that were referred by a health care provider through the agency-sponsored referral system

Percent of participants in the National Diabetes Prevention Program that were referred by a health care provider through the agency-sponsored referral system
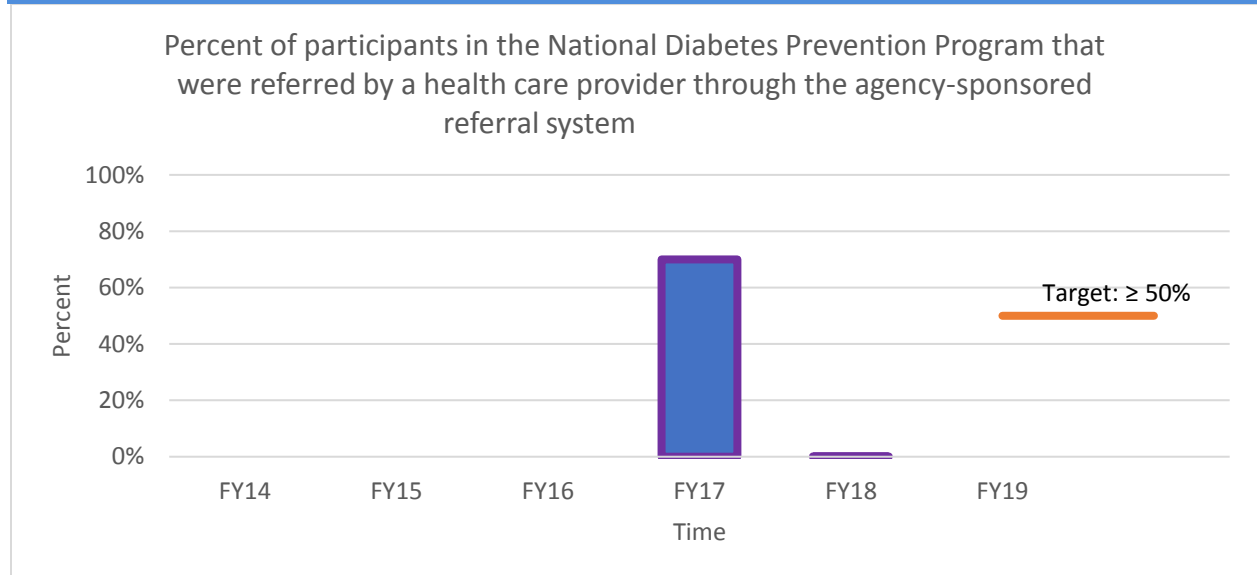
- Prediabetes, a precursor to diabetes, occurs when blood sugar is higher than normal, but not high enough to be diagnosed as diabetes. There may be no external symptoms of disease.

- According to the National Health and Nutrition Examination Survey, in 2016, an estimated 538,100 New Mexico adults ages 18 and older (33.4%) had prediabetes, but only about 3 in 10 with the condition were aware of it. Untreated prediabetes can progress to diabetes.

- Older adults, African Americans, and American Indians are at higher risk for prediabetes. The lower the annual household income, the higher the prediabetes prevalence. While differences by income are not statistically significant, the pattern suggests an association with income.

- The Diabetes Prevention and Control Program (DPCP) has been and will continue to increase access to the National Diabetes Prevention Program (NDPP), a proven diabetes prevention intervention, by working with health care providers to increase screening, testing and referral to the program using a DPCP-sponsored centralized referral and data system. The system collects data required for Centers for Disease Control and Prevention

program recognition, including weight loss and weekly physical activity minutes, crucial performance measures for the intervention.

- There are no national or statewide measures that are directly comparable to this one. However, this is an importing leading measure to ensure achievement of the annual performance target.
- The DPCP initiated a new contract (executed 12/20/2018) with PAC Software to continue implementing, expanding and modifying the Program's referral and data management system, Workshop Wizard. Although some of the essential data reporting elements of the referral system were identified, due to the closure of the Consortium for Older Adult Wellness and the program having to re-establish a new contract with PAC Software, no referrals were received during this quarter. This resulted in the Program not being able to publicize the Paths to Health NM website to health care providers due to the referral system not being operational. Last, despite these problems a program staff member completed training for the referral system and created a list of partners to attend trainings in quarter 3. The milestone for FY19-Q2 was not met. The DPCP will be meeting with PAC Software to resolve issues with the referral and data management system. In addition, the Program will be working on developing a new Request for Proposal for its centralized referral and data management system.

Partners

- NDPP sites, Lifestyle Coaches, Master Trainer Select
- Referral system contractor PAC Software, Inc. (formerly Consortium for Older Adult Wellness)
- Marketing contractor, CWA Strategic Communications
- New Mexico Medical Society
- HealthInsight New Mexico
- American Association of Diabetes Educators, national (AADE) and local affiliates (AADE New Mexico)
- Public Health Division Regions
- Chronic Disease Self-Management Program Coordinators and Master Trainers
- Centers for Disease Control and Prevention
- National Association of Chronic Disease Directors
- Centers for Medicare and Medicaid Services

What Works

- The National Diabetes Prevention Program (NDPP), a one-year lifestyle balance curriculum developed by the CDC for people with prediabetes, is based on the original DPP study that demonstrated that 5-7% weight loss achieved and maintained through regular, moderate physical activity and improved nutrition, prevented or delayed the progression of prediabetes to diabetes by 58% compared to standard lifestyle recommendations. The program is most successful in older adults, who are also at greater risk for developing diabetes than younger adults.

Strategy

- Raise awareness about prediabetes and NDPP among providers.
- Increase availability (Build program sites, train lifestyle coaches).
- Work with health systems and community organizations to increase screening, testing, and referral using the DPCP referral system.
- Work with health plans and large employers to establish health plan coverage and increase access to NDPP.

Action Plan

- Q1

  - Execute FY19 NDPP contracts. Not met.

- Q2

  - Publicize Paths to Health New Mexico referral website to health care providers and systems. Not met.
  - Identify essential referral system data reporting elements. Incomplete.

- Q3

  - Two outreach events to educate health care providers and/or members of the health care team about the referral system.
  - Two referral system trainings provided by Pac Software, Inc. to health care providers.

- Q4

  - Submit FY20 NDPP contracts.

- o Two outreach events to educate health care providers and/or members of the health care team about the referral system.
- o Two referral system trainings provided by Pac Software, Inc. to health care providers.
- o At least one key action intended to increase referrals by health care providers through the state sponsored referral system from New Mexico's Diabetes Prevention State Plan is implemented.
- o At least 25% of NDPP participants referred through the agency-sponsored referral system referred by a health care provider.

FY18 Annual Progress Summary

The target (25%) for this performance measures was not met. This was mainly due to a significant delay with the Diabetes Prevention and Control Program's referral and data system contractor, the Consortium for Older Adult Wellness, fiscal year 2018 contract. Services were discontinued resulting in the work being delayed and impacted significantly. The Consortium for Older Adult Wellness resumed operations in late February 2018 when the issues with their contract were resolved and payment was received for services delivered. Low numbers of National Diabetes Prevention Program delivery sites throughout the state continues to be a contributing factor. The Diabetes Prevention and Control Program worked with HealthInsight New Mexico and the American Association of Diabetes Educators to leverage resources and coordinate efforts to further build the infrastructure and a trained workforce to support increasing access to, and participation in, the National Diabetes Prevention Program. Both organizations were awarded funding from the Centers for Disease Control and Prevention to build capacity to support the delivery of the National Diabetes Prevention Program in rural communities. The Diabetes Prevention and Control Program continued to collaborate with the New Mexico Medical Society to educate health care professionals about best practices and resources to assist with screening, testing and referral of patients with prediabetes and type 2 diabetes. Two articles were published in their newsletter to provide information to their members about Paths to Health New Mexico and the process for making referrals through this statewide initiative and, to highlight the partnerships with HealthInsight New Mexico and the American Association of Diabetes Educators to scale and sustain the National Diabetes Prevention Program. Three new National Diabetes Prevention Program delivery sites, Nor-Lea Medical District, the Solution Group, and Bernalillo County Cooperative Extension Services, were established and registered through the Centers for Disease Control and Prevention's Diabetes Prevention Recognition Program. And last, finalization of the Diabetes Prevention Action plan was completed.

Percent of children in Healthy Kids, Healthy Communities (HKHC) with increased opportunities for healthy eating in public elementary schools

Percent of children in Healthy Kids Healthy Communities with increased opportunities for healthy eating in public elementary schools

Target: ≥ 89%
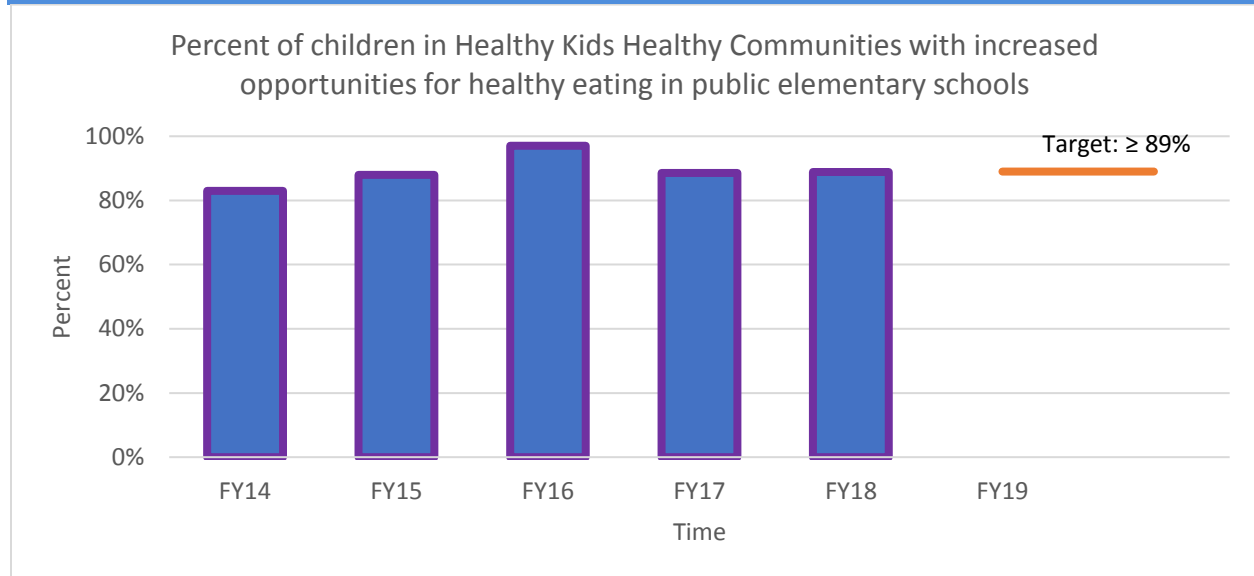
- Increasing healthy eating and physical activity opportunities in schools is a best practice for preventing obesity by exposing children to healthy lifestyle behaviors at an early age. In 2017, 13.9% of kindergarten and 19.9% of third grade students in New Mexico were obese; obese children are more likely to become obese adults with increased risk of chronic health conditions.

- There are no national or statewide measures that are directly comparable to this one. However, there are several related measures within the national Healthy People 2020 initiative.

- The NMDOH Obesity, Nutrition, and Physical Activity Program (ONAPA) works closely with local coordinators in Healthy Kids Healthy Communities (HKHC) to engage partners and build school system support for establishing strong wellness policies and implementing sustainable healthy eating initiatives coupled with nutrition education.

- During FY19-Q2, HKHC schools received the Healthier US Schools Award, 10 beyond the milestone goal. Recipients of this award receive local, state, and national recognition for their practices that promote healthy eating and physical activity, and a monetary award.

- During FY19-Q2, work at the local level was limited due to delays in the contract process.

- Next quarter we will continue to provide technical assistance to our 13 county and tribal HKHC coordinators to successfully implement the Healthy Kids 5.2.1.0 challenge, which

can help build healthy lifestyle habits. HKHC coordinators will also receive training in healthy school cafeteria promotions at the January HKHC meeting.

Partners

- New Mexico Public Education Department
- New Mexico Children, Youth and Families Department
- New Mexico Human Services Department
- New Mexico Department of Transportation
- NMDOH Women, Infants, and Children Program
- New Mexico State University
- University of New Mexico
- NMDOH health promotion
- Schools
- Planning organizations
- Parks and Recreation
- Local/Tribal governments
- Healthy Kids Healthy Communities (Chaves, Cibola, Colfax, Curry, Dona Ana, Grant, Guadalupe, Hidalgo, Roosevelt, San Juan, Socorro counties; pueblos of San Ildefonso, Zuni, Ohkay Owingeh)

What Works

Centers for Disease Control and Prevention Best and Promising Practices for Obesity Prevention:

- Improve nutrition quality of foods and beverages served or available in schools consistent with the Institute of Medicine's Nutrition Standards for Foods in Schools (including increased access to fruit, vegetables, and plain drinking water).
- Improve the quality and amount of physical education and activity in schools (including increased physical activity opportunities throughout the school day such as daily recess, mileage clubs, and walk and roll to school programs).

Strategy

- Establish/expand the 5.2.1.O Challenge in elementary schools.
- Establish/expand healthy eating opportunities (fruit and vegetable tastings, salad bars, healthy snacks, edible school gardens).

- Apply for recognition of healthy eating and physical activity best practices in schools through the US Department of Agriculture Healthier US Schools Challenge.
- Establish/expand physical activity opportunities before, during, and after school (schoolyards for open community use, walk and roll to school programs, mileage clubs).

Action Plan

- Q1
  - Support 31 schools to apply for with Healthier US Schools Challenge award. Met.
- Q2
  - 31 schools receive Healthier US Schools Challenge awards. Met – 41 schools received the Healthier US Schools Challenge award.
  - 17 executed federal FY contracts with October start dates (no programmatic control over contract approval process but work is predicated on contractors). Unmet – One executed federal FY contract with October start date.
- Q3
  - 55 HKHC elementary schools implementing the 5.2.1.O Challenge.
- Q4
  - 65 public elementary schools recruited for statewide childhood obesity surveillance.
  - Seven nursing programs assisting with statewide childhood obesity surveillance.

FY18 Annual Progress Summary

- The majority of public elementary school children in Healthy Kids Healthy Communities had access to at least one healthy eating opportunity in the 2017-2018 school year. This was accomplished by providing technical assistance and training to Healthy Kids Healthy Communities coordinators, through district wellness policy trainings, and quarterly trainings for Healthy Kids Healthy Communities coordinators and statewide partners.
- In the fall of 2017, the Obesity, Nutrition, and Physical Activity Program and its partners completed statewide childhood obesity surveillance by measuring 8,065 students in 62 randomly selected public elementary schools and, in March 2018, published its New Mexico Childhood Obesity 2017 Update. The Obesity, Nutrition, and Physical Activity Program and its partners also built support for measuring an additional 2,911 students in 31 Healthy Kids Healthy Communities schools so these communities would have more comprehensive childhood obesity surveillance data.

- Unmet milestones involving contracts were impacted by administrative processes. Healthy Kids Healthy Communities milestones were met due to contractor successes in working with schools and community partners to increase opportunities for healthy eating. Working in communities and with partners for several years strengthens relationships and makes our strategies and efforts more effective.

Number of WIC clients participating in food tastings in WIC clinics with kitchens

Number of WIC clients participating in food tastings in WIC clinics with kitchens
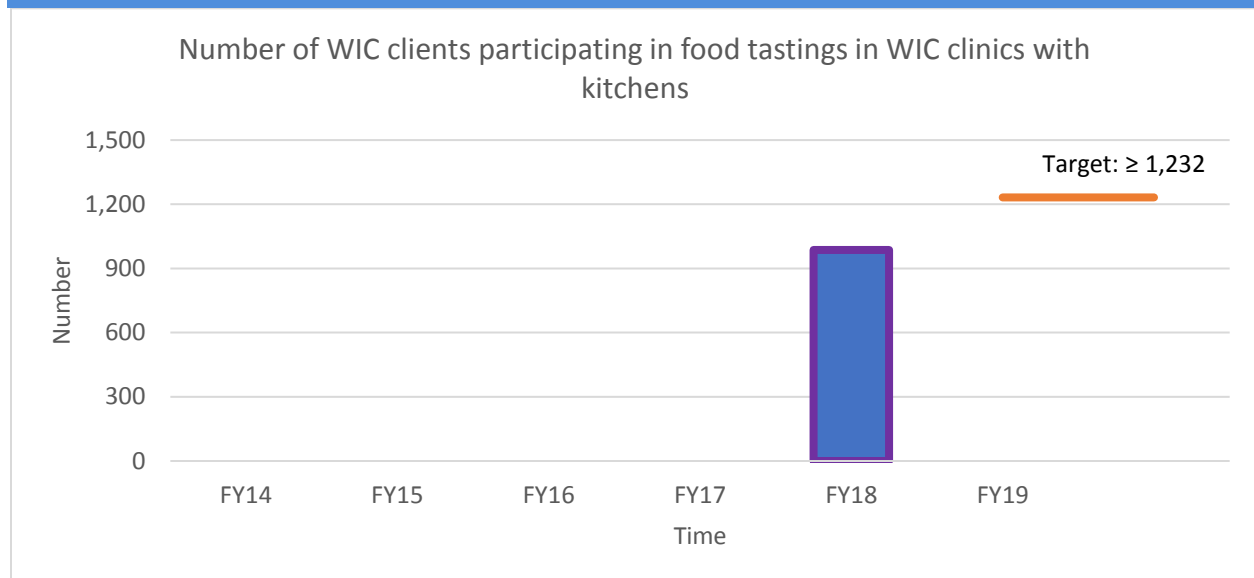
- In 2017, 65.7% of New Mexico's adults were overweight or obese. Adults with lower socioeconomic status are at greater risk for adopting unhealthy lifestyle behaviors, becoming overweight or obese, and developing chronic disease. Women, Infants, and Children (WIC) clients qualify as low-income and at nutrition risk. Food tastings reinforce nutrition education received at WIC clinics.

- There are no national measures that are comparable to this one. However, the WIC food-tasting initiative promotes an increase in the variety and contribution of fruits and vegetables eaten, which is an objective of the Healthy People 2020 initiative.

- WIC clinics and nutrition educators are working together to provide added value healthy food tastings and education to WIC clients. Local and statewide partners meet to share information, successes, and address challenges to improve the implementation model.

- During FY19-Q2, the Las Cruces-based Ideas for Cooking and Nutrition (ICAN) nutrition educator began conducting healthy food tastings and nutrition education in two WIC clinics in Dona Ana County. Due to implementation of new software in July of 2018, ICAN classes were temporarily canceled. It was estimated that all clinics would re-schedule ICAN classes in September but due to software issues and fine-tuning of operations, this was delayed and some clinics still have not re-started ICAN classes.

- In the next quarter, the Obesity, Nutrition, and Physical Activity (ONAPA) Program will meet with WIC to review and update the WIC-ICAN Nutrition Education plan to expand into WIC clinics without kitchens.
- WIC clinics and nutrition educators are working together to provide added-value healthy food tastings and education to WIC clients. Local and statewide partners meet to share information, successes, and address challenges to improve the implementation model.

Partners

- NMDOH WIC Program
- County-level WIC staff providing services in public health offices
- New Mexico State University (NMSU) Cooperative Extension Service nutrition educators

What Works

- With the addition of federal Supplemental Nutrition Assistance Program Education (SNAP-Ed) funding in FY16, ONAPA expanded its reach to the low-income adult population for the first time, specifically those participating in food assistance programs within tribal communities and high-poverty counties. The SNAP-Ed program has the greatest potential impact on nutrition and physical activity behaviors when interventions and strategies are geared towards low-income women and children. Targeting women and children captures a majority of SNAP-eligible recipients, many of whom also receive WIC benefits, and provides an opportunity to reinforce and build upon nutrition and physical activity education strategies across multiple programs.

Strategy

- ONAPA, WIC, and New Mexico State University are coordinating efforts to provide nutrition education through the implementation of food tastings and cooking demos for WIC recipients using WIC eligible foods, primarily fruits, vegetables, and whole grains.

Action Plan

- Q1: Continue to partner with NMSU SNAP-Ed to implement food tastings and/or cooking demonstrations in six WIC clinics. Unmet due to WIC transition to new software.
- Q2: Recruit two additional WIC clinics to implement food tastings and/or cooking demonstrations. Met.

- Q3: Partner with regional WIC managers to market and promote implementation efforts to increase participation.
- Q4: Collect pre and post survey data from one WIC clinic on value of food tastings and/or food demonstrations to WIC clients.

FY18 Annual Progress Summary

- Nutrition education cooking lessons and tastings provided by Ideas for Cooking and Nutrition Educators were successfully established in six WIC clinics in six counties. WIC participants regularly visit WIC clinics to receive their benefits and WIC nutrition education classes. The additional cooking lessons and tastings provided low-income mothers exposure to new, healthy foods and recipes through free classes. Classes occurred once a month, twice a month, or weekly, depending on Ideas for Cooking and Nutrition Educators' availability.
- Successful recruitment for classes included phone call reminders to participants the day before, half page flyers and wallet cards for participants to take home, and flyers posted in each WIC clinic.
- Milestones were met due to strong partnership and consistent communication with WIC clinic managers and Ideas for Cooking and Nutrition Educators. An unforeseen transition in the software that WIC uses impacted quarter four plans to expand into additional WIC clinics.

Number of high school youth trained in the Evolvement youth engagement program to implement tobacco projects in their school/community

Number of high school youth trained in the Evolvement youth engagement program to implement tobacco projects in their school/community

Target: ≥ 375

(Y-axis: Number, values 0, 200, 400, 600, 800, 1,000)
(X-axis: Time — FY14, FY15, FY16, FY17, FY18, FY19)
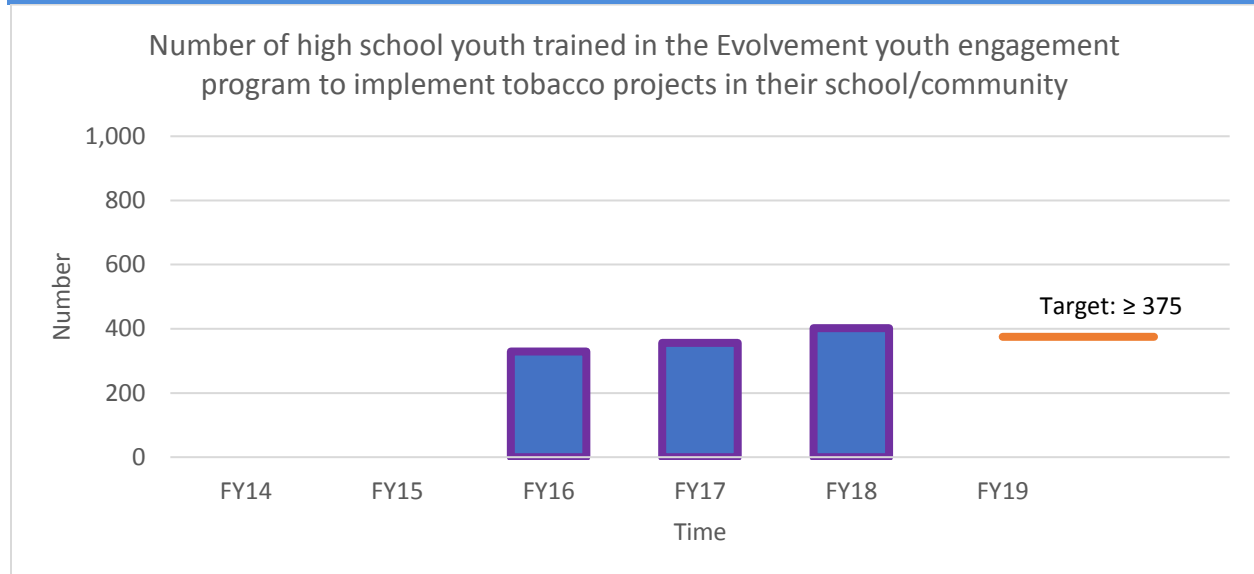
Story Behind the Curve

- Training youth in the Evolvement youth engagement program is a key strategy in implementing tobacco prevention campaigns in schools and communities across New Mexico. Measuring the number of youth being trained and engaged in a geographically-representative way helps to ensure widespread coverage of tobacco prevention campaign messaging and activities.
- There are no similar national measures, however, the tobacco prevention activities carried out by Evolvement youth support the goal of reducing adolescent tobacco use. For example, 10.6% of New Mexico high school youth currently smoke cigarettes, compared to 8.8% nationally. New Mexico's youth smoking rate is approaching the Healthy People 2020 target of 10%.
- The NMDOH Tobacco Use Prevention and Control Program's (TUPAC's) contractor, Rescue, which oversees Evolvement program activities, is recruiting school districts to participate in the Evolvement Program, and districts are also becoming increasingly interested in pursuing truly tobacco-free policies through the 24/7 campaign.
- In FY19-Q2, Rescue, signed on five additional school districts, bringing the total to 15 districts. A total of 116 youth were trained on Evolvement, which surpassed the Q2 milestone of 100, bringing the FY19 total so far to 254 youth.

- Work in the next quarter will involve fostering relationships with the five new school districts, and planning and implementing additional trainings. One remaining school district (Taos) is expected to gain their final school board permission and approval for participation in the Evolvement program.

Partners

- Rescue (The Behavior Change Agency)
- New Mexico school districts
- New Mexico Public Education Department
- Community-based organizations
- NMDOH – Health Promotion Teams

What Works

The Guide to Community Preventive Services recommends the following interventions to reduce adolescent smoking:

- Increasing the unit price of tobacco products.
- Mass media campaigns when combined with other interventions (e.g., youth engagement).
- Smoking bans and restrictions.
- Restricting minors' access to tobacco products through community mobilization with additional interventions.

Strategy

- The Tobacco Program will implement a statewide youth engagement strategy (Evolvement), alongside specific tobacco counter-marketing campaigns targeting high school youth.

Action Plan

- Q1: Train 100 youth leaders. Completed – 138 youth leaders trained.
- Q2: Train 100 youth leaders. Completed – 116 youth leaders trained.
- Q3: Train 100 youth leaders.
- Q4: Train 50 youth leaders.

The NMDOH Tobacco Use Prevention and Control Program and Rescue, which oversees Evolvement program activities, were successful in recruitment, technical assistance, training, and follow-up efforts in FY18. In fact, efforts resulted in a total of 402 youth trained, exceeding the annual target of 350. Ten high schools from across New Mexico participated in the Evolvement Program, with youth completing a variety of local youth tobacco use prevention and engagement projects in their schools and communities. Four new school districts (Roswell, Pecos, Las Cruces, and Central) enacted 100% tobacco-free policies across their campuses in FY18, protecting thousands of youth, staff, parents, and visitors from the harms of secondhand smoke.

Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up

Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up

Target: ≥ 30%
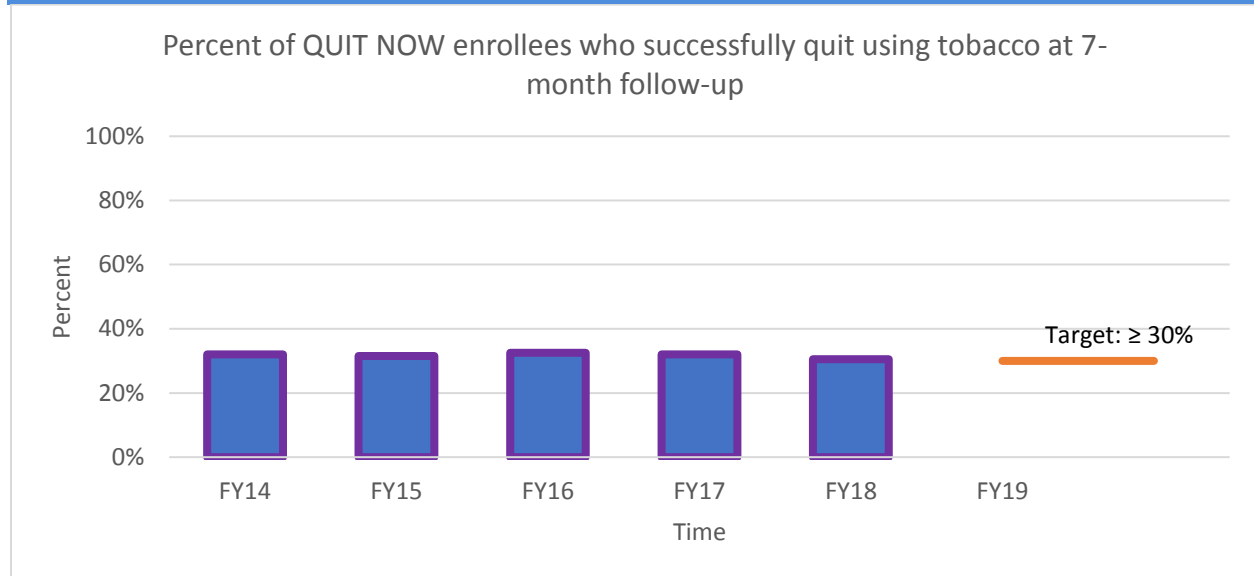
- Tracking the quit rates at 7-month follow-up is important in measuring the effectiveness of tobacco cessation services and support provided through QUIT NOW. The 7-month quit rate is a standard and accepted measure recommended by the North American Quitline Consortium.
- The 7-month quit rate among smokers in the U.S. averages 29%, but there is no national target set for this measure.
- Locally, we continue recruiting and training health care providers and clinics on tobacco use screening, brief interventions, and referrals to QUIT NOW, specifically for tobacco users who are ready to quit in the next 30 days. QUIT NOW services are most effective for tobacco users who are ready to set a quit date within the next 30 days.
- In FY19-Q2, the Tobacco Use Prevention and Control Program's independent evaluator surveyed 345 QUIT NOW and DEJELO YA participants to determine their quit rates 7-months after enrollment. The FY19-Q2 quit rate for this group was 29.1%, which is close to the target of 30.0%.
- In FY19-Q3, we will undertake a detailed review of quit rate data from Q2, which was the first quarter in which participants of the new individual cessation services (á la carte) were surveyed. In addition, we expect to analyze the impact of e-cigarette use on overall

tobacco use quit rates within QUIT NOW and DEJELO YA services. Review of this information will be used to further tailor cessation services, media, and evaluation efforts.

Partners

- Optum Health (tobacco cessation services provider)
- Media Matched (media contractor)
- TUPAC evaluation team
- TUPAC statewide contractors
- Health care providers

What Works

The Guide to Community Preventive Services recommends the following interventions to reduce adult smoking:

- Increasing the unit price of tobacco products.
- Mass media campaigns when combined with other interventions.
- Multi-component cessation interventions that include telephone support.
- Health care provider reminder systems for tobacco cessation.
- Reducing client out-of-pocket costs for cessation therapies.
- Smoke-free policies to reduce tobacco use.

Strategy

- Develop and implement a training and outreach program to support health systems change to make tobacco cessation interventions more routine in New Mexico Community Health Centers (CHCs).
- Advise tobacco users to quit and refer those ready to make a quit attempt to appropriate treatment resources.

Action Plan

- Q1: 30.0%. Met – 31.6% of QUIT NOW participants remained quit at 7-months.
- Q2: 30.0%. Did not meet – 29.1% of QUIT NOW participants remained quit at 7-months.
- Q3: 30.0%
- Q4: 30.0%

NMDOH's Tobacco Use Prevention and Control Program served 7,350 tobacco users in FY18 through its QUIT NOW and DEJELO YA tobacco cessation services. In FY18, about 30.5% of QUIT NOW enrollees remained quit at their 7-month follow-up, a bit higher than the national average of 29% and much higher than the 'cold-turkey' quit rate of 7%. Sustained promotion of QUIT NOW services both locally and nationally, as well as ongoing statewide outreach and training of health care providers ensures that there is awareness of service availability and use by tobacco users who are ready to quit. The addition of more customizable services in FY18, which allow tobacco users to pick and choose service components, may have helped more of them in quitting successfully by their 7-month follow-up.

Percent of New Mexico adult cigarette smokers who access NMDOH cessation services

Percent of New Mexico adult cigarette smokers who access NMDOH cessation services
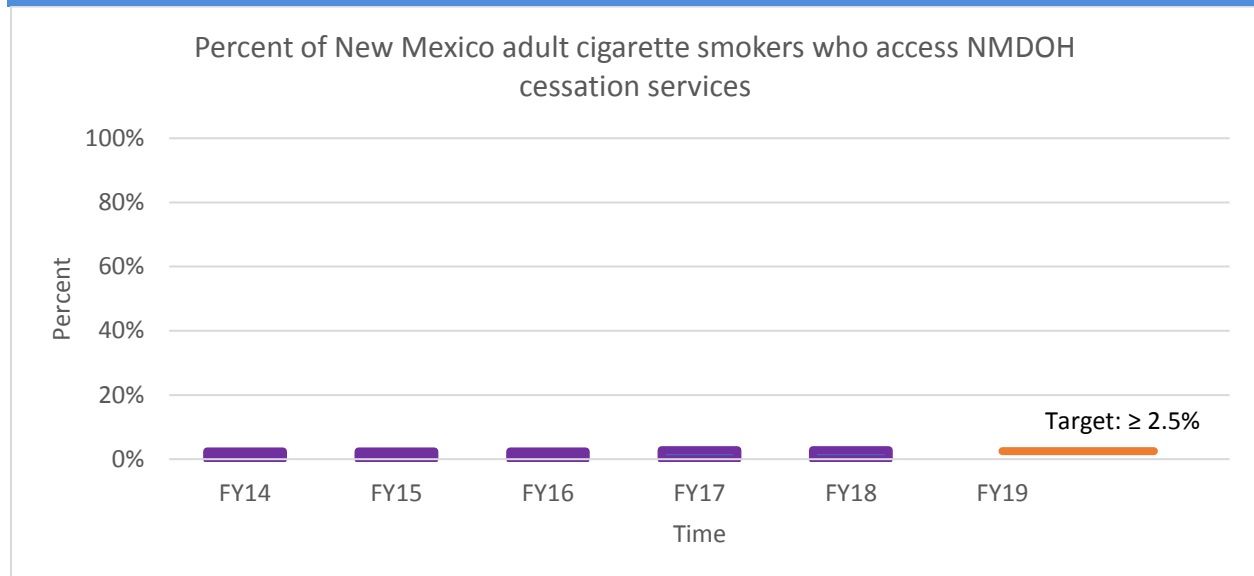
- Historically, 2-3% of adult smokers will seek help through QUIT NOW tobacco cessation services. It is important to make these services available and as barrier-free as possible, as they can double or triple smokers' chances of quitting versus 'cold-turkey'. The Tobacco Use Prevention and Control Program (TUPAC) tracks the percentage of smokers accessing QUIT NOW to ensure that we are successfully promoting availability of these services to tobacco users, their families, and health care providers.

- The Centers for Disease Control and Prevention has set a long-term target for states to reach 7% of tobacco users through QUIT NOW. However, this target assumes that states have the minimum recommended funding levels for comprehensive tobacco prevention and control programming. However, only two states have this level of funding, and most states only reach about 2% of tobacco users.

- Locally, health care providers and clinics are being recruited to participate in our Health Systems Training and Outreach Project, which provides technical assistance in screening and administering brief tobacco interventions to tobacco users, as well as referring people to QUIT NOW.

- In FY19-Q2, an estimated 1,779 adult tobacco users enrolled in QUIT NOW or DEJELO YA (Spanish) tobacco cessation services, representing 0.6% of the total number of adult

smokers in the state. The cumulative total through Q2 of FY19 is 1.2%, close to the Q2 milestone of 1.3%.

- In Q3, the Tobacco Program will evaluate QUIT NOW and DEJELO YA enrollment numbers for FY19, with a focus on better understanding the demographics of tobacco users who are signing up for the relatively new individual (á la carte) cessation services. Media, marketing, and outreach efforts will be adjusted to consider what is learned about the demographics of tobacco users enrolling in individual services.

Partners

- Optum Health (tobacco cessation services provider)
- Media Matched (media contractor)
- TUPAC evaluation team
- TUPAC statewide contractors
- Health care and behavioral health providers
- Federally-Qualified Health Centers and other clinics

What Works

The Guide to Community Preventive Services recommends the following interventions to reduce adult smoking:

- Increasing the unit price of tobacco products.
- Mass media campaigns when combined with other interventions.
- Multi-component cessation interventions that include telephone support.
- Health care provider reminder systems for tobacco cessation.
- Reducing client out-of-pocket costs for cessation therapies.
- Smoke-free policies to reduce tobacco use.

Strategy

- Develop and implement a training and outreach program to support health systems change to make tobacco cessation interventions more routine in New Mexico Community Health Centers (CHCs).
- Advise tobacco users to quit and refer those ready to make a quit attempt to appropriate treatment resources.

- Q1: 0.6%. Met – In FY19-Q1, 0.6% of adults in New Mexico who smoke cigarettes accessed cessation services.
- Q2: 1.3%. Did not meet – Through FY19-Q2, 1.2% of adults in New Mexico who smoke cigarettes accessed cessation services.
- Q3: 1.9%
- Q4: 2.5%

FY18 Annual Progress Summary

NMDOH's Tobacco Use Prevention and Control Program successfully reached 2.8% of adult smokers through its QUIT NOW and DEJELO YA tobacco cessation services in FY18, better than the annual target of 2.5%. Although cigarette smoking continues to decline in the state, there are still over 260,000 adult cigarette smokers. Of the remaining smokers, about 2 in 3 have attempted to quit in the past year and 8 in 10 say that they plan on quitting in the next 6 months. The strong interest in smoking cessation among remaining smokers points to a continued need and opportunity to reach and serve additional people through QUIT NOW and DEJELO YA. Activities in FY18 included consistent availability of cessation services through the entire fiscal year, mass media and targeted media to promote use of the services, training of health care providers, and the ongoing monitoring, evaluation, and tailoring of services. NMDOH Tobacco Cessation Services include quit coaching/counseling, free nicotine medications, phone- and web-based support, as well as services in Spanish.

Percent of female clients ages 15-19 seen in NMDOH public health offices who are provided most or moderately effective contraceptives

Percent of female clients ages 15-19 seen in NMDOH public health offices who are provided most or moderately effective contraceptives

Target: ≥ 59.5%
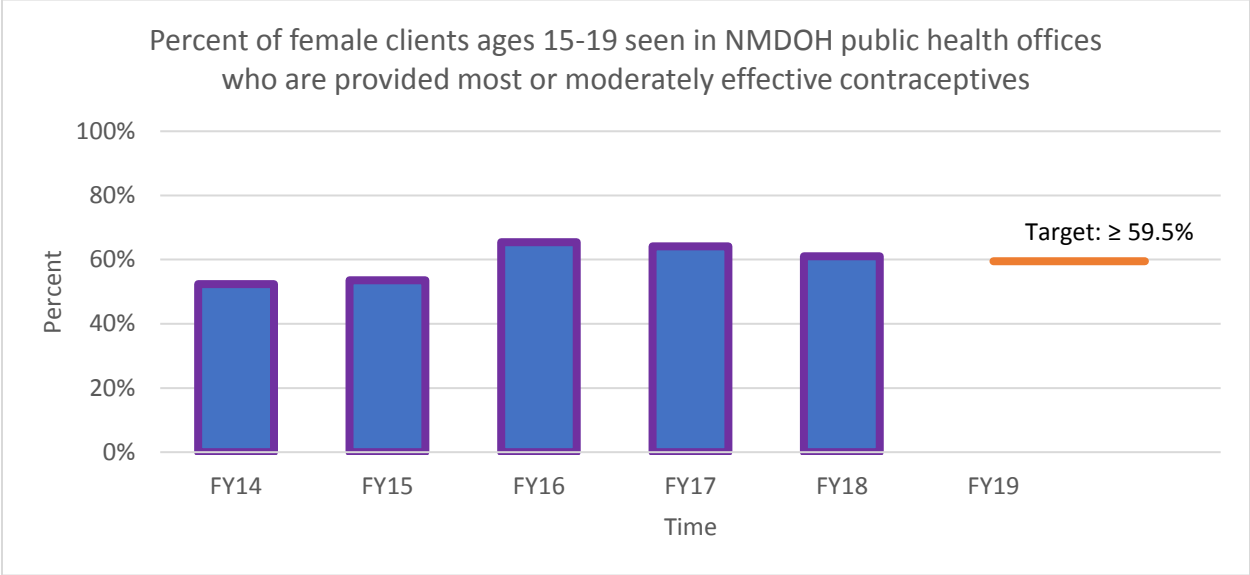
- Access to and availability of effective contraceptive methods contribute to the steady decrease in New Mexico's teen birth rate. The broad range of contraceptive methods (including IUDs and implants [most-effective] and pills, injectables, and rings [moderately-effective]) is available at 39 of the 44 public health offices that offer family planning services.

- Since 2012, the teen birth rate among 15-to-19-year-olds in New Mexico (NM) has declined by 41.0% to 27.6 per 1,000 in 2016 (NM-IBIS) and is the seventh highest in the nation (National Center for Health Statistics). Teens who drop out of school are more likely to become pregnant and have a child than peers who graduate. Seventy-one percent of teen mothers report that their pregnancy was unintended or mistimed, compared to 44% of all mothers (NM Indicator-Based Information System, 2018). Some reasons for higher teen parenthood in mixed urban/rural areas include lack of health insurance, increased poverty, transportation barriers, and less access to services. In NM, teen birth rates are highest for American Indians and Hispanics (at almost double the reference rate).

- The NM Family Planning Program (FPP) continues to collaborate with the NMDOH Public Health Division (PHD) Medical Director and PHD Family Health Bureau (FHB) Medical Director to support the provision of family planning clinical services. The NM FPP is

dedicated to continuing the provision of family planning clinical services and telemedicine services for reproductive health.

- The FY19-Q2 milestone was met as a result of the year-round reproductive health services that are offered in 39 of the 44 public health offices.
- The NM FPP will continue to fund staff in public health offices to provide the broad range of contraceptive methods and confidential family planning services throughout the state. The NM FPP will try to fill state office clinical positions to provide technical assistance and support for region staff.

Partners

- Primary care clinics
- Community-based clinical providers
- Schools, after-school, and youth programs
- Community-based organizations
- County health councils
- School-based health centers
- Parent organizations
- Centers for higher education
- Indian Health Services
- University of New Mexico
- NM Public Education Department

What Works

- Access to confidential, low- or no-cost family planning services through county public health offices, community clinics, and school-based health centers.
- Increased availability of most-effective contraceptive methods for teens.
- Service-learning, positive youth development, and comprehensive sex education programs.
- Adult-teen communication programs to give adults information and skills to communicate effectively with young people about reducing risky sexual behavior.

Strategy

- Through shared-decision making counseling, increase teens' access to birth control including the most effective contraceptive methods.

- Increased access with telemedicine.
- Social media campaigns about birth control and where to find services.
- Promote BrdsNBz, a text-messaging system offering teens free, confidential answers to sexual health questions in English or Spanish.

- Q1: Provide a broad range of contraceptive methods to teens equal to 58% of the total contraceptives provided to teens. Met – 84.3% of teens aged 15-to-19-years-old selected most- or moderately-effective contraception as their contraceptive method of choice.
- Q2: Provide a broad range of contraceptive methods to teens equal to 58% of the total contraceptives provided to teens. Met – 78.6% of teens aged 15-to-19-years-old selected most- or moderately-effective contraception as their contraceptive method of choice.
- Q3: Provide a broad range of contraceptive methods to teens equal to 58% of the total contraceptives provided to teens.
- Q4: Provide a broad range of contraceptive methods to teens equal to 58% of the total contraceptives provided to teens.

- The FY18-Q4 measure was almost 9 percentage points higher than Q3, and at 64.1%, the Q4 measure had the highest percentage of the fiscal year.
- The use of telemedicine services for some family planning visits enabled clinicians to use their time at Public Health Office clinics for birth control methods that cannot be done by telemedicine, such as implants and IUDs.
- The NM Family Planning Program (FPP) met with the PHD Medical Director and the FHB Medical Director on ways to increase the provider coverage for telemedicine services. In addition to FPP's clinical and educational services NM Family Planning Program disseminated mobile banner ads and Facebook ads to increase awareness of long-acting reversible contraception.
- There is a demonstrable need for additional clinicians to provide family planning services throughout the state. Currently, there is only one clinician providing family planning telemedicine services, and the FPP believes if other clinicians can be added, an even greater impact will result, and the percentage of teens receiving contraception could be even higher.

The number of teens that successfully complete teen pregnancy prevention programming

The number of teens that successfully complete teen pregnancy prevention programming

Target: ≥ 264
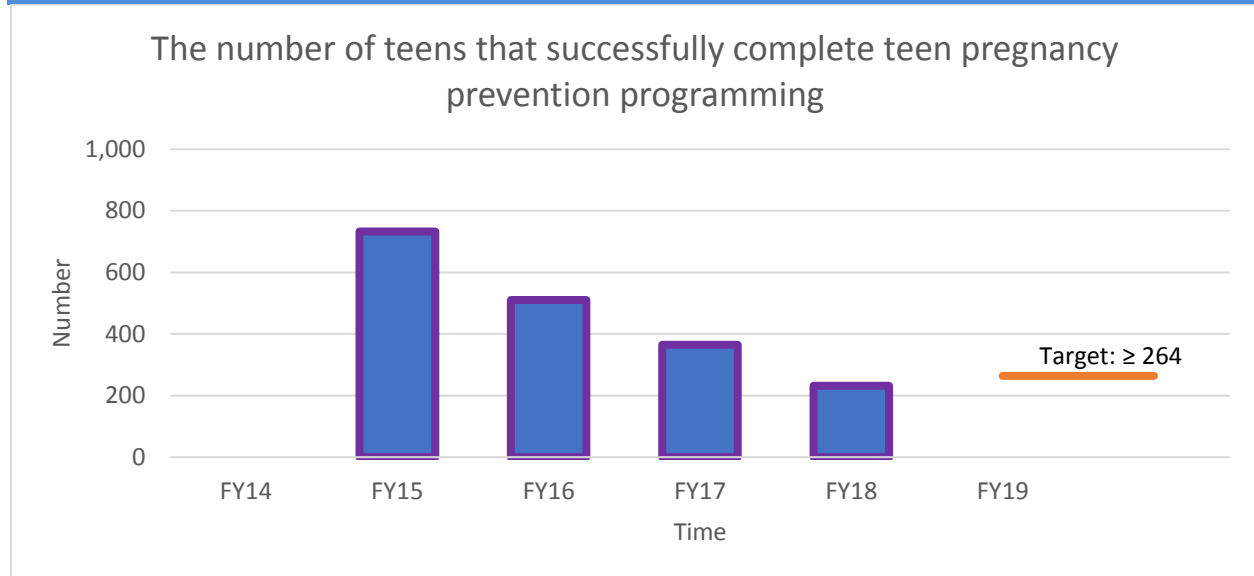
- Service-learning, positive youth development, and comprehensive sex education programming are all protective factors for teens to reduce risky sexual behaviors.
- Since 2012, the teen birth rate among 15-to-19-year-olds in New Mexico (NM) has declined by 41.0% to 27.6 per 1,000 in 2016 (NM-IBIS) and is the seventh highest in the nation (National Center for Health Statistics). Teens who drop out of school are more likely to become pregnant and have a child than peers who graduate. Seventy-one percent of teen mothers report that their pregnancy was unintended or mistimed, compared to 44% of all mothers (NM Indicator-Based Information System, 2018). Some reasons for higher teen parenthood in mixed urban/rural areas include lack of health insurance, increased poverty, transportation barriers, and less access to services. In NM, teen birth rates are highest for American Indians and Hispanics (at almost double the reference rate).
- In FY19, the NM Family Planning Program will contract with schools and community organizations to provide both TOP and Project AIM.
- During FY19-Q2, progress was achieved through continued partnerships with schools and community organizations providing positive youth development programming.
- It is expected that recruitment into the programs will be completed and the teen pregnancy prevention programming will begin with all cohorts.

- Schools, after-school, and youth programs
- Community-based organizations
- County health councils
- Pueblos
- School-based health centers
- Public Health Offices
- Parent organizations
- Policy makers
- NM Public Education Department
- NM Human Services Department

What Works

- Service-learning, positive youth development, and comprehensive sex education programs.
- Adult-teen communication programs to give adults information and skills to communicate effectively with young people about reducing risky sexual behavior.
- Social media with information on birth control and clinics.
- BrdsNBz, a text-messaging system that offers teens free, confidential answers to sexual health questions in English or Spanish.
- Access to confidential, low- or no-cost family planning services through county Public health offices, community clinics, and school-based health centers.

Strategy

- Through shared-decision making counseling increase teens' access to birth control including the most effective contraceptive methods (implants & IUDs).
- Incorporate service-learning programs consisting of community-based volunteer services and guided curriculum education.

Action Plan

- Q1: Enroll at least 250 teens in the 9-month-long TOP by the end of Q1. Complete – 320 teens enrolled in TOP.

- Q2: Enroll and complete the 6-week-long Project AIM with fidelity with 12 teens. Monitor teens enrolled in TOP. Complete – 368 teens enrolled in TOP and 144 completed Project AIM.
- Q3: Enroll and complete the 6-week-long Project AIM with fidelity with 12 teens. Monitor teens enrolled in TOP.
- Q4: Enroll and complete the 6-week-long Project AIM with fidelity with 12 teens. Monitor teens enrolled in TOP.

- Percent of preschoolers (19-35 months) fully immunized (NMSIIS data source)

Percent of preschoolers (19-35 months) fully immunized (NMSIIS data source)
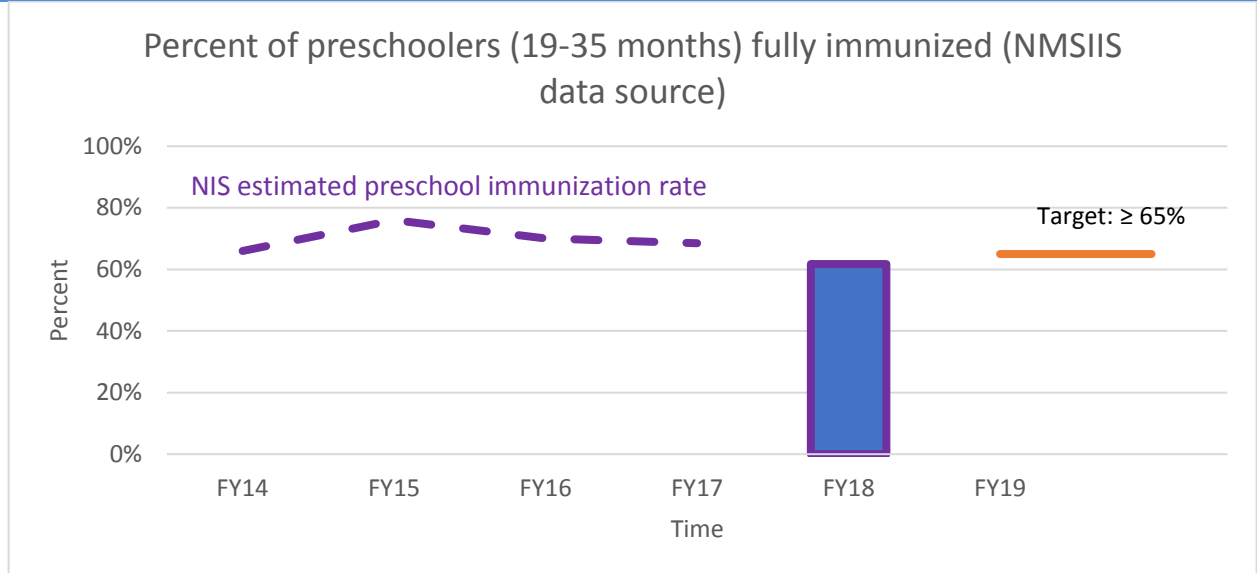
Story Behind the Curve

- Beginning in FY19, NMDOH is using the New Mexico Statewide Immunization Information System (NMSIIS) and New Mexico Vital Records data to track vaccine coverage for children aged 19-35 months old. As of July 2, 2018, vaccine coverage for children aged 19-35 months old in New Mexico was 61.8%. The 4:3:1:3:3:1:4 (4 DTaP, 3 Polio, I MMR, 3 Hep B, 3 HIB, 1 Varicella, and 4 Pneumococcal) series is the nationally-accepted 'gold standard' for childhood immunization coverage. In FY19-Q2, vaccine coverage for children aged 19-35 months in New Mexico was 63.6%.
- The Healthy People 2020 objective is 80%, which is a realistic target for New Mexico.
- In FY17, NMDOH focused on the roll-out of its new, state-of-the-art immunization registry that has improved ordering, reporting, data quality and data exchange using HL7 messaging. In FY18, ongoing efforts to improve registry data continued. The current 2019 goal is to reduce the number of duplicate records for clients in the registry to improve data quality. The NMDOH Immunization Program continues revenue collection for vaccines administered to privately-insured clients, which ensures the continued supply of vaccines for this group.
- In FY19-Q1, regulations for the registry were promulgated; they will go into effect October 16, 2018. The regulations work to enforce statutory reporting requirements which should

also contribute to the overall data quality and completeness of patient immunization records.

- In FY19-Q2, NMDOH continued its vaccine revenue collection to support future vaccine purchases, and expand upon the capacity of its immunization registry (NMSIIS) to support enhanced tracking of program objectives.

- In FY19-Q3, NMDOH will train 30 VFC providers on how to run coverage reports and not-up-to-date lists for their clients as part of AFIX visits.

Partners

- Public and private Vaccines for Children providers across the state
- Office of Superintendent of Insurance – on Vaccine Purchase Act
- University of New Mexico and the New Mexico Immunization Coalition
- Indian Health Service
- New Mexico Medical Society

What Works

- A strongly recommended evidence-based strategy is reminder-recall notices to families where a child is due or late for a vaccine.
- Another recommended evidence-based practice is provider assessment and feedback. Ongoing provider AFIX (Assessment, Feedback, Incentives, and Exchange) visits focus on quality improvement measures that help practices improve immunization coverage of their childhood and adolescent populations.
- Having providers routinely measure their clinics' pediatric immunization coverage levels and share the results with their staff increases their awareness of their practice's effectiveness in bringing all their clients up-to-date for immunizations.
- Finally, having a practice immunization champion that focuses on quality improvement, reducing barriers to immunization, and improving coverage levels is a key evidence-based strategy.

Strategy

- Effective reminder-recall notices and provider feedback are dependent upon complete and accurate immunization records in NMSIIS. A primary Immunization Program goal is to improve registry data quality by continuing to increase electronic data exchange, train

providers statewide, and assure that all Vaccines for Children providers are entering immunizations. The Immunization Program sends out monthly reminder/recall notices statewide for preschoolers not up-to-date on their pneumococcal vaccine series.

- NMSIIS now has functionality that allows providers to easily generate coverage reports for their own practices. Providers are trained in how to produce these reports as part of the AFIX visit.
- The NMDOH Immunization Program supports the recognition of immunization champions through its support of the New Mexico Immunization Coalition annual 'Immunization Champion' award, and through incentives for staff who participate in AFIX reviews.

Action Plan

- Q1: Reduce the number of duplicate records that exist for the 0-3-year-old age group in the NMSIIS registry to improve data quality. Completed - Eighty-five percent of the duplicate records have been resolved.
- Q2: Send out 7,500 reminder/recall notices to families with children who are due or overdue for a PCV-13 pneumococcal immunization. Completed.
- Q3: Train 30 VFC providers as of end of 3rd Quarter on how to run coverage reports and not-up-to-date lists for their clients as part of AFIX visits.
- Q4: Recognize 20 VFC Providers for Childhood Coverage Achievement Awards.

New in FY19 - The percentage of NMDOH-funded school-based health centers that demonstrate improvement in their primary care or behavioral health care focus area

The percentage of NMDOH-funded school-based health centers that demonstrate improvement in their primary care or behavioral health care focus area
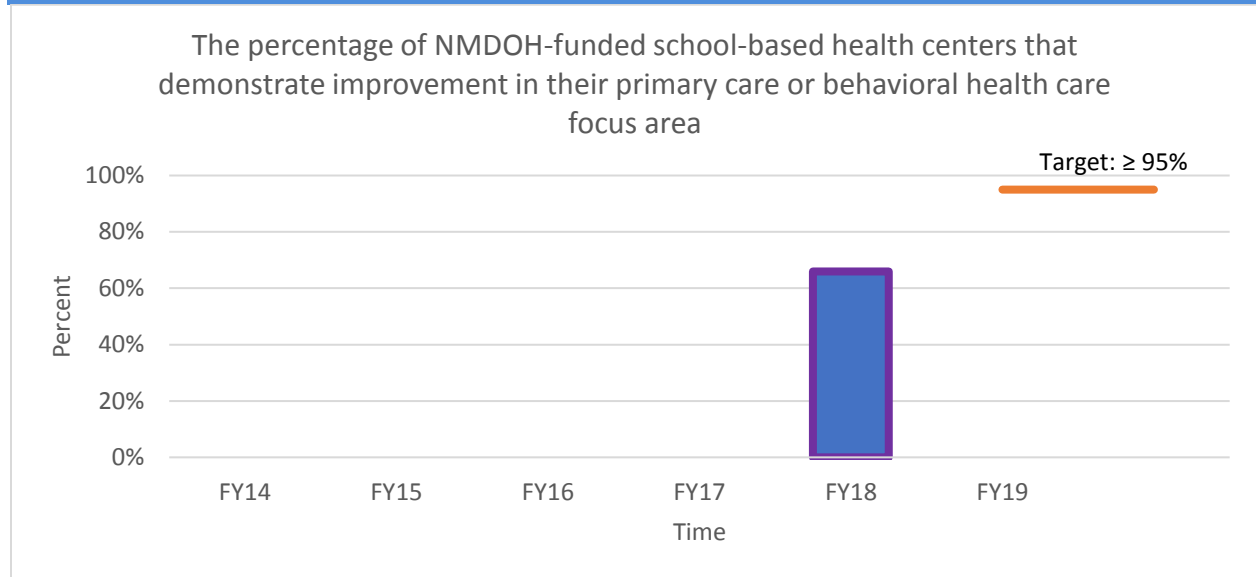
- Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Institute of Medicine's (IOM), which is a recognized leader and advisor on improving the Nation's health care, defines quality in health care as a direct correlation between the level of improved health services and the desired health outcomes of individuals and populations.

- This performance measure incorporates other national standards commonly used by Medicare, Medicaid, and health insurance and managed care organizations. Performance relative to these standards is included in the Uniform Data System (UDS), a standardized reporting system that provides consistent information about health centers.

- Community health centers, the medical sponsors for NMDOH funded school based health centers, are the providers of choice for essential primary care services for the nation's most vulnerable populations.

- Health centers, including school based health centers, provide access to comprehensive, integrated, patient-centered care with a focus on improving health outcomes and reducing health disparities. Almost all health centers meet or exceed at least one national benchmark goal for quality of care.

- All NMDOH contracts for school based health centers were executed before the end of this quarter.
- School based health center providers are required to report on their progress in implementing quality improvement processes. Successes and challenges are recognized and course corrections can be made to help ensure the annual performance target is met.
- In FY19-Q3, NMDOH will ensure 75% of NMDOH-funded SBHCs are on target to complete required number of student surveys.

Partners

- New Mexico (NM) Alliance for School-Based Health Care
- Apex Evaluation
- NM Human Services Department and Centennial Care Providers
- NM Primary Care Association
- NM Community Health Centers
- NM Public Education Department
- NM Children Youth and Families Department
- NM Behavioral Health Services Division
- 10 Federally Qualified Health Centers (FQHCs)
- 3 Regional Education Cooperatives
- Local school districts and school boards

What Works

- Continuing to align our quality improvement measures with UDS measures and other reporting systems that our FQHC partners must account to.
- Increasing the number of partnerships with community health centers as this sponsorship improves administrative operations, improves fiscal sustainability and increases the number of school based health centers that can meet their quality improvement goals.

Strategy

- The semi-annual progress report allows both the NMDOH Office of School and Adolescent Health and school based health center sponsors to track and evaluate how well school based health centers are meeting their goals as indicated in their operational plans. While quality improvement measures are a small part of the overall progress report, they do serve as a great benchmark of annual outcomes.

- As we have aligned our measures with national measures our FQHC partners are already accountable to, school based health centers have become more sustainable, become more legitimate access points to the healthcare system for adolescents, as well as, become more able to improve health outcomes for adolescents.

Action Plan

- Q1: 100% of NMDOH-funded SBHCs will have their contract executed by September 30, 2018. Met - all contracts are in place.
- Q2: 100% of NMDOH-funded SBHCs will submit their semi-annual progress report by December 31, 2018. Met.
- Q3: 75% of NMDOH-funded SBHCs on target to complete required number of student surveys.
- Q4: 95% of NMDOH-funded school based health centers will demonstrate improvement in their primary care or behavioral health care, quality improvement focus area.

Percentage of older adults who have ever been vaccinated against pneumococcal disease

Performance Data

The percentage of older adults who have ever been vaccinated against pneumococcal disease

Target: ≥ 75%

(Chart: bar chart showing Percent on the y-axis from 0% to 100% and Time on the x-axis with FY14, FY15, FY16, FY17, FY18, FY19. Bars appear at roughly 73% for FY16, FY17, and FY18. An orange target line at 75% appears near FY19.)
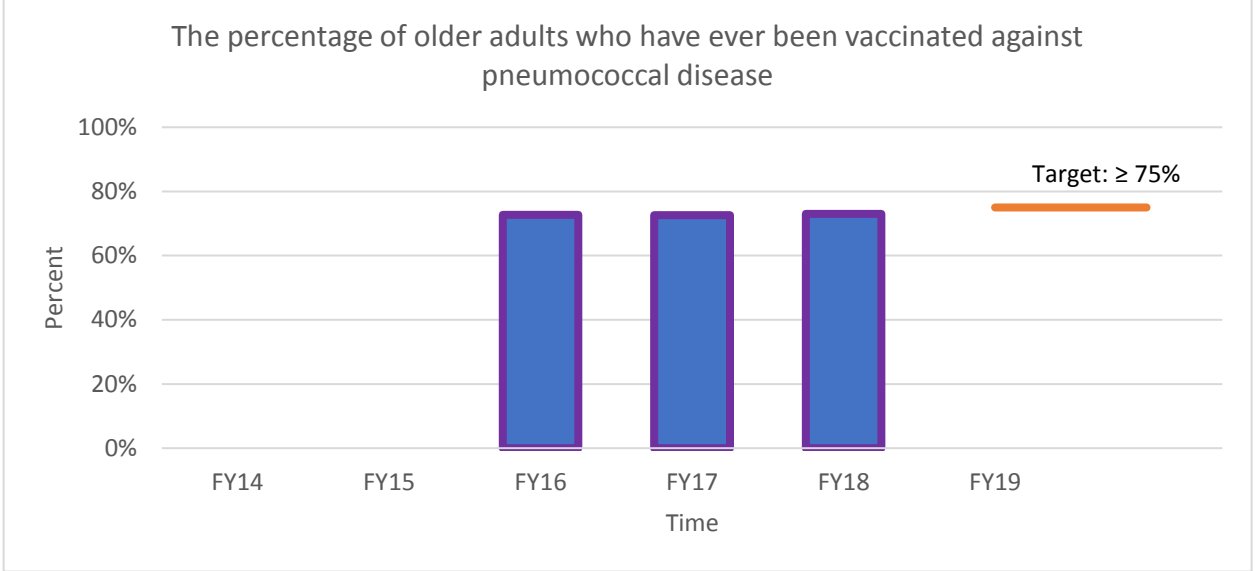
Story Behind the Curve

- Recommended immunizations for adults aged 65 years and older include a yearly immunization against influenza (flu) and a one-time immunization against pneumococcal disease. Most of the deaths and serious illnesses caused by influenza and pneumococcal disease occur in older adults and others at increased risk for complications of these diseases because of other risk factors or medical conditions.
- Data for this report are from the Behavioral Risk Factor Surveillance System (BRFSS), an ongoing survey of adults regarding their health-related behaviors, health conditions, and preventive services. Data are collected in all 50 states, D.C., and U.S. territories. Responses have been weighted to reflect the New Mexico adult population by age, sex, ethnicity, geographic region, marital status, education level, home ownership and type of phone ownership. The US Healthy People 2020 Target for this measure is 90%.
- The NMDOH Immunization program supports coverage by ensuring Public Health Offices and Federally Qualified Health Centers have access to PCV13 and PPSV23 for their uninsured patients.
- During FY19-Q2, the Immunization Program: Started the pilot Community Health Representative (CHR) tribal training on immunizations as part of the American Indian (AI) Project.

- During FY19-Q3, the Immunization Program will train 20 Community Health Representatives (CHRs) on CHR curriculum as part of the A&I Project to reduce pneumonia and influenza amongst our Native American/American Indian population.

Partners

- Public and private adult immunization providers across the state
- University of New Mexico and the New Mexico Immunization Coalition
- Indian Health Service
- New Mexico Medical Society
- HealthInsight New Mexico

What Works

- Immunizations are one of the most effective public health tools for preventing and eradicating disease yet adult immunizations have not reached the coverage levels of childhood immunizations, particularly among members of minority groups.
- The low rates of immunization among adults are the result of many factors including: lack of access to preventive health services; the belief that adult immunizations are not necessary; and the lack of basic knowledge about the high risks of disease and death linked to pneumonia/influenza in the elderly.

Strategy

- Effective reminder-recall notices and provider feedback are dependent upon complete and accurate immunization records in NMSIIS. A primary Immunization Program goal is to improve registry data quality by continuing to increase electronic data exchange, train providers statewide, and assure that all adult vaccine providers are entering immunizations into NMSIIS. Another strategy is Training of Trainers for the CHR training in communities.

Action Plan

- Q1
    - Promote Pneumococcal vaccines at the Aging Conference in August 2018. Completed.
    - Interact with seniors that attend the health fair. Completed.

- o Prepare data for the Televox/Pfizer Reminder Recall initiative for adults 65 years of age and older about their annual Medicare wellness visit and ask about immunization. Completed. Completed.
- o Finalize the CHR tribal training on immunizations as part of the AI Project and start the pilot training in October. Completed.
- Q2:
  - o Pilot the CHR tribal training on immunizations as part of the AI Project. Completed.
- Q3:
  - o Train 20 Community Health Representatives (CHRs) on CHR curriculum as part of the A&I Project to reduce pneumonia and influenza amongst our Native American/American Indian population.
- Q4:
  - o Train/educate a minimum of 10 providers on the importance of immunization against pneumonia and influenza as part of the initiative to reduce morbidity and mortality for the entire population as a whole but with an emphasis on Native Americans/American Indians.

Number of successful overdose reversals per client enrolled in the NMDOH Harm Reduction Program

Number of successful overdose reversals per client enrolled in the NMDOH Harm Reduction Program
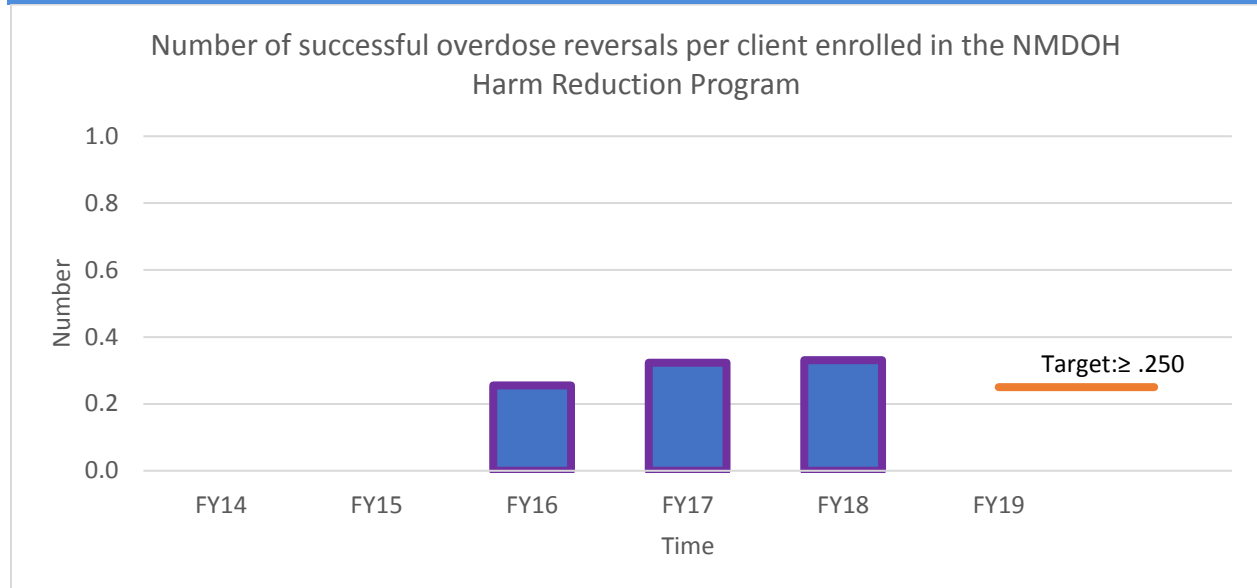
Story Behind the Curve

- This performance measure is important because it demonstrates the increased education of individuals at-risk for experiencing an opioid overdose and distribution of naloxone to those individuals. By successfully using naloxone, individuals are able to reverse suspected opioid overdoses. This will help to reduce the opioid overdose mortality rate in New Mexico. In 2016 there were 497 deaths due to overdose in New Mexico.
- There is no current national measurement or target for this. By measuring this, the program is able to determine if the intervention is successful at reaching the target population, and if individuals will be able to successfully reverse opioid overdoses.
- The statute for distribution of naloxone was changed during FY16-Q3. The change enabled other programs to distribute naloxone. This may reduce the reports received by the program, and analysis regarding is recommended to be conducted in FY20 to determine impact.

Partners

- NMDOH Hepatitis and Harm Reduction Community Partners, including:
  - Albuquerque Healthcare for the Homeless
  - Alianza of New Mexico

- o Dedicated Outreach and Prevention Education Services
- o Families and Youth, Inc.
- o First Nations Community Healthsource
- o Gallup Health Cooperative
- o Justice Support and Solutions for Health
- o La Familia Medical Center
- o Pecos Valley Medical Center, Santa Fe Community Services
- o The Mountain Center
- o Southwest Care Center
- o Transgender Resource Center of New Mexico

- NMDOH Epidemiology and Response Division, Substance Use Epidemiology Section

What Works

- Through community partners and public health offices, the utilization of the approved NMDOH Overdose Prevention and Rescue Breathing Curriculum to educate individuals in both overdose prevention and naloxone use. This curriculum has been in use since approximately 2005 with minor adjustments.

Strategy

- To increase number of sessions of the Overdose Prevention and rescue Breathing Curriculum with naloxone distribution by community partners and public health offices in order to increase access to naloxone by those who need it. Also, to keep the comparison ration of the number of successful administrations of naloxone to the number of sessions at .25 or higher.

Action Plan

- Q1:
  - o Conduct 1,500 overdose prevention education sessions with naloxone distribution and collect 375 self-reported instances of successful use of naloxone to reverse opioid overdoses. Complete – There were 1,895 overdose prevention education sessions with naloxone distribution and 633 self-reported instances of successful use of naloxone to reverse opioid overdoses.
- Q2:

- o Conduct 1500 overdose prevention education sessions with naloxone distribution and collect 375 self-reported instances of successful use of naloxone to reverse opioid overdoses. Incomplete – Data is still being collected and submitted by programs at public health offices and community partners. Preliminary results are encouraging and final results are anticipated by 2/15/19.
- Q3:
  - o Conduct 1500 overdose prevention education sessions with naloxone distribution.
  - o Collect 375 self-reported instances of successful use of naloxone to reverse opioid overdoses.
- Q4:
  - o Conduct 1500 overdose prevention education sessions with naloxone distribution.
  - o Collect 375 self-reported instances of successful use of naloxone to reverse opioid overdoses.

Program Area

P003: Epidemiology and Response Division

The Epidemiology and Response Division (ERD) 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, trauma, and vital records services to New Mexicans.

Who We Serve

ERD serves all New Mexicans, particularly those at risk for injury, disease, and health emergencies, and those in need of emergency medical services, trauma care, birth certificates, and death certificates.

How We Impact

ERD provides services through six bureaus: Emergency Medical Systems (EMS), Environmental Health Epidemiology (EHEB), Health Emergency Management (BHEM), Infectious Disease Epidemiology (IDEB), Injury and Behavioral Epidemiology (IBEB), and Vital Records and Health Statistics (BVRHS).

The BVRHS annually registers approximately 26,000 births and 17,000 deaths, and issues over 250,000 birth and death certificates. The BVRHS also analyzes and distributes data to numerous agencies and organizations to assist them in improving the health of New Mexicans. By working at the local, regional, and state levels through public and private partnerships the BHEM enables New Mexicans to prepare for, respond to, and recover from public health emergencies. The EMS Bureau administers the Emergency Medical Services (EMS), Trauma, and Stroke/STEMI (Heart Attack) programs. The EMS Bureau assures licensure for over 8,000 New Mexico Emergency Medical Technicians (EMTs).

EHEB conducts surveillance on conditions associated with environmental exposures (e.g. drinking water, air, and soil), provides information to other programs and the public, and implements interventions. IDEB performs surveillance for notifiable infectious diseases and conducts epidemiologic field investigations associated with those diseases, investigating over 10,000 potential cases each year. IDEB and EHEB also provide an on call service, responding to over

5,000 calls annually from healthcare providers, state agencies, educational facilities, the general public, and others seeking advice and recommendations. IBEB analyzes alcohol- and drug-related public health problems; supports substance abuse prevention programs and policy initiatives; provides injury prevention services for infants, children, adolescents, adults, and the elderly; and conducts studies in injury epidemiology. IBEB also conducts the Behavioral Risk Factor Surveillance System annual survey of about 9,000 adults as well as the Youth Risk and Resiliency Survey of about 30,000 mid- and high school students to provide state, county, and school district level data on risk behaviors and resiliency factors.

Budget

FY19 OPERATING BUDGET: $27,106,500

- General Funds: $9,915,700
- Other Transfers: $614,200
- Federal Funds: $15,951,500
- Other State Funds: $625,100

Accomplishments

During the 2nd quarter of FY19, some of ERD's accomplishments included:

- The New Mexico Behavioral Risk Factor Surveillance Survey (BRFSS), which also contributes to the CDC BRFSS, routinely collects data on demographics, risk behaviors, and preventive health practices that can affect population health status, completed 7,171 interviews in 2018.
- The Bureau of Vital Records and Health Statistics participated in a Real ID Legal Fair in Albuquerque which was sponsored by the Second District Court. This event allowed Vital Records to serve approximately 300 customers who needed amendments to their birth certificates.
- The Bureau of Health Emergency Management hosted an Administrative Preparedness tabletop exercise in the Department Operations Center (DOC) on Nov. 7, 2018.
- The EMS Bureau re-designated San Juan Regional Medical Center as a Level 3 trauma center, allowing the continuation of a 30-year history in service and care to trauma patients in the Four Corners Region
- The Environmental Health Epidemiology Bureau leveraged funds and staff from the Environmental Public Health Tracking Grant funded by CDC to test 90 private drinking

water wells of citizens potentially impacted by the per fluorinated chemical groundwater contamination around Cannon Air Force Base.

- The Infectious Disease Epidemiology Bureau (IDEB) has updated the National Base System for IDEB surveillance reporting.
- 81 NM-IBIS indicator reports were updated with the very latest data between October and December 2018, for a total of 174 of the 229 indicator reports brought up to date.

Performance Measures

Percent of vital records customers who are satisfied with the service they received

Percent of vital records customers who are satisfied with the service they received

Target: ≥ 95%

No data

(Chart: Percent on Y-axis from 0% to 100%; Time on X-axis with FY14, FY15, FY16, FY17, FY18, FY19. Bars shown for FY15, FY16, FY18 near 100%. "No data" at FY17.)
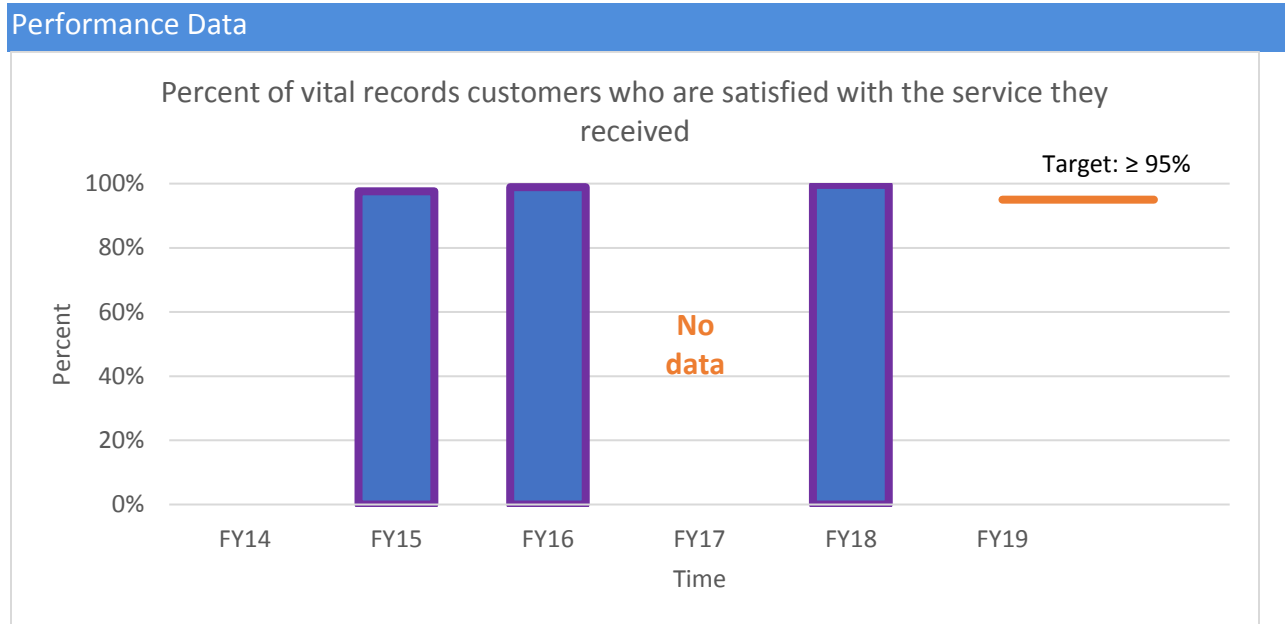
Story Behind the Curve

- Vital records are important legal documents and are key to many essential activities. Having satisfied vital records customers reflects positively on the state.
- There are no specific national or state measures around providing vital records services to the public.
- Due to the implementation of the Real ID driver's license, the number of customers and the services that they need has changed drastically. The amount of time needed to serve a customer has increased by up to five times the old rate due to the complexity of the services that are now needed.
- To test customer satisfaction, NMDOH conducted satisfaction survey's at both the NM state vital records office and the Albuquerque office location. Each office surveyed multiple clients over multiple days (State office=255, ABQ=248). The results were as follows:

Office	Excellent	Good	Fair	Poor
Santa Fe	238	16	1	0
ABQ - Midtown	246	2	0	0

- Surveys will continue to be used to encourage staff to provide excellent customer service and to maintain customer satisfaction to the FY19 target of 95.0% by achieving the quarterly milestones.

Partners

- NMDOH
- Hospitals
- Midwives
- Funeral homes
- Office of the Medical Investigator
- Physicians
- Tribal authorities
- Family members
- Albuquerque Midtown Vital Records Office

What Works

- Simple, single-question survey.
- Train employees to better serve new customer needs associated with the Real ID driver's license process.

Strategy

- Conducting a survey one month out of every quarter.
- Developing new informational documents for customer use.
- Continuing training of employees to better serve customers.

Action Plan

- Q1: Conduct customer satisfaction surveys to verify that the 95% goal is maintained and revise processes as needed. Completed - 98.8% of surveyed questions were satisfied with the services provided.
- Q2: Continue customer satisfaction surveys to verify that the 95% goal is maintained. Complete – 99.8% of surveyed customer questions were satisfied with the services provided.

- Q3: Continue customer satisfaction surveys to verify that the 95% goal is maintained. Explore electronic versions of survey using computer tablets.
- Q4: Continue customer satisfaction surveys to verify that the 95% goal is maintained. Based on evaluation, modify approach to customer service as needed.

FY18 Annual Progress Summary

Despite some temporary delays, the Epidemiology and Response Division Bureau of Vital Records and Health Statistics was able to meet all but one of its milestones and more importantly achieved a 99.5% satisfactory percentage rating from front desk customers. Customer service has been improved by providing several events through the state serving over 1,000 persons by taking the service to the public in their communities. The Bureau is continually engaged in optimizing its process flow to expedite customer requests efficiently and effectively.

Percent of retail pharmacies that dispense naloxone

Percent of retail pharmacies that dispense naloxone

(Bar chart showing Percent on y-axis from 0% to 100% and Time on x-axis by fiscal year)

- FY14: ~4%
- FY15: ~8%
- FY16: ~27%
- FY17: ~61%
- FY18: ~73%
- FY19: (no bar)

Target: ≥ 80%
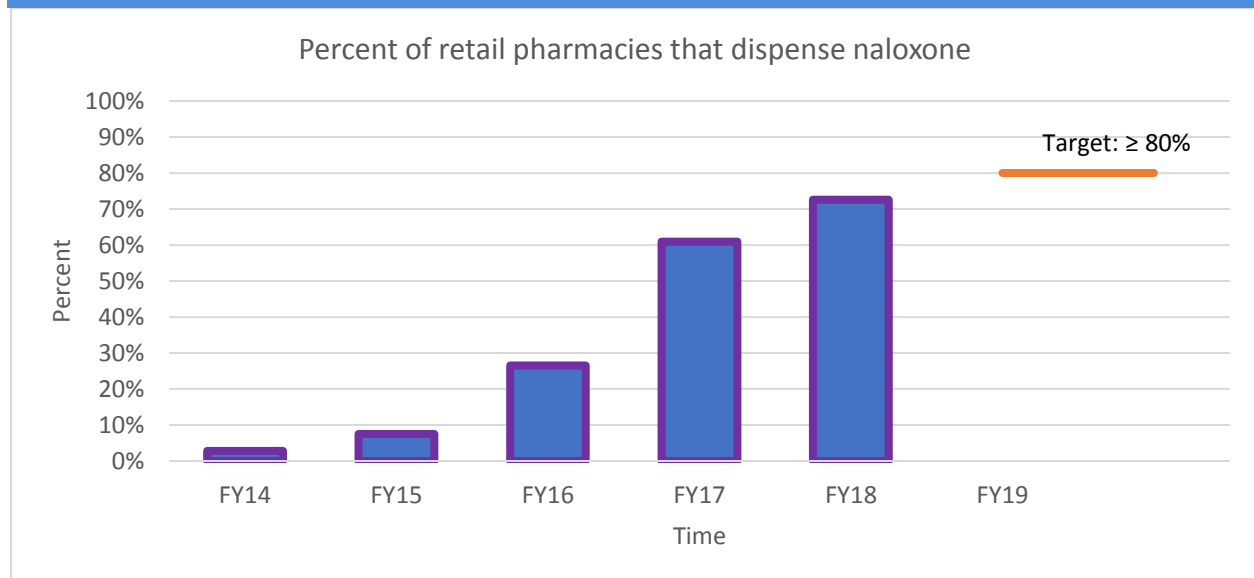
Story Behind the Curve

- The ability to obtain naloxone from outpatient pharmacies can significantly help increase naloxone availability.
- In 2016, Senate Bill 262/House Bill 277 was signed and the naloxone Statewide Standing Order for Pharmacists was written, which allows all registered pharmacists to dispense naloxone to any person who uses an opioid or any person in a position to assist a person at risk of experiencing an opioid overdose.
- The Letter of Direction mandating Medicaid Managed Care Organizations to pay for naloxone rescue kits has helped to reduce cost barriers.
- Out-patient pharmacies that have not submitted any Medicaid naloxone claims in 2018 have been identified and will be encouraged to provide naloxone. Additionally, pharmacies that have submitted Medicaid naloxone claims in 2018 have also been identified, and sorted by morphine milligram equivalents of opioids sold to compare to the number of naloxone doses dispensed over the same time.
- During FY19-Q2, 223 (60.4%) of the 369 licensed out-patient pharmacies in New Mexico submitted a naloxone claim to Medicaid. The cumulative number of pharmacies billing Medicaid for naloxone through the Q2-FY19 is 264 (72%).
- During FY19-Q3, NMDOH plans to contact pharmacies that did not submit Medicaid claims for naloxone during FY19-Q1 or FY19-Q2 to identify pharmacies that are not submitting Medicaid claims.

Partners

- NMDOH
- New Mexico Board of Pharmacy
- New Mexico Human Services Department
- New Mexico Pharmacists' Association
- Local community and chain pharmacies and pharmacists
- Local managed care organizations and insurance payers
- Pharmacy wholesalers
- University of New Mexico College of Pharmacy
- Southwest CARE Center Pharmacy

What Works

- Removing barriers to pharmacy-based naloxone dispensing practices.
- Implementing naloxone standing orders.
- Collaborating with state managed care organizations to add naloxone products to all insurance formularies.
- Peer-to-peer and community engagement with stakeholders to assist NMDOH in overdose prevention efforts, such as pharmacy-based naloxone.

Strategy

- Remove barriers to pharmacy-based naloxone dispensing practices, such as ensuring adequate pharmacy reimbursement for naloxone, removing extra training requirements for pharmacists.
- Work with managed care organizations and insurance payers to include naloxone products on all pharmacy benefit drug formularies.
- Conduct peer-to-peer outreach to pharmacists through large chain pharmacies, professional pharmacist associations, and the University of New Mexico College of Pharmacy.

Action Plan

- Q1: Identify pharmacies that are not submitting Medicaid claims for naloxone and develop plan to contact. Incomplete - Identified that 234 of the 369 known pharmacies (63%) submitted Medicaid claims for naloxone. Contact plan being drafted.

- Q2: Identify pharmacies that are not submitting Medicaid claims for naloxone from Q1, Q2 and complete draft procedure for pharmacy contact. Complete - Pharmacies identified, sorted by number of opioid sales, procedure for pharmacy contact drafted and sent for review.
- Q3: Contact pharmacies that did not submit Medicaid claims for naloxone from Q1, Q2 and identify pharmacies that are not submitting Medicaid claims for Q3.
- Q4: Contact pharmacies that did not submit Medicaid claims for naloxone from Q3 and identify pharmacies that have not submitted Medicaid claims for Q4 and contact.

FY18 Annual Progress Summary

Despite not achieving anticipated results for the 1st quarter of FY18, the Epidemiology and Response Division Prescription Drug Overdose Prevention Program (PDOPP) achieved and exceeded results for Q2, Q3 and Q4. Overall for FY18, 72.6% of retail pharmacies dispensed naloxone, which exceeds the performance target. PDOPP has many other program activities currently operating along with this performance measure to address and lessen the overdose death rate due to opioids. The PDOPP is continually engaged in many well established program activities and partnerships while establishing evidence-based new ones to effectively address the evolving drug overdose burden in New Mexico. Pharmacies not currently providing naloxone have been surveyed and the individually encouraged to start providing naloxone.

Percent of county and tribal health councils that include in their plans evidence-based strategies to reduce alcohol-related harms

Percent of county and tribal health councils that include in their plans evidence-based strategies to reduce alcohol-related harms
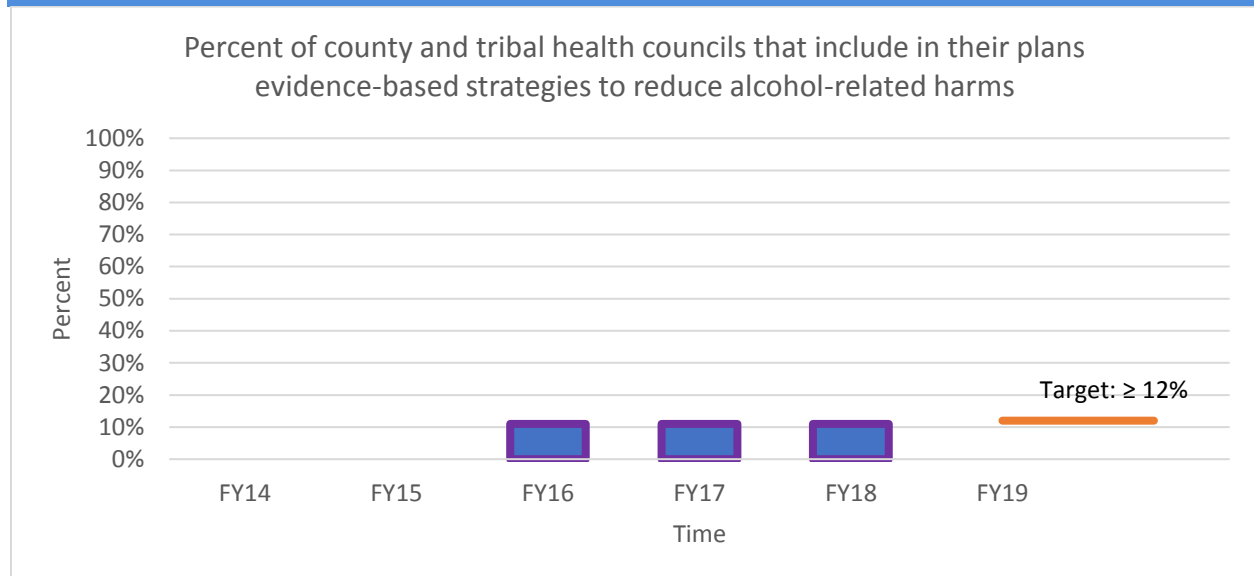
Story Behind the Curve

- Excessive alcohol use leads to increased risk of health problems such as injuries, violence, liver disease, and cancer.
- An average of four people dies of alcohol-related causes daily in New Mexico and the rate of alcohol-related mortality is increasing.
- Excessive alcohol consumption does not differ by race/ethnicity. Alcohol-related death rates are two times higher for Whites, three times higher for Black/African Americans and Hispanics, and nearly ten times higher for American Indians compared to Asian/Pacific Islanders.
- A multifactorial approach is needed to address alcohol-related harm in New Mexico. NMDOH depends on partnerships with other state agencies, clinicians, community groups, and councils to expand its reach.
- For the first quarter of FY19 the Epidemiology and Response Division Substance Abuse Epidemiology program will analyze the results of the survey for counties that include evidence-based strategies to reduce alcohol related harms in order to identify a more effective approach to support the health councils in FY19 and continue the focus on county collaborations that show mutual interest and participation.
- The Epidemiology and Response Division Substance Abuse Epidemiology program was unable to contact health councils during FY19-Q2. To continue the progress toward the

annual performance target, the program will contact four councils during FY19-Q2, rather than two councils as originally planned.

Partners

- NMDOH
- New Mexico Department of Transportation
- New Mexico Human Services Department
- New Mexico Children, Youth and Families Department
- New Mexico Department of Finance and Administration
- Health Councils
- Santa Fe Prevention Alliance
- McKinley County DWI Council
- Rocky Mountain Youth Corps
- Hands across Cultures
- Gallup Share and Care
- Partners for Community Action
- Clinical groups
- Navajo Nation
- Bernalillo County, Office of Health and Social Services

What Works

- Reducing alcohol outlet density in key areas.
- Increasing alcohol screening and brief intervention.
- Increasing the price of alcohol.
- Decreasing the hours alcohol is sold.

Strategy

- Increase in perception that alcohol is a public health issue.
- Increase in number of stakeholders that prioritize addressing alcohol-related harm.
- Increase in number of stakeholders that are aware of Community Guide recommendations.

Action Plan

- Q1: Send out revised survey to NM Health Councils and interpret results. Complete - New survey was developed and forwarded to the NM Health Councils on 8/9/19. 42% of health councils polled responded in Q1 to the survey reporting that they include evidence-based strategies to reduce alcohol-related harms in their plans.
- Q2: Contact a minimum of 2 councils where alcohol-related harm strategies have not been employed to encourage the adoption of strategies related to addressing excessive alcohol use. Not complete – four councils will be contacted in Q3.
- Q3: Contact a minimum of 2 councils where alcohol-related harm strategies have not been employed to encourage the adoption of strategies related to addressing excessive alcohol use.
- Q4: Contact a minimum of 2 councils where alcohol-related harm strategies have not been employed to encourage the adoption of strategies related to addressing excessive alcohol use.

FY18 Annual Progress Summary

Although it was not able to complete a presentation for the Rio Arriba County Health Council, the Substance Abuse Epidemiology Section (SAES) had completed a presentation in the 4th quarter of FY18 for the Grant and McKinley county health councils and essentially all of its milestones for FY18. SAES continues to achieve progress in its work with the health councils and will tailor efforts based on a needs assessment (survey). The SAES is continually engaged with the health councils and is improving its capacity to provide technical assistance when and where appropriate to create an effective partnership.

Number of health care providers who have received training in the use of the STEADI fall prevention toolkit

Number of health care providers who have received training in the use of the STEADI fall prevention toolkit

Target: ≥ 175
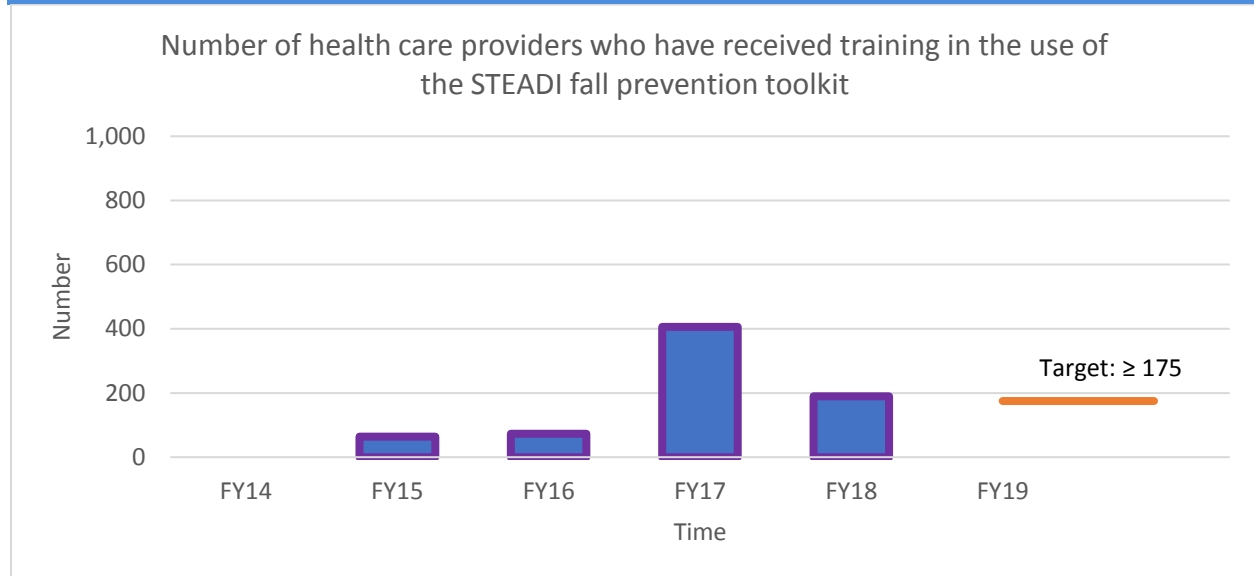
Story Behind the Curve

- Falls among older adults are preventable. The Centers for Disease Control and Prevention (CDC) developed the STEADI (Stopping Elderly Accidents, Deaths & Injuries) initiative to help health care providers incorporate fall prevention strategies into routine care for older adults. STEADI includes screening tools, educational materials and resources, and online trainings. NMDOH supports the training and use of STEADI to assist health care providers.

- NMDOH partners with organizations that work with older adults to reduce fear and risk of falling, hip and other lower extremity fractures, and reduce the burden of traumatic brain injury while increasing the ability to live independently.

- The New Mexico fall-related death rate was 30% higher than the U.S. rate in 2016. STEADI recommends that individuals aged 65 years and older have scheduled checks and screenings and start an exercise program.

- For the 4th quarter FY18, the Epidemiology and Response Division Falls Prevention program achieved their milestone and is on course to achieve anticipated milestones for FY19.

- The Adult Falls Prevention Program will provide four STEADI trainings in FY19 to a minimum of 125 additional health care professionals trained on the use of the STEADI toolkit.

- NMDOH
- AARP
- NM Adult Falls Prevention Coalition
- NM Aging and Long-Term Services Department/Aging and Disability Resource Center
- University of NM Health System
- Indian Health Service
- New Mexico State University (NMSU) Kinesiology and Dance
- Presbyterian Health System
- CHRISTUS St. Vincent Outpatient Services
- NM Primary Care Association
- NM Healthy Aging Collaborative
- NM Injury Prevention Coalition
- Gerald Champion Regional Medical Center (GCRMC)
- Oasis – Albuquerque
- Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC)

What Works

Best practices include clinical assessments implemented through the use of the STEADI toolkit for adults aged 65 years and older to identify those adults who are at an increased risk for falls and offer effective strategies to reduce those risks. NMDOH supports five evidence-based falls prevention/exercise programs: STEADI, OTAGO, Tai Ji Quan: Moving for Better Balance, A Matter of Balance, and Tai Chi for Arthritis. These practices include:

- Conducting annual screenings for strength and balance.
- Providing annual medication reviews and management for older adults.
- Conducting annual vision exams for older adults.
- Providing patient counseling on home and environmental safety.
- Providing education and referrals to older adults for physical activity classes such as A Matter of Balance, OTAGO, or Tai Chi.
- Reviewing vitamin D supplementation as appropriate.

Strategy

- Expand the network of instructors available state-wide for evidence-based falls prevention exercise programs.
- Increase the number of professionals trained on the use of the STEADI toolkit.

Action Plan

- Q1: Establish contracts with program vendors to ensure that the administrative actions needed to set up STEADI trainings are in place. Incomplete - Contracts were established with program vendors and are in the approval process. The administrative actions needed to set up STEADI trainings are in place to move forward on track with the programs FY19 goals and indicators.
- Q2: One scheduled training for 65 health care professionals. Continue to expand the network of instructors available statewide for evidence-based falls prevention exercise programs. The Program will also sponsor an additional evidence-based falls prevention program, Tai Chi for Arthritis. Incomplete - No training occurred during FY19-Q2 due to the contractor being out of the country. Trainings for FY19-Q3 and FY19-Q4 have been scheduled and an additional training has been added for Q4 in order to meet the FY19 annual goal.
- Q3: Two scheduled training for 30 health care professionals. Further expand the network of instructors available statewide for evidence-based falls prevention exercise programs.
- Q4: Two scheduled training for 30 health care professionals. Finish up FY19 efforts to expand the network of instructors available statewide for evidence-based falls prevention exercise programs, emphasizing underserved counties.

FY18 Annual Progress Summary

The Adult Falls program is consistent in achieving its milestones. The Adult Falls program is continually engaged in optimizing its program to be effective in addressing this burden in New Mexico.

Percent of NM hospitals certified for stroke care

Percent of NM hospitals certified for stroke care

A bar chart titled "Percent of NM hospitals certified for stroke care" with y-axis labeled "Percent" ranging from 0% to 100% in 10% increments, and x-axis labeled "Time" showing fiscal years FY14 through FY19. Bar values: FY14 ≈ 7%, FY15 ≈ 9%, FY16 ≈ 9%, FY17 ≈ 14%, FY18 ≈ 16%. An orange target line at 20% is labeled "Target: ≥ 20%" near FY19.
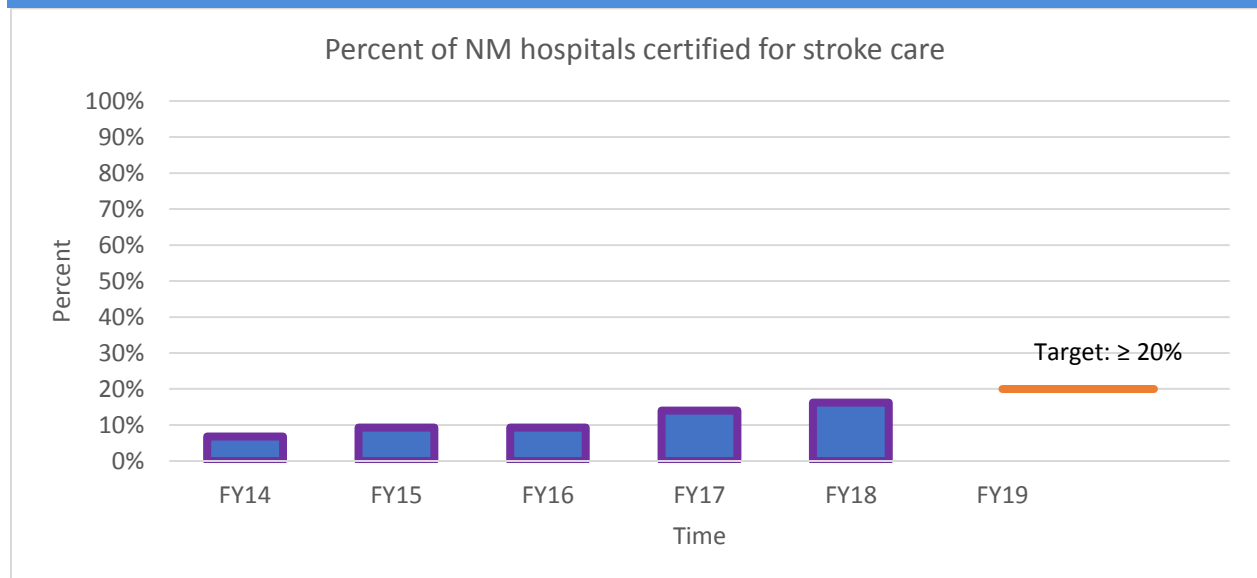
- In the US and New Mexico (NM), stroke is the fifth leading cause of death and a leading cause of adult disability.
- One way to try to reduce the impact that strokes have on New Mexicans is the development of hospital stroke centers. Hospitals with these certifications will have a dedicated stroke-focused program, staffed by qualified medical professionals with specific stroke care education. The standards that these hospitals meet will help with the provision of the best care possible for patients suffering from a stroke.
- Seven out of 43 acute care hospitals in NM are certified for stroke care. Currently, six (14%) are designated as primary stroke centers, and one is designated as acute stroke ready. A total of 16% of hospitals in New Mexico are designated to provide stroke specific care to patients.
- Stroke center designation cannot be awarded until stroke data is submitted to a national registry. The Epidemiology and Response Division (ERD) Emergency Medical Systems (EMS) Bureau Stroke Program contacted and met with representatives from these hospitals, communicating the standards, obtaining their commitment, and assisting with the initiation of data submission through the reimbursement of data licensing fees.
- During Q2 of FY19, the EMS Bureau Stroke Program presented a draft of the Stroke Care Card to the New Mexico Systems of Care Stroke Committee for approval. Revisions and

suggestions were provided by the Committee, and the Stroke Care Card will be presented again to the Committee for approval at the next meeting in February.

- For FY19 the Program will continue to work with hospitals that are in the stages of receiving a Primary Stroke Center or Acute Stroke Ready accreditation from a nationally recognized organization. As of Q2, the EMS Bureau is on track to meeting the FY19 performance target in which 20% of the 43 acute care hospitals in NM will provide stroke specific care.

Partners

- NMDOH
- New Mexico Environment Department (NMED), Air Quality Bureau
- Cardiovascular Disease Mortality Health Status Workgroup
- Acute care hospitals
- Emergency Medical Services (EMS) agencies
- American Heart Association
- University of New Mexico Telemedicine

What Works

- Patients receiving care at primary stroke centers have a higher rate of survival and recovery than those treated in hospitals without this type of specialized care.
- A hospital obtaining stroke center accreditation and certification has many benefits for the community, including assurance that the hospital adheres to stroke prevention and treatment measures that have been agreed upon by the American Heart and Stroke Associations, the Centers for Disease Control and Prevention, and national accrediting bodies.
- Adherence to stroke prevention and treatment measures reduces disability and death associated with stroke.
- Accreditation and certification will help assure that the hospitals are appropriately reimbursed by Medicare, Medicaid, and third-party payers for the improved care delivered to stroke patients.

Strategy

The NMDOH Epidemiology and Response Division EMS Bureau Stroke Program will work with the current hospitals to maintain or elevate their current accreditation and certification level. These

efforts will be geared at increasing the number of communities with hospitals that have accreditation and certification for stroke care, which provides the benefits of:

- Improving the quality of patient care by reducing variation in clinical processes;
- Creating a dedicated, well-educated, and cohesive clinical stroke team;
- Strengthening community confidence in the quality and safety of care, treatment, and services from their hospital and EMS agencies.

Action Plan

- Q1: Develop a pre-hospital Stroke Care Card (assessment tool to aid in stroke patient identification and the proper destination for care) for EMS personnel to streamline New Mexico's stroke care system. Establish relationships with four hospitals who seek initial stroke certifications/accreditations. Complete - The EMS Bureau hired a new Stroke/STEMI Coordinator at the start of FY19. Relationships with the hospitals who provide stroke care have been re-established by the new coordinator. Four new hospitals (Lovelace Westside-Albuquerque, Gerald Champion Regional Medical Center-Alamogordo, Carlsbad Medical Center-Carlsbad, and Eastern New Mexico Medical Center-Roswell) have been identified as near future participants in the Get With The Guidelines (GWTG) Stroke Data Registry. These hospitals have also been identified to obtain certification/accreditation as either a Primary Stroke Center or as an Acute Stroke Ready Hospital. The New Mexico Systems of Care Quarterly Stroke Meetings have become the responsibility of the EMS Bureau to coordinate.
- Q2: Implement the Stroke Care Card with EMS agencies across New Mexico. Incomplete - Final draft of Stroke Care Card needs approval from NM Stroke Care Committee for implementation.
- Q3: Confirm each hospital's entry into the appropriate AHA-GWTG Stroke data registry. Confirm each hospital's appropriate stroke certification/accreditation is achieved.
- Q4: Assess the need for more Primary Stroke Centers and Acute Stroke Ready Hospitals based on the current participation status in New Mexico's hospitals.

FY18 Annual Progress Summary

Despite setbacks, the Emergency Medical Services (EMS) Bureau Stroke Program was able to achieve half of its milestones and more importantly, currently 7 out of 43 acute care hospitals are stroke certified in New Mexico. There has been outreach specifically to southeast hospitals

because this is the region with the highest cardiovascular disease death rates in the state. The Stroke Program is continually engaged in identifying and working with other hospitals toward stroke certification.

Number of New Mexicans who have completed an evidence-based or evidence-supported sexual assault primary prevention program

Number of New Mexicans who have completed an evidence-based or evidence-supported sexual assault primary prevention program

Target: ≥ 3,800

(Y-axis: Number, 0 to 10,000; X-axis: Time — FY14, FY15, FY16, FY17, FY18, FY19)
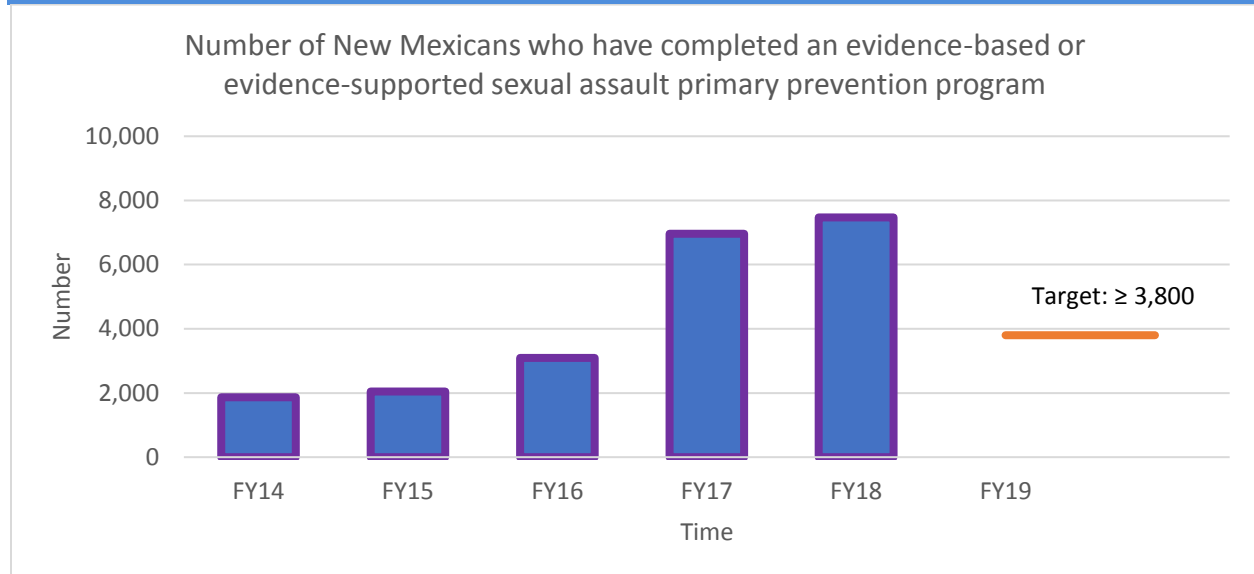
- According to the 2015 National Intimate Partner and Sexual Violence Survey (NIPSVS), 19.5% of women in New Mexico (NM) d during their lifetime, and 34.4% of those have been victims of rape, physical violence, and/or stalking by an intimate partner.

- NIPSVS data show that sexual violence in youth, without appropriate trauma-informed interventions, can result in immediate and lifelong consequences. Certain populations are at greater risk for sexual violence, including LGBTQ, American Indians, people living with disabilities, African Americans, immigrants, children, and women.

- This work is connected to the implementation of the NM – Sexual Violence Free: A Statewide Strategic Plan for the Primary Prevention of Sexual Violence 2015-2020.

- In FY19, The Epidemiology and Response Division Sexual Violence Prevention Program (SVPP) will address the issue through a social-ecological approach where prevention is addressed through multi-levels: individual, relationship, community, and societal. Many approaches are focused on the individual and relationship level.

- The Sexual Violence Prevention Program will work with partners to lower the sexual assault rate by implementing multi-level prevention strategies by training 3600 New Mexican school age youth on an evidence-based or evidence-supported sexual assault primary prevention program. The program will also continue to support community and societal prevention strategies which reach multiple age groups and institutions.

- During FY19-Q3, The Sexual Violence Prevention Program will deliver evidence-based primary prevention programming to at least 1,200 youth in New Mexico.

Partners

- NMDOH
- New Mexico Coalition of Sexual Assault Programs
- Rape Crisis Center of Central New Mexico
- Community Against Violence
- Sexual Assault Services of Northwest New Mexico
- Silver Regional Sexual Assault Services
- Valencia Shelter Services
- Aging and Long-Term Service Department - Adult Protective Services
- Attorney General's Office
- University of New Mexico Prevention Resource Center
- Disability Advisory Group about Tobacco/Sexual Assault

What Works

- According to the Centers for Disease Control and Prevention, there are nine recommended best practices for effective prevention. These include strategies that consist of multi-levels, involve teaching methods that are varied and interactive, have multi-sessions, are theory driven, promote positive relationships between youth and adults, are appropriately timed, consider the local culture and community norms, have a well-trained staff, and complete an outcome evaluation.
- Due to relatively few evidence-based programs (like Safe Dates), there is interest in evidence-informed programs that use the recommended best practices. In order to support and research these programs, process evaluation is also recommended.
- In FY17, New Mexicans received evidence-based sexual violence prevention education. Evaluation data shows that these programs were effective in changing norms that are risk factors. Effective prevention increases protective factors, and decreases risk factors (i.e. adherence to traditional gender roles).

Strategy

- The NMDOH Epidemiology and Response Division, Office of Injury Prevention (OIP) works with partners around the state to provide education to youth and adults who work with

youth for the primary prevention of sexual violence. All programs were evaluated using standardized measures beginning in FY16. Evaluation data show that youth who completed a Sexual Violence Primary Prevention funded program have lower acceptance of couple violence, lower acceptance of rape myth, higher acceptance of flexible gender norms, and are more likely to intervene as bystanders to interrupt instances of sexual violence. These measures increase protective factors and decrease risk factors. By changing rigid gender norms and creating more active bystanders, incidence of sexual violence can be reduced.

- OIP will increase the number of New Mexicans who have completed an evidence-based sexual assault primary prevention program.

Action Plan

- Q1: Deliver evidence-based primary prevention programming to at least 600 youth in New Mexico. Incomplete - The Sexual Violence Prevention Program worked with contractors to finalize contract terms and get contracts in place. The first primary prevention team meeting was held to prepare prevention educators for the current and upcoming quarters. The statewide communications campaign "It Starts With Us" increased its reach on social media.
- Q2: Deliver evidence-based primary prevention programming to at least 1,200 youth in New Mexico. Provide state wide technical assistance to partners working on environmental-level strategies for sexual violence prevention. Complete - The program and contractors exceeded the target by reaching 2,683 youth who completed the primary prevention program this quarter.
- Q3: Deliver evidence-based primary prevention programming to at least 1,200 youth in New Mexico.
- Q4: Deliver evidence-based primary prevention programming to at least 800 youth in New Mexico.

FY18 Annual Progress Summary

The Sexual Violence Prevention Program has demonstrated consistent achievement with its milestones and has exceeded the cumulative target. With FY18 ending and FY19 starting, SVPP is continually engaged in its training and providing an effective program to address this public health burden.

Number of community members trained in evidence-based suicide prevention practices

Number of community members trained in evidence-based suicide prevention practices
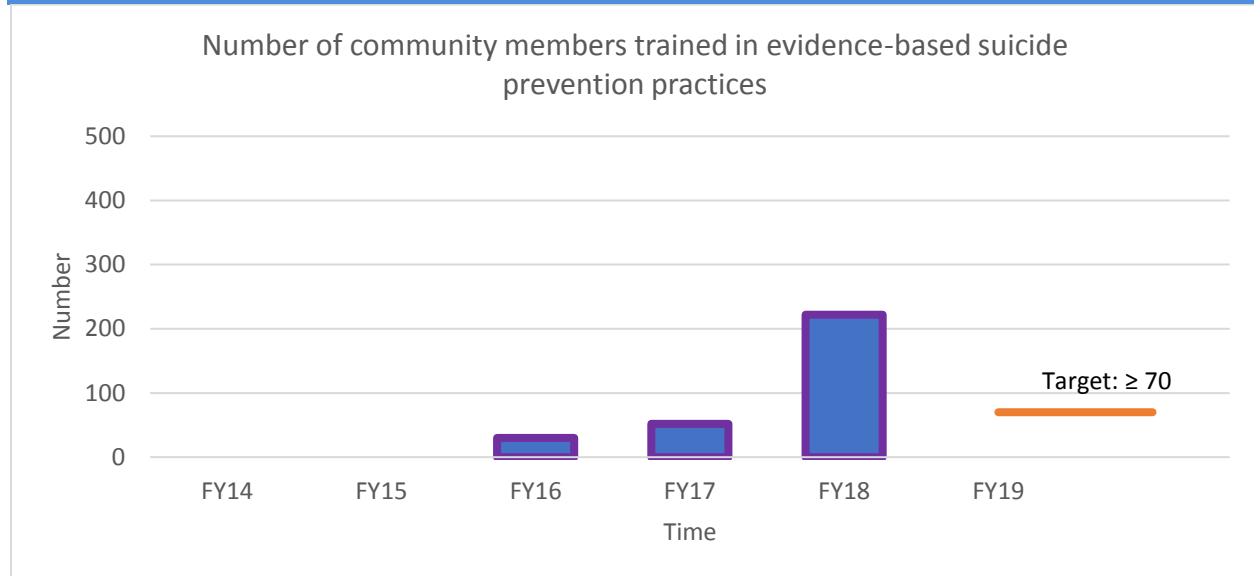
- The suicide rate in New Mexico (NM) over the past two decades has been 1.5 times higher than the national rate of suicide.

- In 2017, New Mexico had the fourth highest suicide rate in the county. From 2009-2016, suicides increased in NM by 23% compared to the U.S. increase of 14%. The largest increase in suicide rates in New Mexico over this period was among those oldest (65 years and older) and youngest (10-24 years).

- In 2017, suicide was the second leading cause of death in New Mexico for persons 10-34 years. Whites and American Indians had the highest rates of suicide in New Mexico. The suicide rate for males was three and one-half times that of females. Residents of rural counties had higher suicide rates compared to those of metropolitan and small metro counties. Just over half (533) of those who died by suicide in 2017 in New Mexico used a firearm. In 2017 the number of suicides in New Mexico rose to 491 from 469 in 2016. The 2017 rate of 23.2 per 100,000 residents represents a 4.5% increase from the previous year's rate of 22.2 per 100,000.

- Consistent with the Centers for Disease Control and Prevention's 2017 Preventing Suicide: A Technical Package of Policy, Programs and Practices strategy "to identify and support people at risk," the NMDOH Suicide Prevention Program coordinator provided four "Question, Persuade, Refer" Gatekeeper trainings to 61 community members during

FY19-Q2. The audience comprised teachers, school administrators, and other school personnel attending a state School Health Education Institute, community members at a Santa Fe National Alliance of Mental Illness monthly meeting, and community representatives and Health Council members from a rural county in southwestern NM.

- The Epidemiology and Response Division (ERD) Injury and Behavioral Epidemiology Bureau (IBEB) is developing a process for identifying and intervening in suicide attempt clusters using syndromic surveillance of emergency department admissions for self-inflicted injury, which will enable IBEB to direct prevention efforts.
- During FY19-Q3, IBEB will train 18 community members in an evidence-based suicide prevention program and provide one county-based suicide and suicidal behaviors data presentation in an identified at-risk community.

Partners

- NMDOH Epidemiology and Response Division
- All Public Health Divisions
- NM Public Education Department
- NM Crisis and Action Line
- Agora Crisis Center
- Southern NM Suicide Prevention & Survivors Support Coalition
- NM Injury Prevention Coalition
- NM Human Services Department, Behavioral Health Services Division
- NM Children, Youth and Families Department
- Office of the Medical Investigator, Child Fatality Review Suicide Panel
- University of New Mexico, Center for Rural and Community Behavioral Health, Child Psychiatry
- County Health Councils
- Crisis Response of Santa Fe
- School districts and schools, School-based health centers, Safe Schools Coalition
- Regional local Behavioral Health Services, Sky Center, National Alliance on Mental Illness
- NM Veterans Services (e.g., Veteran's Administration, Veteran Resource Centers)
- Native American Suicide Prevention Council

What Works

- Community Interventions
  - Gatekeeper training
  - Crisis intervention (National Suicide Prevention Lifeline)

- Reducing access to lethal means among persons at risk of suicide
    - Parenting skill and family relationship programs
    - Community engagement activities
    - Postvention
    - Safe reporting/messaging about suicide (Media guidelines)
- Clinical interventions
    - Treatment for people at risk of suicide
    - Treatment to prevent re-attempts (Emergency Department Brief intervention with Follow-up Visits)
- School-based Interventions
    - Peer norm programs
    - Social-emotional learning programs
- Organizational Interventions
    - Safer suicide care through systems change
    - Organizational policies and culture
- Policy Interventions
    - Strengthening household financial security
    - Housing stabilization policies
    - Coverage of mental health conditions in insurance policies
    - Reducing provider shortages in underserved areas
    - Community-based policies to reduce excessive alcohol use

Strategy

- Gatekeeper training to identify and support people at risk.
- Community engagement activities (via county-based data presentations) to promote a sense of being joined.
- Safe reporting and messaging about suicide to lessen harms and prevent future risk.
- Secondary prevention of suicide attempts presenting to the emergency department.

Action Plan

- Q1:
    - Train 18 community members in an evidence-based suicide prevention program. Completed - Provided Gatekeeper training (Question, Persuade, Refer) to 75 community members.

- o Provide one county-based suicide and suicidal behaviors data presentation in an identified at-risk community. Completed - Presented county-specific suicide and suicidal behaviors data to the Sierra County Health Council.
- Q2:
  - o Train 18 community members in an evidence-based suicide prevention program. Completed - Provided Gatekeeper training (Question, Persuade, Refer) to 61 community members.
  - o Provide one county-based suicide and suicidal behaviors data presentation in an identified at-risk community. Completed - Presented two county-based suicide and suicidal behaviors data presentation to Colfax County Health Council in Northern New Mexico and to an 8-county Regional Health Councils meeting in southwestern New Mexico.
- Q3:
  - o Train 18 community members in an evidence-based suicide prevention program.
  - o Provide one county-based suicide and suicidal behaviors data presentation in an identified at-risk community.
- Q4:
  - o Train 15 community members in an evidence-based suicide prevention program.
  - o Provide one county-based suicide and suicidal behaviors data presentation in an identified at-risk community.

FY18 Annual Progress Summary

The Suicide Prevention Program (SPP) ended FY18 on a strong note and has established an effective partnership to be more effective in the number of trainings that has been and continues to be offered for New Mexicans. The SPP is committed to providing as many trainings as possible with an effective collaboration and dedicated workforce.

Percentage of the New Mexico population served during mass distribution of antibiotics and/or vaccinations through public/private partnerships in the event of a public health emergency

The percentage of the New Mexico population served during mass distribution of antibiotics and/or vaccinations through public/private partnerships in the event of a public health emergency
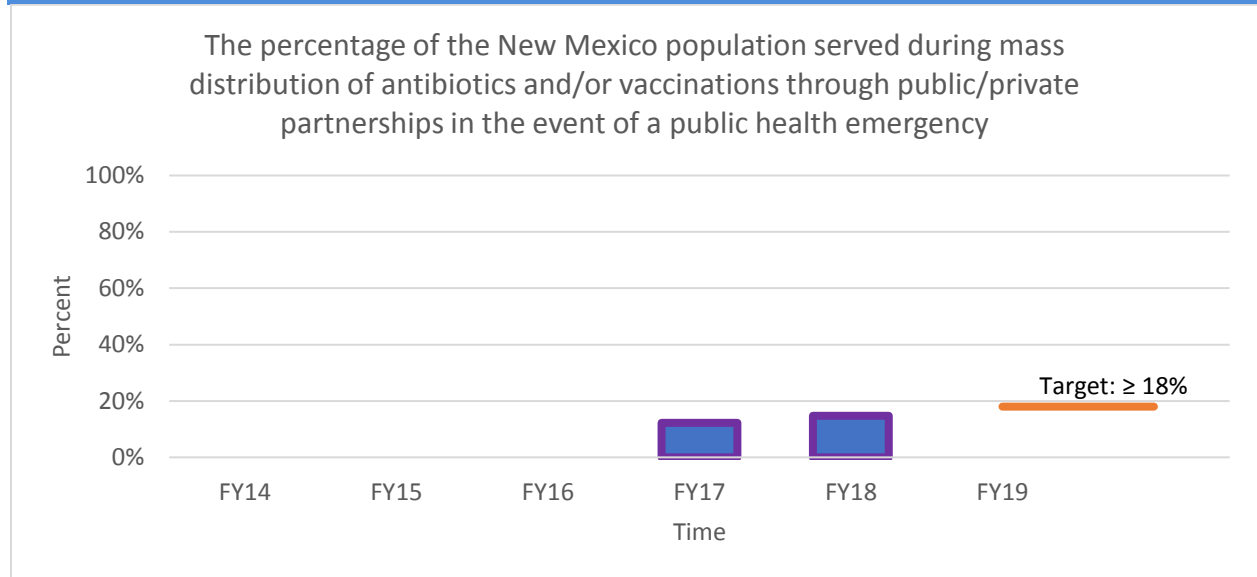
Story Behind the Curve

- The Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) emphasizes that pandemic influenza response is a public health responsibility.
- New Mexico and its citizens must be provided with primary and alternate methods to receive antibiotics and or vaccinations against emerging diseases and biological threats.
- New Mexico's primary strategy for mass prophylaxis is through Open (Public) Points of Dispensing (PODs) with existing plans to serve 100% of the population. However, it is unrealistic, given the number of PODs and available resources that would need to be activated in a large-scale incident or event to provide prophylaxis to 100% of the population, to rely on this strategy. The alternate strategy that this measure aims to achieve is that of Closed POD partnering.
- Closed POD partnering is achieved through rigorous research and time-intensive planning efforts that identify agencies, entities, and organizations that employ and/or serve a significant number of individuals and possess the internal resources to provide prophylaxis to their employees, family members and critical contactors.
- The Epidemiology and Response Division's Bureau of Health Emergency Management will continue to identify additional private organizations/entities and work with state and

federal agencies that have the potential to become closed PODs in efforts to increase the percentage of New Mexicans served in FY19.

Partners

Military:
- Kirtland Air Force Base
- Cannon Air Force Base
- Holloman Air Force Base

Federal:
- Federal Bureau of Investigation
- US Customs and Border Patrol
- US Forest Service

Educational:
- University of New Mexico
- New Mexico State University New Mexico Tribal Communities

State Agencies:
- New Mexico Department of Health
- New Mexico Department of Corrections
- New Mexico Department of Homeland Security and Emergency Management
- New Mexico Public Education Department
- New Mexico Department of Homeland Security and Emergency Management
- New Mexico Department of Transportation
- New Mexico Department of Finance and Admiration
- New Mexico Secretary of State's Office
- New Mexico Office of State Engineers
- New Mexico Department of Cultural Affairs
- New Mexico Department of Veterans Services

New Mexico Hospitals

New Mexico Tribal Communities

What Works

- Closed POD partnering materials, information, workbooks, videos, planning templates.
- High level administrative communications to state agencies in support of closed POD development and for local internal department cooperation.

- Processing required agreements quickly.

- Establishing/expanding the number of organizations that support POD operations in New Mexico.
- Increasing collaboration with local, state and tribal governments to improve/expand the population percentage covered across the state.
- Searching for entities and communities that employ and/or serve a substantial number of individuals that will make the closed POD operational concept resource efficient.
- Meetings with above-mentioned entities to discuss and promote the advantages of closed POD partnering for their community, families, employees, and/or critical vendors and contractors.
- Establishing formal agreements that ensure the execution of distribution and dispensing operations take place expeditiously and according to guidelines set forth by public health authorities.
- Developing Closed POD Plans specific to entities and ensure the most efficient use of internal resources, and providing channels and processes for attainment of equipment/supplies from external entities and agencies.

- Q1: Meet with state agency representatives to initiate planning processes. Complete - Met with multiple state agencies and developed a closed POD plan that will serve multiple departments.
- Q2: Meet with at least one additional state agency not included in the original meeting about having a closed POD. Incomplete - while unable to meet with an additional state agency we were able to meet with multiple correction facilities and provide assistance for their preparedness plans for closed PODS.
- Q3: Meet with at least two additional state agencies not included in the original meeting about having a closed POD.
- Q4: Meet with at least one additional state agency not included in the original meeting about having a closed POD.

The Major focus of activity this fiscal year has been working with six state agencies, including the Department of Corrections, to develop plans for the mass distribution of antibiotics or vaccinations to department staff in the event of an emergency. Work to add additional agencies will continue next fiscal year.

New in FY19 - Percent of opioid patients also prescribed benzodiazepines

Percent of opioid patients also prescribed Benzodiazepines

Target: ≤ 5%
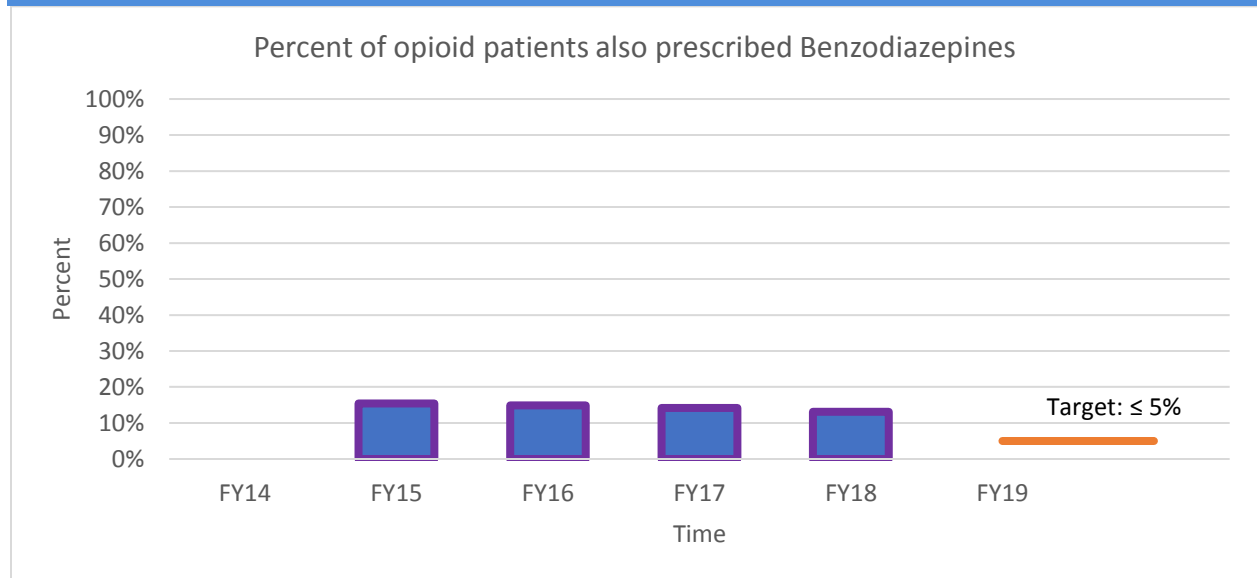
Story Behind the Curve

- In 2013, the National Institute on Drug Abuse (NIDA) reported that 17% of patients with opioid prescriptions also had benzodiazepine prescriptions.
- In 2015, NIDA reported that 23% of patients who died of an opioid overdose had also tested positive for benzodiazepines and that many people are prescribed both drugs simultaneously.
- Benzodiazepines are commonly used to treat anxiety and insomnia. Combining benzodiazepines with other sedatives, opioids, or alcohol can cause respiratory depression and increase the risk of death.
- In FY18 statewide, 13.1% of people (an average of 21,424 people) with opioid prescriptions also had benzodiazepine prescriptions.
- Prescription opioids as a drug type are involved in more drug overdose deaths than any other drug-type, however in 2017, for the first time, a benzodiazepine drug (Alprazolam, brand name Xanax) was the most common prescription drug involved in overdose deaths in New Mexico.

Partners

- Human Services Department (HSD)
- New Mexico Board of Pharmacy (NMBOP)

- Health care professional licensing boards
- New Mexico Overdose Prevention and Pain Management Advisory Council
- New Mexico Health Councils
- Office of the Medical Investigator (OMI)
- Drug Enforcement Agency (DEA)
- University of New Mexico (UNM)

What Works

- Maximizing use of the Prescription Monitoring Program (PMP).
- Improving prescribing practices by discouraging combining opioids and benzodiazepines through provider education.
- Increasing public knowledge of the of risks of combining opioids and benzodiazepines and provide education on other treatment options for anxiety and insomnia.
- Increasing the number of waivered prescribers to treat opioid dependency with approved buprenorphine products for medication-assisted treatment (MAT) and other treatments for substance use disorders in alignment with the Drug Addiction Treatment Act of 2000 (DATA 2000).

Strategy

- Work with partners to increase use of the PMP.
- Collect, analyze, interpret, and disseminate public health data on drug use and the related harms and on policy to address it.
- Collaborate with other areas of the NMDOH and stakeholders to implement strategies based on the scientific findings on drug use and related harms.
- Respond to inquiries on drug use and related harms from stakeholders and the general public.
- Provide technical assistance to public health partners on effective approaches for monitoring and reporting findings on drug use and related harms.
- Provide data on the number and location of MAT treatment prescribers and patients to assess the gaps in availability.

Action Plan

- Q1:

- A NMDOH partner and Advisory Council member will produce draft benzodiazepine prescribing guidelines with input from Council members at the May 30, 2018 Council meeting. Completed - The draft benzodiazepine prescribing guideline was completed and is under review.

- Quarterly Reports (which include percent of prescriber's patients with both opioid and benzodiazepine prescriptions) for FY18 Q4 will be produced and sent to the New Mexico Board of Pharmacy for delivery to the licensing boards. Completed - FY18-Q4 report was completed and sent to NMBOP. FY19-Q1 prescribing data reflects that 12.6 % of opioid patients are also prescribed benzodiazepines.

- Q2:
  - NMDOH will work with partners to disseminate the benzodiazepine prescribing guideline draft to the NM Overdose Prevention and Pain Management Advisory Council once accepted by the committee. Completed – the draft was approved by the committee and presented at the December 7, 2018 NM Overdose Prevention and Pain Management Advisory Council meeting and voted on to support with changes and a final review.
  - Quarterly Reports for FY19-Q1 will be produced and sent to the Board of Pharmacy for delivery to the licensing boards. Completed – FY19-Q1 report was completed and sent to NMBOP. FY19-Q2 prescribing data will not be available until March of 2019.

- Q3:
  - NMDOH will work with partners to disseminate the benzodiazepine prescribing guideline once approved by the NM Overdose Prevention and Pain Management Advisory Council.
  - Quarterly Reports for FY19-Q2 will be produced and sent to the Board of Pharmacy for delivery to the licensing boards. FY19-Q3 prescribing data will not be available until May of 2019.

- Q4:
  - Quarterly Reports for FY19-Q2 will be produced and sent to the Board of Pharmacy for delivery to the licensing boards. FY19-Q4 prescribing data will not be available until May of 2019.

Program Area

P004: Scientific Laboratory Division

What We Do

The Scientific Laboratory Division (SLD) provides laboratory analysis and scientific expertise for public health policy development, environment, and toxicology programs in New Mexico (NM). SLD provides timely identification in order to prevent, identify, and respond to threats to public health and safety from emerging and unusual infectious diseases in humans, animals, water, food, and dairy, as well as chemical and radiological hazards in drinking water systems and environmental water, air, and soil. In addition, the laboratory performs drug testing and provides expert witness testimony for forensic investigations of Driving While Intoxicated/Driving Under the Influence of Drugs (DWI/DUID) and cause of death from drugs and infectious disease. SLD is the primacy bioterrorism and chemical terrorism response laboratory for the state and provides training for clinical laboratories throughout New Mexico.

Who We Serve

New Mexico statute dictates that the Scientific Laboratory Division is the primacy laboratory for the New Mexico Department of Health, the New Mexico Environment Department, and the New Mexico Department of Agriculture, as well as the testing and regulatory authority for impaired driving testing.

How We Impact

The Scientific Laboratory is New Mexico's official public health, environmental monitoring, and forensic toxicology laboratory. In the above roles, the Scientific Laboratory Division operates the following programs:

- Infectious disease reference testing laboratory for the New Mexico Department of Health, NM hospitals, and clinical labs;
- Primacy NM regulatory drinking water testing laboratory for the Environmental Protection Agency (EPA) and NM Environment Department;
- Regulatory air testing laboratory for NM Environment Department and City of Albuquerque;
- Primacy NM regulatory dairy testing laboratory for the Food and Drug Administration and NM Department of Agriculture;

- Veterinary infectious disease reference testing laboratory for the NM Department of Agriculture's Veterinary Diagnostic Services;
- Food borne infectious disease testing laboratory;
- Certification inspectors for private dairy and dairy testing laboratories for the NM Environment Department and the NM Department of Agriculture;
- DWI/DUID alcohol and drug testing laboratory;
- State toxicology expert witnesses for DWI/DUID criminal cases;
- Certifying authority for NM law enforcement officers for breath alcohol testing;
- Bio- and chemical terrorism response laboratory for New Mexico;
- Disease and drug testing laboratory for the NM Office of the Medical Examiner.

Budget

FY19 OPERATING BUDGET: $ 13,185,000

- General Funds: $7,578,000
- Other Transfers: $1,251,400
- Federal Funds: $2,868,300
- Other State Funds: $1,487,300

Accomplishments

During the second quarter of FY19, some of SLD's accomplishments included:

- The Toxicology Bureau improved the 15-day turn-around time for blood alcohol testing to 23%.
- The Environmental Microbiology section aided the Food & Drug Administration (FDA) with modifications to a Retail Meat Surveillance Study procedure for Salmonella detection as well as providing years of comparative study data for the FDA.
- The General Microbiology section has begun testing for the detection of Carbapenem-resistant bacteria and has completed the validation of a new antimicrobial susceptibility test method.
- The Virology/Serology section has completed the verification of a new tuberculosis test method (QFT Gold Plus). An analyst in the section has received certification for the entry of data into the national CaliciNet database for the tracking of Norovirus outbreaks.

Performance Measures

Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 15 calendar days

Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 15 calendar days

Target: ≥ 90%

(Bar chart: Percent on vertical axis (0% to 100%), Time on horizontal axis (FY14–FY19). FY15 ≈ 94%, FY16 ≈ 85%, FY17 ≈ 62%, FY18 ≈ 44%. Orange target line at 90%.)
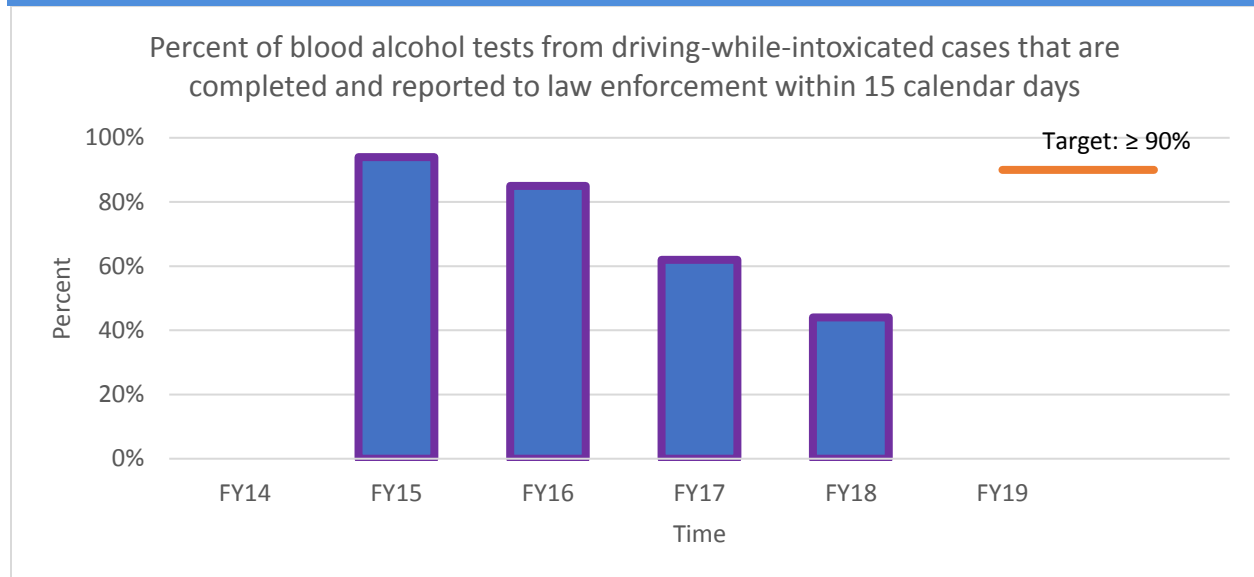
- Nationally, New Mexico (NM) has had the highest alcohol-related death rate since 1997. New Mexico's rate has consistently been nearly twice the national rate and has been increasing more rapidly than the national rate.
- According to the Centers for Disease Control and Prevention, alcohol is a contributing factor in up to 49% of motor vehicle crashes.
- The Scientific Laboratory Division (SLD) Toxicology Bureau staff analyze samples for blood alcohol concentration (BAC) and drugs to determine cause of impairment in drivers, as well as Office of Medical Investigator (OMI) samples for the influence of alcohol and drugs. They also serve as expert witnesses in court cases where alcohol or drugs are involved.
- In FY19-Q2, the SLD reported 23% of BAC testing results within 15 calendar days. Although this was a significant increase from FY19-Q1, the target of 90% was not met.
  - Duplicate testing of each specimen is performed per accreditation requirements, which doubles testing time (started FY16-Q3).
  - Subpoenas increased by 600% over FY18-Q2, however, discovery orders decreased by 82% from FY18-Q2.

- o The SLD is experiencing an increase in the number of Inspection of Public Records Requests (IPRAs), which has increased the Toxicology Bureau's workload.
- During FY19-Q3, the SLD plans several actions to accelerate progress toward the performance target:
  - o Fill the vacant Drug Screening Section Supervisor and Bureau Chief positions.
  - o Use continuous posting to decrease the vacancy rate in the bureau.
  - o Complete a validation proposal for methods using the Orbitrap instrument.
  - o Send OMI samples to a contract testing laboratory to decrease the bureau's workload.
  - o Combine older and new cases in each testing run to meet 15-day turn-around time target.

Partners

- Courts in New Mexico
- Public safety officials (e.g., law enforcement)
- New Mexico Department of Transportation, Traffic Safety Bureau

What Works

- Training keeps analysts up-to-date on current methods.
- Maintaining and updating equipment allows for samples to be analyzed without interruptions.
- The outsourcing of tests not related to law enforcement allows staff to focus on the completion of time-sensitive work.

Strategy

- Hire qualified staff to fill vacancies.
- Cross-train analysts between Drug Screening and Drug Confirmation Sections to expand the pool of staff available for BAC testing.
- Outsourcing of non-enforcement testing to decrease the overall Bureau workload.

Action Plan

- Q1:

- o Continue the aggressive cross-training plan for bureau staff to cover BAC testing. Complete - Two Bureau staff as well as the current Quality Assurance Coordinator have been cross-trained in analytical procedures.
- o Continue hiring analytical staff to fill vacancies. Incomplete - The hiring process is underway for a staff position in the Breath Alcohol Section and for a Drug Screening Section Line Supervisor. Both positions are anticipated to be filled in October 2018.

- Q2:
  - o Train Drug Screening analyst on the general maintenance and use of the Orbitrap instrument. In progress - two analysts in training.
  - o Put procedures in place to track progress on responses to Inspection of Public Records Requests in the Bureau. Completed.
  - o Use continuous posting to decrease the vacancy rate in the bureau. Ongoing - Hired four new staff members into the Bureau.

- Q3:
  - o Fill the vacant Drug Screening Section Supervisor and Bureau Chief positions.
  - o Use continuous posting to decrease the vacancy rate in the bureau.
  - o Complete a validation proposal for methods using the Orbitrap instrument.
  - o Send OMI samples to a contract testing laboratory to decrease the bureau's workload.
  - o Combine older and new cases in each testing run to meet 15-day turn-around time target.

- Q4:
  - o Begin validation of methods using the Orbitrap instrument.
  - o Use continuous posting to decrease the vacancy rate in the bureau.

FY18 Annual Progress Summary

Staff turnover and a lack of qualified applicants have negatively impacted turn-around times for the reporting of blood alcohol tests for driving-while-intoxicated cases. Newly-hired staff in other sections of the Toxicology Bureau are being trained to perform blood alcohol testing, however this training will take time to complete. The Bureau has begun working more closely with state partners such as the Attorney General's office, special prosecutors, and the Drug Recognition

Expert Coordinator. Establishing relationships and collaborations strengthens lines of communication and understanding between partner agencies toward the common goal of combating DWI in New Mexico.

Program Area

P006: Facilities Management Division

The Facilities Management Division (FMD) fulfills the NMDOH mission by providing:

- Programs in mental health, substance abuse, long-term care, and physical rehabilitation in both facility and community-based settings;
- Safety net services throughout New Mexico.

Who We Serve

FMD consists of five healthcare facilities and one community program. Most individuals served by NMDOH facilities have either complex medical conditions or psychiatric disorders that manifest in violent behaviors, and private sector providers are either unable or unwilling to serve these complex individuals, many of whom are restricted to NMDOH facilities by court order.

How We Impact

FMD Facility and Community Program staff cares for both New Mexico adult and adolescent residents, who need continuous care 24 hours-a-day, 365 days-a year as well as provision of a variety of behavioral health outpatient services.

Budget

FY19 OPERATING BUDGET: $127,817,000

- General Fund: $55,545,500
- General Fund for Fort Bayard Medical Center Lease: $4,050,000
- Inter/Agency Transfers: $4,431,800
- Federal Funds: $5,058,300
- Other State Funds: $58,731,400
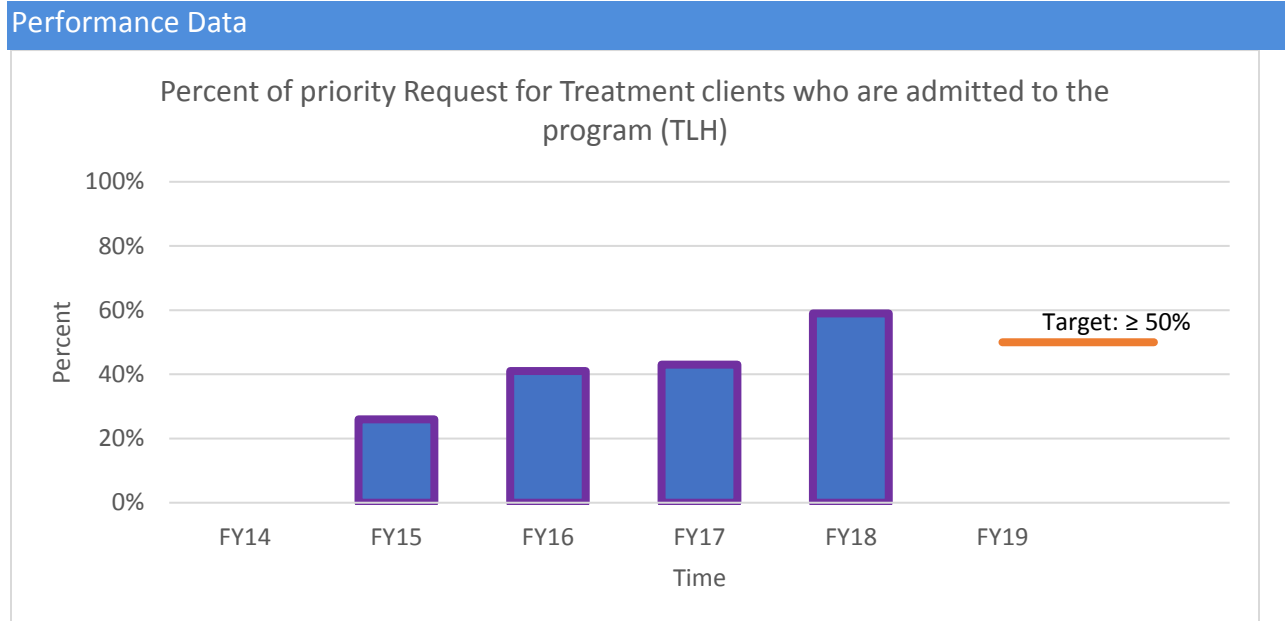
Accomplishments

During the second quarter of FY19, some of the Facilities Management Division's accomplishments included:

- Los Lunas Community Program's (LLCP's) campus beautification and safety improvement projects are ongoing and includes work with the NM Corrections Department and Men's Recovery Program for manpower support.

- New Mexico Behavioral Health Institute (NMBHI) Infrastructure Capital Improvement Plan projects are ongoing and include roof replacements, Meadows Phase 3 pre-construction activities and Adult Psychiatric Division (APD) nurses station redesign.

- NMBHI community connection activities continue for residents; Center for Adolescent Relationship Exploration (CARE) Unit residents volunteer weekly at the local soup kitchen and students from the United World College volunteer weekly at the Long-Term Care and CARE Unit.

- NMBHI held many holiday and seasonal activities for residents in the Long-Term Care, APD, CARE and Forensic units to include contests, games, cooking and pumpkin carving classes, and football parties.

- Sequoyah Adolescent Treatment Center (SATC) capital projects are ongoing and/or complete; cooling system installation completed in the serving room, video surveillance system is in process and drawings submitted for a heating, ventilation, and air conditioning (HVAC) replacement of a timeworn swamp cooler.

- New Mexico Rehabilitation Center's (NMRC's) addition of a 28-day residential Inpatient Social Rehab Program completes the step-down level of care from detox to social rehab and further into Intensive Outpatient Programming (IOP).

- Fort Bayard Medical Center (FBMC) hosted activities for their Long-Term Care residents, where they participated in making tamales for a tamale festival and crafts for a craft fair.

- Turquoise Lodge Hospital (TLH) continues work on their relocation to the Gibson Medical Center, with a modified move-in date of March 2019. This will allow TLH to apply for Joint Commission accreditation which will result in improved revenue, improve dietary programming, increase inpatient beds and offer a continuum of care expansion.

Performance Measures

Percent of priority Request for Treatment clients who are admitted to the program (TLH)

Percent of priority Request for Treatment clients who are admitted to the program (TLH)

Target: ≥ 50%

Y-axis: Percent (0% to 100%). X-axis: Time (FY14, FY15, FY16, FY17, FY18, FY19). Bars: FY15 ≈ 26%, FY16 ≈ 42%, FY17 ≈ 44%, FY18 ≈ 60%.

Story Behind the Curve

- In 2016, New Mexico had the twelfth highest total drug overdose death rate in the nation, down from second in 2014. From 1997 through 2010, the most recent year for which state comparison data are available, New Mexico's death rate from alcohol-related chronic disease has been the highest in the nation.

- Turquoise Lodge Hospital (TLH) provides safety net services for consumers in New Mexico who are seeking detoxification from drugs and/or alcohol. TLH prioritizes admission for pregnant injecting drug users, pregnant substance users, other injecting drug users, women with dependent children, parenting women, and men and women seeking to regain custody of children. TLH has the potential to impact New Mexico's drug overdose and alcohol death rate through active engagement of priority populations.

- In FY17, TLH modified their electronic call system to flag priority populations and implemented an engaging pre-scheduling telephone call that occurs within one business day of approval for treatment. This intervention moved the timeliness of first contacting a consumer from an average of 4.96 days in FY17 Q1-2 to an average of 1.4 days in FY18.

- To determine whether increased contact was effective in increasing engagement, TLH evaluated the historical baseline of priority individuals who were admitted: FY15: 26%,

FY16: 41%, and FY17: 43%. In FY18, we exceeded our target with 59% of approved priority patients admitted to the hospital.

- During FY19-Q1, TLH completed and implement a Crystal Report to link admissions data with call management data, improving our ability to monitor the engagement intervention.
- In FY19-Q1, 59.6% of priority Request for Treatment patients were admitted to the program.
- In FY19-Q2, 60% of priority request for treatment patients were admitted to the program.

Partners

- Human Services Department, Behavioral Health Services Division
- Children, Youth and Families Department
- University of New Mexico Addiction and Substance Abuse (ASAP) Program
- Medicaid
- State and Federal probation officers
- Managed care organizations
- NMDOH Facilities Management Division
- Bernalillo County
- Endorphin Power Company (EPC)

What Works

- Actively engage with and support individuals to enter treatment by increasing the number of informative contacts to the person requesting treatment.
- Studies have shown that rapid response and assignment to treatment, including cutting down the time between application for treatment and first contact, can significantly improve retention (Baekeland and Lundwall 1975; Leigh et al. 1984; Stark et al. 1990).

Strategy

- Establish and maintain a stable process to ensure meeting our goal of 50%.
- Monitor admissions data to investigate compliance and take necessary steps to ensure the goal is continuously met.
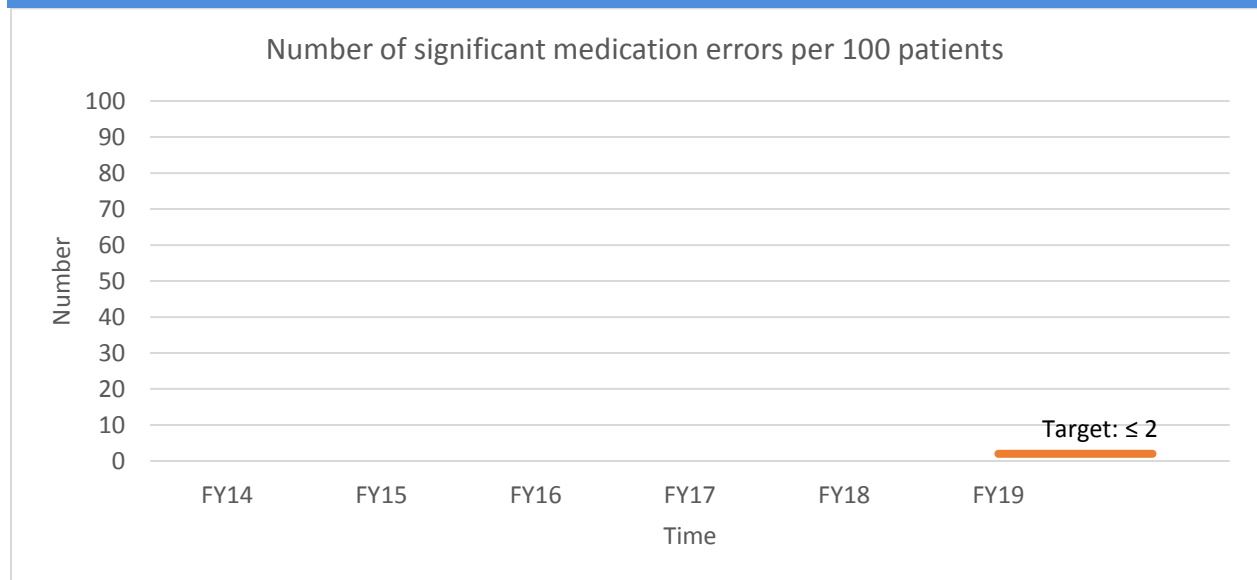
Action Plan

- Q1:
  - Monitor the pre-scheduling intervention implemented in FY17 to ensure that one informative telephone scheduling contact is made within one day of approval for treatment for priority populations. Completed.
  - Implement the Crystal Report for tracking the percent of priority Request for Treatment clients who are admitted to the program. Completed.
- Q2:
  - Monitor the outcome of the pre-scheduling call intervention on a monthly basis to ensure that increased engagement has occurred. Completed.
  - Continue to utilize the Crystal Report implemented in the First Quarter to more quickly see the outcomes of our interventions. Completed.
  - Explore internship opportunities for Peer Specialists who will act in a client engagement role. Completed.
- Q3:
  - Implement action as necessary based on monitoring from Q1 and Q2
- Q4:
  - Implement action as necessary based on monitoring from Q1, Q2, and Q3

FY18 Annual Progress Summary

- In FY17, the percent of priority Request for Treatment clients who are admitted to the program was 43.0%. This annual result did not meet the 50% target. TLH initiated increased monitoring and performance improvement to meet this goal in FY18.
- In FY18, the Percent of priority Request for Treatment clients who are admitted to the program was 59%. This result is well above our goal of 50%.
- TLH does not anticipate any barriers to completing this goal in FY19.
- We have identified this goal as a stable process and will continue to monitor and implement change as necessary. The FY19 Q1 average was 59.6%. This result is well above our goal of 50%.

- Number of significant medication errors per 100 patients

Performance Data

Number of significant medication errors per 100 patients

Chart showing "Number" on the y-axis (0 to 100, in increments of 10) and "Time" on the x-axis (FY14, FY15, FY16, FY17, FY18, FY19). An orange target line appears near the bottom at FY19 labeled "Target: ≤ 2".

Story Behind the Curve

- In 1999, the Institute of Medicine published *To Err Is Human: Building a Safer Health System*, in which they stated that between 44,000 and 98,000 people die in hospitals each year as a result of preventable medication errors and laid out a strategy for reducing these errors.

- Founded in 1995, the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) is an independent body composed of 27 national organizations whose mission is to address interdisciplinary causes of medication errors and promote the safe use of medications.

- NCC MERP defines a medication error as a preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer.

- NCC MERP promotes the safe use of medications and increased awareness of medication errors through increased reporting and promotion of medication error prevention strategies. While NCC MERP states that there is no acceptable rate for the incidence of medication errors, due to differences in organizational culture, patient populations, and types of reporting and detection systems, NCC MERP does not recommend the use of medication error rates to compare health care organizations. There are no national- or state-level benchmarks for health care medication error rates.

- NMDOH operates six health care facilities, each of which serves a distinct population. Beginning in FY19, each facility will monitor and report the rate of significant medications errors, defined as category D or higher, according to the NCC MERP Index for Categorizing Medication Errors. A category D medication error is an error that reached the patient and required verification that the patient was not harmed or actions were taken to prevent harm to the patient. The FY19 results are as follows:
  - Quarter 1: .4
  - Quarter 2: 1.0
- The target of ≤ 2.0 was met for Quarter 1 and Quarter 2. Strategies and actions in place will continue in an effort to reduce the number of significant medication errors. An increase of medication errors was seen from Q1 to Q2 due to staff turnover, increase in nurse agency staff and wrong order sets being used. Monitoring the medication errors will continue.

Partners

- Health care professionals
- Patients
- Consumers

What Works

- Encourage medication error reporting within a non-punitive, continuous quality improvement framework.
- Establish an organizational culture to help minimize provider behaviors associated with higher medication errors.
- Establish a goal to continually improve systems to prevent harm to patients due to medication errors. Monitor actual and potential medication errors that occur, and investigate the root cause of errors with the goal of identifying ways to improve the medication use system to prevent future errors and potential patient harm. Apply lessons learned to improve the system.

Strategy

- Foster a culture that minimizes at-risk provider behavior and supports medication error reporting within a non-punitive, continuous quality improvement framework.

- Review and ensure consistent, reliable, and system adoption of best practices to prevent medication errors.
- Establish facility-specific and/or patient-population specific goals to continually improve systems to prevent harm to patients due to medication errors. Monitor actual and potential medication errors that occur and investigate the root cause of errors with the goal of identifying ways to improve the medication use system to prevent future errors and potential patient harm. Apply lessons learned to improve the system.

Action Plan

- Q1: Establish a facility-specific and/or patent-population specific baseline medication error rate and articulate an FY19 performance target for the facility and/or patient population. Complete.
- Q2: Develop and adopt a written Medication Error Reduction Plan for each facility, which includes monitoring actual and potential medications errors that occur, investigating the root cause of errors, and identifying opportunities for systemic or process changes to reduce the errors. Complete.
- Q3: Establish a forum and process for all facilities to jointly review and learn from external medication-related error reports and/or alerts.
- Q4: Conduct facility-specific and/or patient-population specific review to assess the effectiveness of the Medication Error Reduction Plan; revise and re-adopt the Plan as appropriate.

New in FY19 - Percent of residents who are successfully discharged

Percent of residents who are successfully discharged
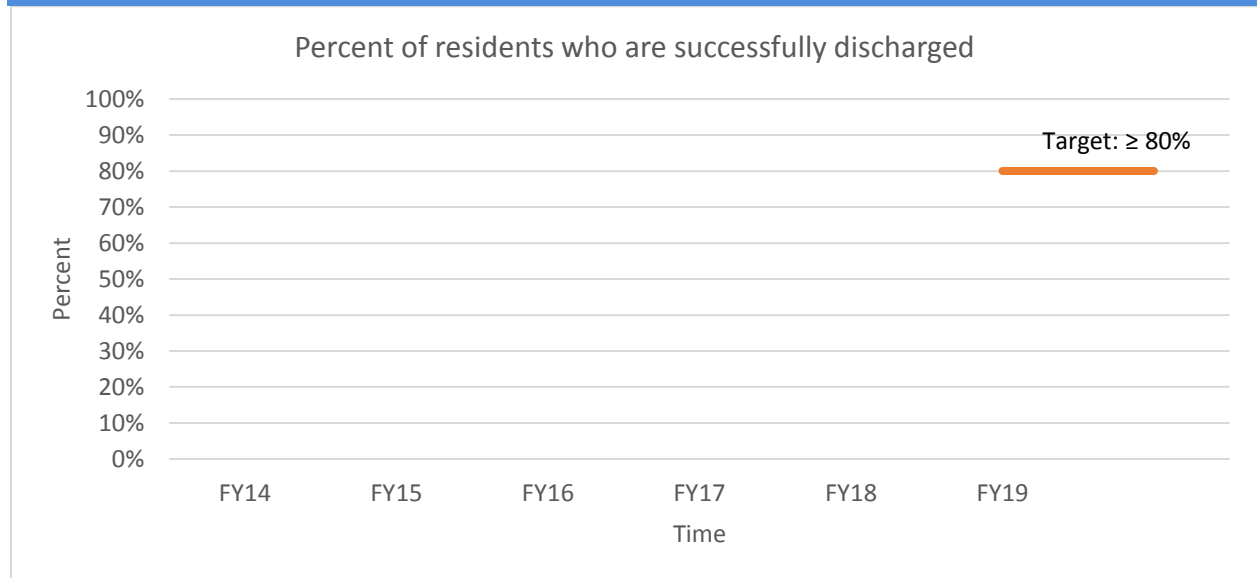
According to the Results First report presented to NM Legislative Finance Committee June 7, 2017:

- "Behavioral health problems affect 1 out of 5 children nationally."
- "New Mexico has a higher rate of individuals living at or below the poverty line than the rest of the country, putting the state at higher risk for individuals developing behavioral health problems"
- "In New Mexico, 14% of youth experienced 3 or more adverse childhood experiences, higher than the national average of 11%."
- In New Mexico, there are residential treatment programs that provide intensive services for adolescents with serious emotional and behavioral problems. The report explains that there is a lack of performance measures to assess the effectiveness of state funded programs and discusses the need for developing standardized performance measures.
- "The state needs an improved suite of performance metrics that clearly assesses the effectiveness of the children's behavioral health system."
- One sample metric cited in the report includes whether children avoid involvement with the juvenile justice system. This supports NMDOH youth residential treatment programs' performance measure of Successful Discharges from the Residential Treatment program. A successful discharge is where the resident is discharged to a lower level of care or to the

discharge that was recommended at the time of admission. An unsuccessful discharge would include a discharge to the juvenile justice system.

- The target for Successful Discharges is 80%. The rate of Successful Discharges during FY19 is as follows:
    - Q1: 76.6%
    - Q2: 69.2%
- The New Mexico Behavioral Health Institute (NMBHI), CARE Unit, had 1 of 2 residents successfully discharged in Q2. Improvements in admissions screening continues to be the goal to ensure that residents are appropriately admitted into the program.
- The Sequoyah Adolescent Treatment Center (SATC) had 8 of 11 residents successfully discharged in Q2. The unsuccessful discharges were due to an elopement during a 72-hour pass and others with noncompliance while in treatment. SATC will continue to admit residents that meet program criteria and the treatment team will continue to provide support services needed for successful discharging of residents.

Partners

- Residents
- Family/Guardians
- Juvenile Probation Officers
- New Mexico Children, Youth and Families Department
- Clinical Staff Treatment Team
- Wrap around services
- Therapy – Individual, Family, Group
- Mountain Center
- Community Outreach – UWC, Animal Welfare Coalition, Soup Kitchen
- Primary Care Physicians

What Works

- Providing individualized treatment and services that meets each resident's needs
- Providing group therapy and positive group experiences and living skills
- Recruiting residents who meet the criteria of the program to be able to provide specialized services in which staff are trained

Strategy

- Foster a positive culture of support
- Meet with staff to develop additional strategies to meet the goal

- Q1:
    - Review clinical charts of unsuccessful discharged residents to understand factors that prevented a successful discharge. One reason identified in the past include residents did not meet criterial for the program. Complete.
    - Clarify criteria for recruitment. Complete.
- Q2:
    - Educate staff on the importance of recruiting residents who meet the criteria to enable a positive experience and successful discharge to be able to continue a healthy relationship with family and be able to acquire skills to live independently. Complete.
    - Educate referring agencies on the criteria for appropriate referrals. Complete.
- Q3:
    - Review lists of resources such as those referred by the New Mexico Behavioral Health Collaborative.
    - Conduct expanded outreach efforts for appropriate discharge placements.
- Q4: Develop a list of helpful resources for residents to contact and access after discharge.

Percent of long-term care residents experiencing one or more falls with major injury

Percent of long-term care residents experiencing one or more falls with major injury

Target: ≤ 0.5%
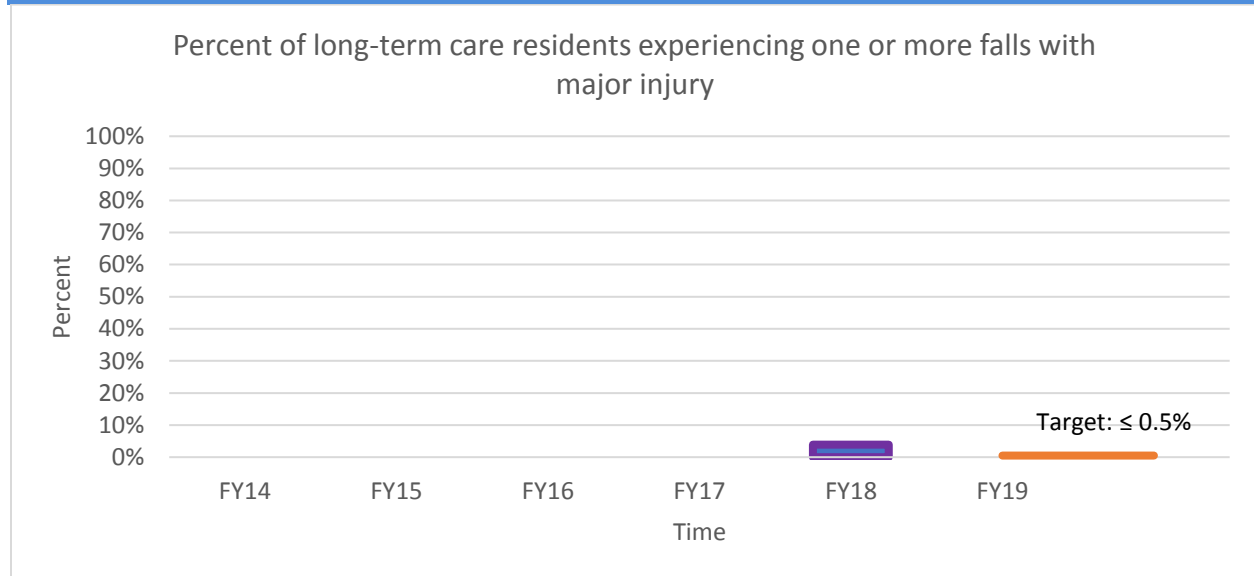
Story Behind the Curve

- Falls are common in long-term care facilities and are a major safety concern for long-term care facilities.
- While not all falls and injuries can be prevented, it is critical to have a systematic process of assessment, intervention, and monitoring to minimize fall risk.
- Falls data is obtained from the Certification And Survey Provider Enhanced Reports (CASPER) for the New Mexico Behavioral Health Institute and Fort Bayard Medical Center long-term care facilities. The FY19 Quarter 1 & 2 results are as follows:
  - Quarter 1: 4.9%
  - Quarter 2: 3.9%

  The target of ≤ .5% was not met for Quarter 1 or 2.
- Every new long-term care resident is assessed for fall risk. This assessment is then included in each individual resident's care plan, contributing to the success of this measure. However, it is a significant challenge to balance each resident's need for independence with the inherent risk for falls.
- Individual facilities, and treatment teams within the facilities, evaluate every fall to help determine the root cause of the fall and then incorporate interventions such as closer observation, assistance with transfers, etc. into the treatment plan. A request for further

analysis and action plans will be made to the Long-Term Care (LTC) Facility Falls Prevention Committees.

- During FY19-Q3, treatment teams of facility units will voice interventions being implemented locally to help reduce the number of falls. A request for further analysis and action plans will be made to the LTC Facility Falls Prevention Committees.

Partners

- HealthInsight New Mexico, the Centers for Medicare and Medicaid Services contracted Quality Improvement Organization for New Mexico
- The Joint Commission on Accreditation of Healthcare Organizations
- NMDOH Division of Health Improvement
- Governing Body for facility oversight
- Centers for Medicare and Medicaid Services provided CASPER Reports
- LTC Facility Falls Prevention Committees

What Works

- Education of employees, residents, and family members has demonstrated some success in being able to protect residents.
- Close observation continues to be our best method of preventing falls in nursing home settings.
- Therapy services that focus on strengthening individuals and assist in preventing falls by improving balance and mobility.
- Individualized resident treatment planning following any fall assists in prevention efforts.

Strategy

- Ensure that Skilled Nursing Facilities have active Falls Prevention Committees. Both facilities continue to hold these meetings on a regular basis.
- Monitor that Falls Prevention Committees are analyzing causes of falls and are taking appropriate actions to prevent future falls. This is the major focus of these teams and these efforts continue.
- Track quarterly outcomes of each facility as well as aggregate data to determine improvement or lack of improvement.

Action Plan

- Q1: Ensure that active Falls Prevention Committees hold at least one meeting. Not completed – only one facility held a meeting.
- Q2: Falls Prevention Committees will document actions being recommended and implemented to reduce the number of falls (documented in minutes). Not Completed – only one of two facilities have met and documented actions being recommended.
- Q3: Treatment teams of facility units will voice interventions being implemented locally to help reduce the number of falls. A request for further analysis and action plans will be made to the LTC Facility Falls Prevention Committees.
- Q4: Hold falls prevention training for staff.

FY18 Annual Progress Summary

- In FY18, the percent of long-term care residents experiencing one or more falls with injury was 3.9%. This annual result did not meet the target of 3.0%.

- Intervention measures are ongoing to prevent falls with major injuries. Facilities continue to promote education of root causes of falls, utilize therapy services, and maintain active Falls Prevention Committees.

Turquoise Lodge Hospital detox occupancy rate

Turquoise Lodge Hospital Detox Occupancy Rate

Target: ≥ 85%
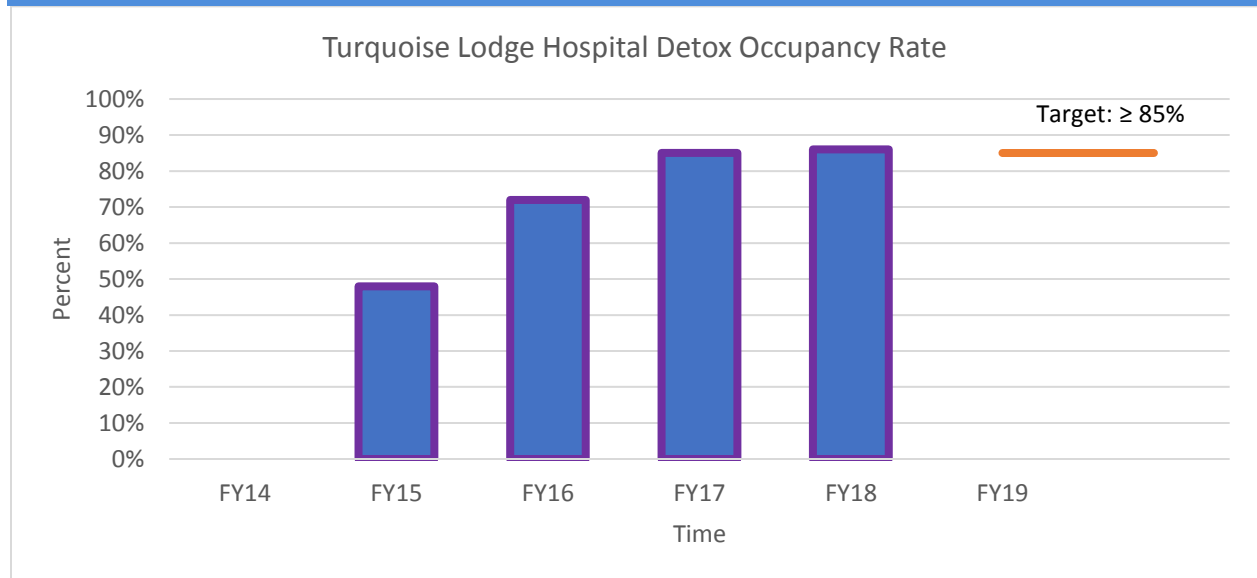
Story Behind the Curve

- The NMDOH mission is to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico. Safety net services are services, facilities, and programs that help provide access to health care for uninsured or under insured individuals.

- As of 2016, New Mexico has the twelfth highest drug overdose death rate in the nation. The consequences of substance use are not limited to death, but include many medical and social consequences, including poverty and lack of adequate insurance.

- Turquoise Lodge Hospital (TLH) is a Specialty Hospital that provides safety net services for New Mexican adults with substance use disorders. Occupancy rate, or the percentage of staffed beds that are occupied, measures access to these safety net services. TLH does not make admission decisions based on an individual's insurance, the lack of insurance or the ability to pay.

- According to the U.S. Centers for Disease Control and Prevention (CDC), for the year 2013, the average Specialty Hospital occupancy rate in the United States was 63.0%, and in New Mexico the average rate was 56.0%. TLH has improved their hospital detox unit occupancy rate from 48.3% in 2015 to 85.0% in 2017. In FY18, the occupancy rate was 86%.

- To provide optimal access to inpatient substance use services for New Mexicans in FY19, TLH will continue to analyze the workflow of the Access Department, hospital staffing, and scheduling patterns to sustain an inpatient occupancy rate of 85.0% or higher.

- Through FY19-Q1, TLH achieved an 88.1% occupancy rate.
- During FY19-Q2, TLH did not meet our goal of 85% we fell slightly short at 84.1%. It is common during the Holiday months for the occupancy rate to drop.

Partners

- Human Services Department, Behavioral Health Services Division
- Children, Youth & Families Department
- University of New Mexico Addiction and Substance Abuse (ASAP) Program
- Bernalillo County
- Endorphin Power Company (EPC)
- Medicaid
- Managed care organizations
- Adult probation officers

What Works

- Maintaining safe staff-to-patient ratios
- Maintaining safe practices within the facility
- Staff training
- Consistent use of screenings and assessments
- Call management and scheduling tools

Strategy

- Maintain call management and assessment system for receiving inflow of Requests for Treatment within the Access Department.
- Maintain detox unit staffing patterns to manage 16 available beds on the Adult Detox Unit.
- Consistently schedule three to five admissions per day five days a week.
- Continuously monitor processes and occupancy rate and implement changes as necessary.
- Increase nursing resources to complete the pre-admission assessment quicker, which would allow for patients to be approved for admission in a more efficient way.

Action Plan

- Q1: Analyze Detox Occupancy Rate against workflow of Access Department, staffing patterns, and scheduling patterns to maintain an occupancy rate of 85% or higher. Met - During FY19-Q1, the occupancy rate was 88.1%.
- Q2: Analyze Detox Occupancy Rate against workflow of Access Department, staffing patterns and scheduling patterns to maintain an occupancy rate of 85% or higher. Not met – During FY19-Q2, the occupancy rate was 84.1%. It is common for the occupancy rate to decline during the holiday months.
- Q3: Analyze Detox Occupancy Rate against workflow of Access Department, staffing patterns and scheduling patterns.
- Q4: Analyze Detox Occupancy Rate against workflow of Access Department, staffing patterns and scheduling patterns.

FY18 Annual Progress Summary

- In FY17, the occupancy rate of 85% met the target of 85%. This was a marked difference over the previous year by 13%. in FY18 the increase was slight but still above expectations.
- The NMDOH facilities expect the occupancy rate to slightly increase in FY19 based on the strategies and actions that are currently showing results.
- In FY18, the occupancy rate of 86% exceeded the target of 85%. This goal is much higher than the national and regional average.

Percent of eligible third-party revenue collected at all agency facilities

Percent of eligible third-party revenue collected at all agency facilities

A bar chart showing Percent on the y-axis (0% to 100%) and Time on the x-axis (FY14 through FY19). Bars: FY14 ≈ 91%, FY15 ≈ 88%, FY16 ≈ 94%, FY17 ≈ 92%, FY18 ≈ 88%. FY19 has no bar. Target: ≥ 93% (shown as a horizontal line).
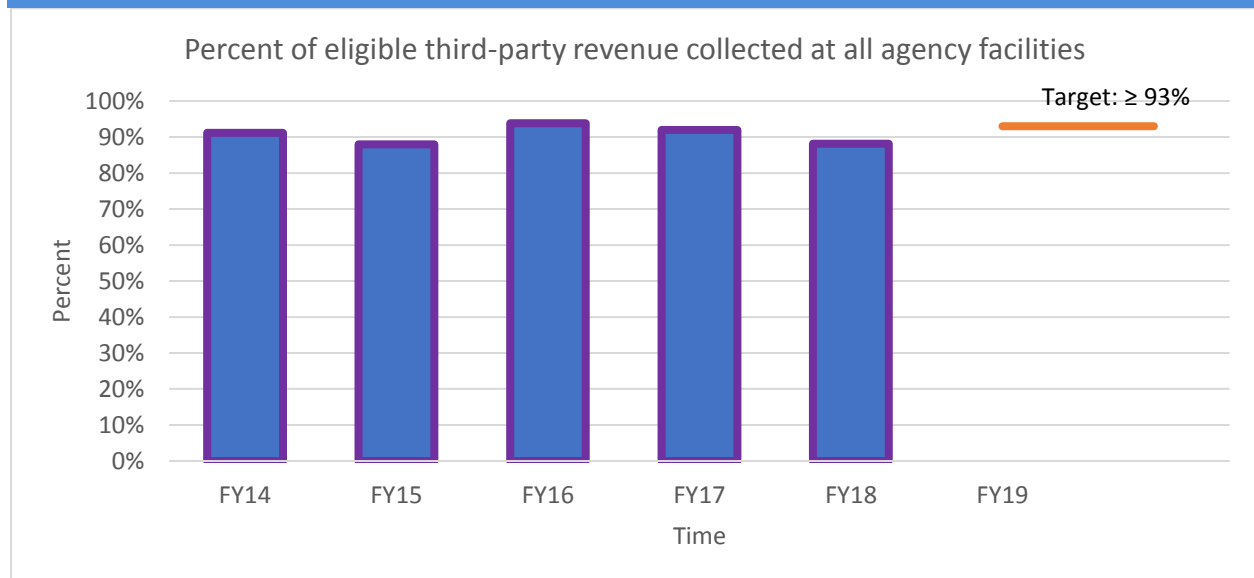
Story Behind the Curve

- The Affordable Care Act increased the number of insured nationally. This increase puts more emphasis on third-party billing and collection.

- Collection of revenue is important to maintain services across the state. Greater revenue collection allows NMDOH to provide an enhanced level of care to our consumers.

- The state's revenue fluctuates each year, and as a result the amount of General Fund appropriated to NMDOH is directly affected. NMDOH must strive to collect on other eligible revenue.

- The FY19 eligible third-party collection rate is as follows:
  - Quarter 1: 72.4%
  - Quarter 2: 85.4%

  The target of 93% was not met for Quarters 1 or 2, however an improvement is seen in Quarter 2.

- Facilities maintained focus on revenue collection through regular meetings with managed care organizations and communication with Human Services to address billing/payment issues. Monthly actual and projected revenue reports for each facility/program were reviewed by the Administrative Services Division and discussions were ongoing with each Finance Director to assist with resolving collection issues.

- There are challenges with collecting revenue timely and efficiently at each facility. Contributing factors for low collection rates, at any given time, are:

- Electronic health record and/or clearing house (billing transmission) system issues
- Limited billing staff (high turnover) to address both current and aged accounts
- Staff not following proper Managed Care Organization (MCO) protocols (i.e. obtaining prior authorizations) in order to have an eligible claim for reimbursement
- Rejection of billed service types that are not contractually recognized or newly established/negotiated between NMDOH and MCOs
- Data entry errors during claims processing
- MCO system issues
- Turnover of MCO representatives to assist and complete the follow-up of claims issues
- The strategies and actions in place will continue in an effort to increase the third-party collection rate.

Partners

- Facility and Community Program Finance Directors and billing/collection staff
- Managed care organizations
- Commercial insurance providers
- NMDOH Human Resources Bureau
- NMDOH Administrative Services Division
- New Mexico Human Services Department

What Works

- Regular communication with the facilities and managed care organizations to resolve claims issues and outstanding payments.
- Periodic communication between NMDOH and the New Mexico Human Services Department to resolve payment issues that occur with the managed care organization contracts, and to ensure regulatory and contract requirements are being met.
- Sharing best practices and frequent collaboration among the facilities.
- Dedicated staff focused on outstanding claims, questioning discrepancies, and following-up on payments consistently and timely.
- Monthly reconciliation of revenue to identify unpaid claims and issues preventing payment.

Strategy

- Communicate at least monthly, and in some cases weekly, with managed care organizations and third-party payers on unresolved claims.
- Work with the New Mexico Human Services Department to address payment issues that occur with managed care organizations.
- Assess personnel resources for maximum efficiency in medical coding, billing, and revenue collection efforts.
- Perform monthly reconciliation of revenue for consistent monitoring of earned income and revenue collection.

Action Plan

- Q1: Hold at least one meeting with an ASD and Facilities teams to gather information on the most significant issues affecting collection rates. Complete.
- Q2: ASD to perform an analysis of the issues identified, brainstorm possible solutions, and identify required resources for at least one possible solution. Complete.
- Q3: Develop and implement a plan, which includes allocating responsibilities and scheduling tasks, for at least one possible solution to improve the collection rate.
- Q4: Monitor and evaluate the plan implementation.

FY17 Annual Progress Summary

- In FY17, the percent of eligible third-party revenue collected at all agency facilities was 92.0%. This annual result met the 92% target.

FY18 Annual Progress Summary

- The facilities continued efforts to maintain progress in FY18, however were not successful. In FY18, the percent of eligible third-party revenue collected at all agency facilities was 88.1%. This result did not meet the 93% target.

- Challenges with meeting the target in FY19 are anticipated, which include a high billing staff turnover, and new MCO amendments/contracts becoming effective on January 1, 2019.

- A plan will be developed and implemented to ensure there is sufficient support in the billing/collections area in all facilities in an effort to improve the collection rate.

Program Area

P007: Developmental Disabilities Supports Division

What We Do

The Developmental Disabilities Supports Division (DDSD) effectively administers a system of person-centered community supports and services that promotes positive outcomes for all stakeholders.

Who We Serve

DDSD is the primary state agency that funds community services and supports for people with disabilities and their families in New Mexico.

How We Impact

DDSD's primary focus is on assisting individuals with developmental disabilities and their families in exercising their right to make choices, grow and contribute to their community.

Budget

FY19 OPERATING BUDGET: $168,080,000

- General Funds: $154,710,200
- Other Transfers: $$9,154,000
- Federal Funds: $2,830,800
- Other State Funds: $1,385,000

Accomplishments

In the second quarter of FY19, some of DDSD's accomplishments included:

- The Community Programs Bureau (CPB) with support from the Bureau of Systems Improvement (BSI) developed and delivered training for Case Managers on three Key Performance Indicators: Individual Service Plan implementation; medical appointment attendance and the delivery of community supports in a non-disability specific setting. The DD Waiver Manager collaborated with the IT Department's training unit to develop data collection tools in Excel's Power Pivot and the DDSD clinical database. Her efforts will help

ensure that data collected on important indicators of well-being are collected efficiently and consistently and that the case management system overall uses data to inform quality improvement initiatives.

- With the hiring of a new policy analyst, the CPB began research on standardized needs-based assessments.

- The Specialty Seating Clinic received approval from CMS allowing Medicare billing for custom molded Specialized Seating Systems.

- The Medically Fragile Waiver (MFW) Manager is working with HSD staff on an amendment to the increase provider reimbursement in specific services. Also, DDSD, HSD, and the Family Advisory Board are meeting at least monthly to plan for the upcoming renewal of the MFW.

- The Bureau of Behavior Support (BBS) provided trainings statewide including: Crisis Training; Motivational Interviewing; and a two-day event focusing on Positive Behavioral Supports. As part of a Sexual Violence Prevention Learning Community, the BBS began researching policy and service projects to further prevent sexual abuse amongst individuals with I/DD.

- The BSI working with the DOH-IT department completed the development of a large database for Medicaid reports. BSI staff received extensive support and training on Excel's Power Pivot from IT Department trainers. This effort has greatly increased DDSD's capacity to access and utilize data to support the state's delivery of needed services.

Performance Measures

Number of individuals receiving developmental disabilities waiver services

Number of individuals receiving developmental disabilities waiver services

Explanatory measure, no FY19 target
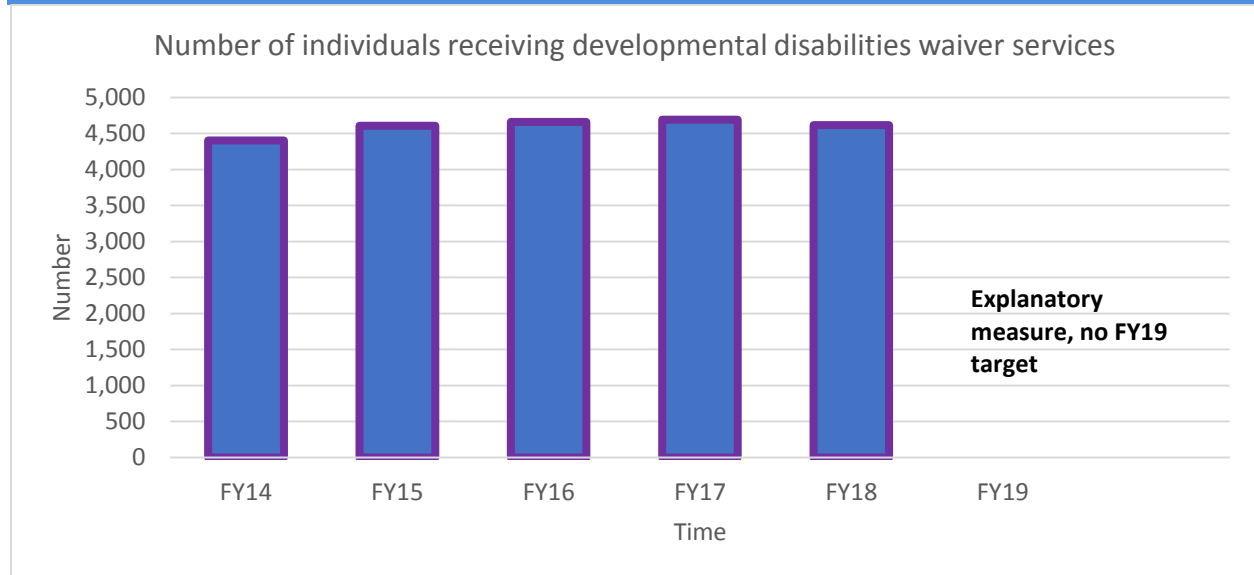
- Every state in the nation has the option to provide home and community-based services with approval from the Centers for Medicare and Medicaid Services (CMS). Nationwide, over 44 states, and the District of Columbia, provide home and community-based Medicaid waiver services to people with Intellectual or Developmental Disabilities (I/DD).

- The Developmental Disabilities Waiver program (DDW) serves as an alternative to institutional care. DDW provides a variety of services for people with I/DD to support them in living independently and participating actively in their communities.

- In FY19-Q2, the Developmental Disabilities Supports Division (DDSD) had 4,596 (Human Services Department 12/06/18 Developmental Disabilities Waiver and Mi Via Waiver unduplicated count) persons receiving Developmental Disability Waiver services.

- DDSD's ability to allocate people into waiver services is impacted by available budget. The 2018 legislative session allocated $2 million, which will be used for approximately 80 allocations in FY19.

- The Intake and Eligibility Bureau (IEB) has developed an allocation plan for the FY19 allocations. FY19 allocation batch allows for 80 slots with 10 reserved for expedited allocations. Of the 70 allocations offered, 58 are in service. The IEB completes replacement and attrition allocations, with replacement as applicable (e.g., hold, no response, refuse altogether) and approximately six attrition slots each month.

- Human Services Department's (HSD's) Medical Assistance Division (MAD)
- HSD's Income Support Division (ISD)
- University of New Mexico Center for Development and Disability (CDD)
- Qualis, Third Party Assessor (TPA)
- Health care and community providers
- Case management agencies
- Parent and advocacy support groups

What Works

- Identifying issues with the annual recertification process, annual Level of Care process and budget approval and review process to ensure the uninterrupted receipt of services.
- Increasing community awareness of services for individuals with developmental disabilities.
- Improving case management agencies' service capacity to provide information regarding different types of available services.
- Working with and using HSD's 1915C client tracker report to prevent category of eligibility closures.
- Holding allocation meetings in every region for the new allocation batch to provide education and assistance with the allocation process. Additionally, meeting one-on-one with people who cannot attend regional allocation meetings.

Strategy

- Monitor allocation process to ensure people receive DD Waiver services timely as allocation slots become available.

Action Plan

- Q1: DDSD and HSD will analyze utilization and expenditure data to determine if funding allows for attrition and regular new allocations. Continuing through Q4. Completed.
- Q2: IEB will monitor FY19 allocations to ensure all allocated individuals are receiving services by the end of Q2. Completed.

- Q3: Use completed cost analysis to formulate policies and procedures addressing cost differentials and increases between services for both DD Waiver and Mi Via Waiver participants.

- Q4: HSD and DDSD will continue to monitor service utilization, expenditures, and attrition to determine if DDSD can allocate any new people into services with existing resources.

FY17 Annual Progress Summary

- DDSD did not receive any legislative appropriations for new allocations during the FY16 or FY17 Legislative Sessions.

- During FY17, 4,691 individuals were receiving DD Waiver services (the target of 4,700 was missed by nine individuals).

- Approximately 73 individuals have been placed on a DD Waiver since FY16.

- HSD and DDSD continue to monitor service utilization, expenditures, and attrition to determine if DDSD can allocate any new people into services with existing resources.

FY18 Annual Progress Summary

Community Programs Bureau Accomplishments FY18

- Community Programs Bureau representatives, Christina Hill and Jen Rodriguez, presented at the NM Developmental Disabilities Planning Council (DDPC) 2018 Statewide Summit on Advocacy and the Parents Reaching Out Annual NM Family Leadership Conference on the revised Developmental Disabilities Waiver Service Standards.

- The Rate Study Evaluation Committee reviewed proposals and selected a vendor to complete the 2018-2019 comprehensive rate study for the Developmental Disabilities, Mi Via and Medically Fragile Waivers.

- Mi Via Unit is fully staffed with three new Mi Via Coordinators and a new Mi Via Program Manager.

- Mi Via proposed rule change- public comment period closed June 29th.

Number of individuals on the developmental disabilities waiver waiting list

Number of individuals on the developmental disabilities waiver waiting list
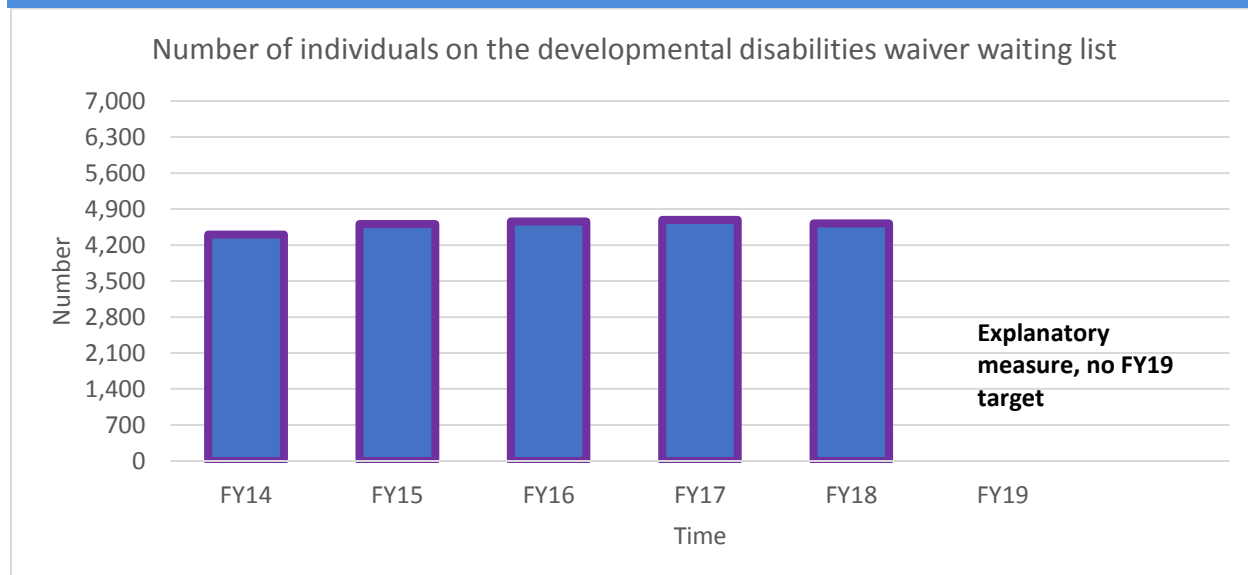
- The Developmental Disabilities (DD) Waiver Program is designed to provide services to allow individuals with intellectual and developmental disabilities to live as independently as possible. The capacity of the program depends on the availability of state and federal funding. Persons that meet the requirements can receive standard Medicaid benefits and other services while on the waiting list. The DDSD closely monitors the number of individuals on the waiting list to efficiently allocate individuals as funding becomes available.

- As of January 1, 2019, there were 4,987 individuals on the Developmental Disabilities Waiver (DDW) waiting list. These individuals have been determined to meet the definition of developmental disability.

- The number of individuals on the wait list increased from 4,934 at end of FY19-Q1 reflecting increased demand for DDW services. Likewise, the Central Registry Unit received 363 new registrations to apply for waiver services during the quarter.

- The wait time for home and community-based Intellectual/Developmental Disabilities (I/DD) waiver services varies widely. The current average wait time for DDW services is over 12 years. Individuals are offered waiver services as funding for allocation slots becomes available. Currently, 352 individuals are on hold. These individuals were offered waiver services but have chosen to continue on the waiting list for now.

- Per FY19 appropriation, 80 new individuals were allocated to receive waiver services this fiscal year. By the end of FY19-Q2, 59 of those individuals had started receiving services.

Partners

- Health care providers
- Community providers
- Advisory and support groups
- Case management and consultant agencies
- Managed care organizations
- Pre-K through Grade 12 statewide educational institutions
- NMDOH Family, Infant, Toddler (FIT) Program
- FIT Provider Agencies

What Works

- Continuous review of Central Registry status reports to determine if systemic or case-specific problems exist during the eligibility determination process.
- Maintaining current contact information for registrants.
- Regular outreach to and communication with registrants, families, community providers, and others to ensure knowledge of DD Waiver eligibility and the documentation necessary for the determination process.
- Continuous evaluation of the methods used in processing applications and allocations.
- Reallocation of unit resources to allow eligibility caseworkers to focus on backlogged applications.

Strategy

- Maintain focus on reducing the backlog and completing current applications.
- Monitor efforts to refer individuals with mental health issues to the appropriate system.
- Increase applicant awareness of other Medicaid, State General Fund, and community-based services.
- Increase applicant and community provider awareness of DD Waiver requirements through outreach activities.

Action Plan

- Q1

- o Utilize Continuous Quality Improvement (CQI) principles to constantly assess the registration, application, and DD definition determination process and make adjustment for improvement. Completed.
- o Q1: Continue working on the backlog plan, which should reduce the backlog by approximately 150 applications per quarter. Completed.
- o Q1: Refer individuals with mental and behavioral health issues to the appropriate behavioral health system. Completed.
- o Q1: Provide training and collaborate with providers and partners to help reduce the number of applications for individuals who do not qualify for the program. Completed.

- Q2:

  - o Utilize Continuous Quality Improvement (CQI) principles to assess and standardize outreach material and form letters and make adjustments for improvement. Completed.

  - o Continue working on the backlog plan, which should reduce the backlog by approximately 150 applications per quarter. Completed.

  - o Continue partnering with the Bureau of Vital Records and Health Statistics to remove deceased individuals from the Wait List. Completed.

- Q3:

  - o Continue working on the backlog plan, which should reduce the backlog by approximately 150 applications per quarter.

  - o Provide education and information, as needed, during the 2019 legislative session about the Wait List, the definition of intellectual/developmental disability (I/DD), and other pre-service activities within the Central Registry Unit.

- Q4:

  - o Complete backlog plan with ongoing work to process current applications.

  - o Initiate contact with the next 200 individuals on the Wait List to confirm or update contact information.

FY17 Annual Progress Summary

- Over the course of FY17, the waiting list grew by 76 individuals (FY16-Q4: 6526, FY17-Q4: 6602).

- Significant efforts were undertaken to work on cleaning up the Central Registry that resulted in 381 applications being closed for reasons other than allocation.
- Although the target of 6,300 was not met, any reduction without a large allocation group is progress on this goal of decreasing the number of individuals on the DD Waiver waiting list.

FY18 Annual Progress Summary

- Over the course of FY18, the number of open applications in the Central Registry was reduced by 164 individuals (FY17 Q4: 6,602, FY18 Q4: 6,438), due to the efforts of the Central Registry Unit to reduce the number of backlogged applications.
- Of those 6,438 applications, 4,479 have been determined to meet the definition of developmental disability and are awaiting allocation.
- Although the target of 6,300 was not met, any reduction without a large allocation group is progress towards goal.

Percent of developmental disabilities waiver applicants who have a service plan in place within 90 days of income and clinical eligibility

Percent of developmental disabilities waiver applicants who have a service plan in place within 90 days of income and clinical eligibility

Target: ≥ 95%

(Chart showing Percent on y-axis from 0% to 100%, Time on x-axis by fiscal year: FY14 ≈ 75%, FY15 ≈ 90%, FY16 ≈ 54%, FY17 ≈ 93%, FY18 ≈ 73%, FY19 no data)
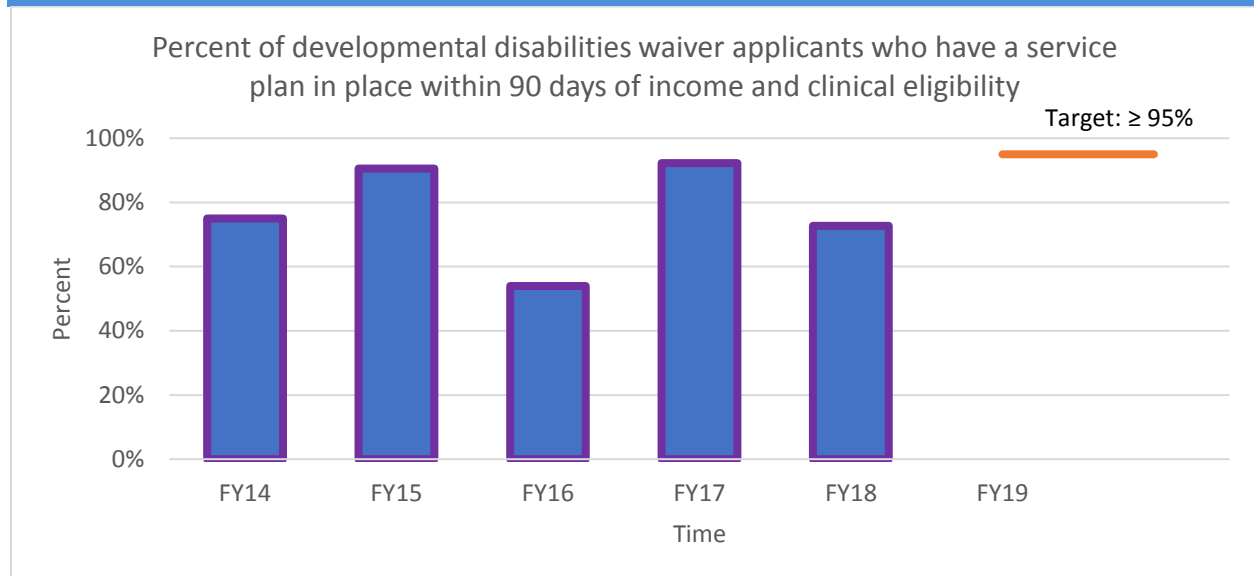
Story Behind the Curve

- This performance measure is in response to Lewis v. New Mexico Department of Health. The Developmental Disabilities Supports Division (DDSD) Intake and Eligibility Bureau (IEB) works closely with internal and external partners to ensure that individuals with disabilities receive waiver services in a timely manner by completing the necessary application requirements.
- This performance measure is important in ensuring allocated individuals have a service plan in place within 90 days of income and clinical eligibility.
- During FY19-Q2, 12 out of 14 or 87.5% of newly allocated individuals had a service plan in place within 90 days of the Health and Human Services Department's (HSD's) income and clinical eligibility determination date.
- The Central Registry Unit (CRU) developed an allocation plan for the FY19 allocations, which includes an improved tracking system to help ensure individuals get into service quickly. The plan includes coordination with other units within the division.
- The CRU staff is collaborating with case managers and consultants to track the progress of the FY19 allocation group. They are seeking assistance from managers and other units to help address barriers.

Partners

- HSD, Medical Assistance Division (MAD)
- HSD, Income Support Division (ISD)
- Qualis (HSD's contracted Third-Party Assessor)
- University of New Mexico Center for Development and Disability (CDD)
- NMDOH Outside Review
- Advisory and Support groups
- NMDOH Home and Community Based Services (HCBS) Programs
- Community Providers, Case Management, and Consultant Agencies
- Managed Care Organizations

What Works

- Micro and macro level review of allocation status reports by CRU staff to determine if systemic or case-specific problems exist during the allocation process.
- On-going communication and collaboration with case managers, Mi Via Consultants, and DDSD staff regarding the allocation process and deadlines.
- On-going focus on communication with applicants to maintain current contact information and to make sure they are familiar with eligibility criteria and available services.

Strategy

- Regularly review status reports to determine if systemic or case-specific problems are encountered during the allocation process.
- Provide trainings and collaborate with providers, partners, and DDSD staff regarding the allocation process and timelines.
- Maintain current contact information for applicants.
- Increase applicant awareness of Medicaid, State General Fund, and community-based service options.

Action Plan

- Q1
  - Maintain contact, via telephone and/or postal service, with applicants who have not completed income and clinical eligibility to offer assistance with addressing barriers. Troubleshoot issues with applicants and Case Management or Consultant Agencies to assist the applicants in completing the income and clinical eligibility

process and addressing systemic barriers. Specifically track all expedited allocations to ensure the small percentage of individuals who receive an expedited allocation proceed through the income and clinical eligibility process as quickly as possible. Completed.

- Q2
    - Maintain contact, via telephone and/or postal service, with applicants who have not completed income and clinical eligibility to offer assistance with addressing barriers. Troubleshoot issues with applicants and Case Management or Consultant Agencies to assist the applicants in completing the income and clinical eligibility process and addressing systemic barriers. Specifically track all expedited allocations to ensure the small percentage of individuals who receive an expedited allocation proceed through the income and clinical eligibility process as quickly as possible. Completed.

- Q3
    - Maintain contact, via telephone and/or postal service, with applicants who have not completed income and clinical eligibility to offer assistance with addressing barriers. Troubleshoot issues with applicants and Case Management or Consultant Agencies to assist the applicants in completing the income and clinical eligibility process and addressing systemic barriers. Specifically track all expedited allocations to ensure the small percentage of individuals who receive an expedited allocation proceed through the income and clinical eligibility process as quickly as possible.
    - Develop and implement an allocation plan for the FY19 allocations with provisions for tracking allocations.

- Q4
    - Maintain contact, via telephone and/or postal service, with applicants who have not completed income and clinical eligibility to offer assistance with addressing barriers. Troubleshoot issues with applicants and Case Management or Consultant Agencies to assist the applicants in completing the income and clinical eligibility process and addressing systemic barriers. Specifically track all expedited allocations to ensure the small percentage of individuals who receive an expedited allocation proceed through the income and clinical eligibility process as quickly as possible.
    - Develop and implement an allocation plan for the FY19 allocations with provisions for tracking allocations.

- At the end of FY17, 14 of 19 (73.6%) individuals had a service plan in place within 90 days of income and clinical eligibility. Six of those individuals were recipients of expedited allocations and all six had the ISP in place within 90 days. The remaining 13 individuals were part of prior allocation groups, which had been experiencing delays from prior quarters. This result reflects a considerable improvement over FY16 (54.0%). The success can be connected to increasing direct contact with applicants and having case managers troubleshoot issues that keep applicants from completing the allocation process in a timely manner.

FY18 Annual Progress Summary

- At the end of FY18, 8 of 11 (72.7%) individuals had a service plan in place within 90 days of income and clinical eligibility. These individuals were part of prior allocation groups, which had been experiencing delays getting into service. This result is consistent with the FY17 outcome of 73.6%. This outcome is expected to improve with the new allocation plan for the FY19 allocation group.

- Percent of adults on the DD Waiver who receive employment supports

Performance Data

Percent of adults on the DD Waiver who receive employment supports
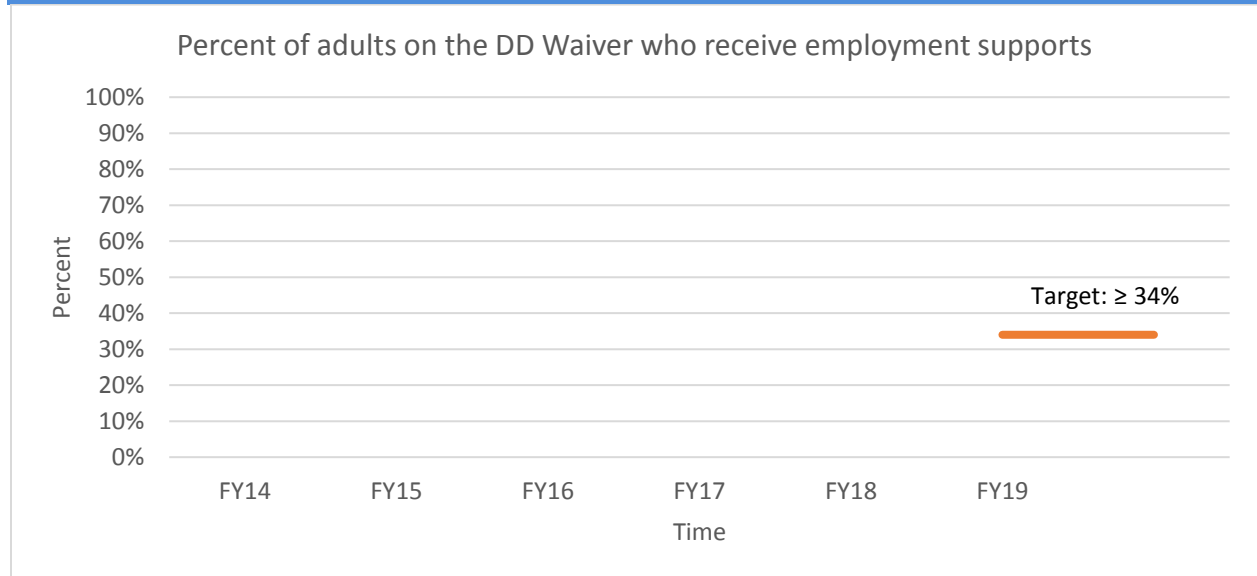
Story Behind the Curve

- Nationally, individuals with intellectual/developmental disabilities (I/DD) experience greater levels of unemployment, underemployment, low wages, and poverty compared to those without disabilities. New Mexico has made steady progress toward increasing community-integrated outcomes and performs above the national average of 18.6%.
- Community Integrated Employment (CIE) includes job development, so individuals with developmental disabilities may participate as active community members and realize the benefits of employment.
- In FY19-Q2, 27.8% of eligible adults received employment services.
- Throughout FY17, FY18 and continuing in FY19, the Developmental Disabilities Supports Division (DDSD) conducted presentations for the new Employment First (E1st) Policy/Procedure. E1st sets the expectation that individuals with I/DD, who are of working age, should be given the opportunity to work in the community. Paid staff are responsible to help remove barriers to work. To date, DDSD conducted 92 presentations, including two train-the-trainer sessions to approximately 1334 people.
- DDSD also continues to offer an E1st webinar to sustain on-going training opportunities. DDSD is collaborating with Partners for Employment to develop a master training plan for best practices in Supported Employment.

Partners

- Individuals with I/DD and their support networks including parents and guardians
- Supported employment providers
- Partners for Employment, which includes the Division of Vocational Rehabilitation and the University of New Mexico Center for Development and Disability
- State Employment Leadership Network (SELN)
- Local and national business owners as employers/community leaders
- School districts

What Works

- The development and use of a Supported Employment data tracking system, which does not rely on billing data and monitors employment successes.
- Waiver service standards and funding models that promote employment outcomes.
- Increasing awareness about employment as an option for adults with developmental disabilities.

Strategy

- Support innovative service models.
- Remain involved in national organizations.
- Outreach to key stakeholders such as Partners for Employment, the Division of Vocational Rehabilitation, and SELN.
- Provide education on best practices in supported employment.

Action Plan

- Q1:
  - DDSD in collaboration with Partners for Employment will roll out the first cohort of College for Employment Services training in Albuquerque and Alamogordo. Completed.
  - DDSD will conduct Employment 1st Policy/Procedure presentations targeting Customized Community Support (CCS) Agencies, guardians, and other stakeholder groups. Completed.
- Q2:

- o DDSD in collaboration with Partners for Employment will roll out second cohort of College for Employment Services training in Las Cruces, Roswell and Clovis. Completed
- o DDSD will continue to conduct Employment 1st Policy/Procedure presentations targeting all provider agencies, guardians, advocates and other stakeholder groups. Completed
- o DDSD will participate in rate study activities. Completed
- Q3:
  - o DDSD in collaboration with Partners for Employment will roll out third cohort of College for Employment Services in Northern New Mexico.
  - o DDSD will continue to provide best practice training and technical assistance in the area of Supported Employment and Community Inclusion.
  - o Continue modifying and designing program goals and operating practices that clearly related to achievement of community integrated objectives.
- Q4:
  - o DDSD in collaboration with Partners for Employment will coordinate and host a Leadership Summit for DDW providers.
  - o DDSD will analyze current DDW Provider Application and examine possible enhancements.

Program Area

P008: Division of Health Improvement

The Division of Health Improvement (DHI) plays a critical role on improving the health outcomes and ensuring the safety of New Mexicans. DHI ensures that healthcare facilities, community based Medicaid waiver providers and community support services deliver safe and effective healthcare and community services in accordance with laws, regulations, and standards of practice.

Who We Serve

DHI works closely with key stakeholders to promote and protect the health, safety, and quality of life of New Mexicans. Our stakeholders include executive and legislative policy makers; providers; facilities and contractors; other state, local, and federal government agencies; advocacy groups; professional organizations; provider associations; various task forces and commissions; and the tax paying public at large.

How We Impact

Key DHI enforcement activities include: conducting various health and safety surveys for both facilities and community-based programs; conducting investigations of alleged abuse, neglect, exploitation, death or environmental hazards; and processing over 44,000 caregiver criminal history screenings annually.

Budget

FY19 OPERATING BUDGET: $13,798,500

- General Funds: $5,010,000
- Other Transfers: $4,404,000
- Federal Funds: $2,422,800
- Other State Funds: $1,961,700

Accomplishments

During the second quarter of FY19, some of DHI's accomplishments included:

- Division Accomplishments
  - Chris Burmeister was hired as the new division director for DHI
- Community Program Accomplishments:
  - Shadee Brown was hired as the new deputy director for community programs
  - In the 2nd quarter Quality Management Bureau (QMB) completed a total of 24 Developmental Disability Waiver, Medical Fragile Waiver and Mi Via Waiver surveys
  - QMB completed survey process / expectation training for 4 living care and community inclusion providers.
  - The Incident Management Bureau (IMB) completed 1,009 investigations of abuse, neglect or exploitation in calendar year 2018.
  - Using information from the IMB database, we identified an issue with Provider transportation training that was resulting in injuries to individuals when wheelchairs were not properly secured. The IMB data was used to develop and distribute a Safety Alert to all community-based service providers.
  - IMB and QMB implemented "stay interviews" for all new employees as a strategy to help retain qualified employees. These interviews are conducted at the 30 – 60 – 90 day intervals with new employees and ask important questions about supervision, support and training received. These interviews also provide an opportunity for new employees to speak to varying levels of division management and feel part of the larger mission.
  - IMB and QMB initiated a "high-five" award to recognize employees who make a significant contribution to the work of the Division. Employees are nominated by co-workers and the awardee receives four hours of administrative leave to use at their discretion.
  - IMB upgraded all of the Investigators with new iPhones, replacing old flip phones. This allows Investigators to access information critical to their jobs and creates efficiencies.
  - IMB has secured a contractor to assist with investigation of backlog of uncompleted investigations. IMB is also assessing what resources and internal process changes are necessary to ensure there are no more backlogs in the future.
  - IMB added new staff this Quarter. New Investigators were hired for Metro Region, the SE Region and the NW Region.
- Health Facility Licensing and Certification Accomplishments:
  - DHI implemented a quality improvement initiative to award civil monetary penalty funds as grants to long term care facilities to conduct quality improvement and training initiatives to improve the quality of care.

- DHI issued 527 Health citations and 15 life safety code citations for 129 initial, complaint and revisit surveys of assisted living facilities during calendar year 2018
- During calendar year 2018 DHI completed surveys of all 76 nursing homes and 52 intermediate care facilities in New Mexico, completing 173 total surveys and issuing 985 citations, including 37 immediate jeopardy citations in nursing homes.
- During calendar year 2018 DHI completed 118 surveys of non-long term care facilities including non-deemed hospitals, non-deemed home health agencies, hospice agencies, ambulatory surgical centers, rural health clinics and other health facilities issuing 331 citations.
- During calendar year 2018 DHI processed 17,755 health facility complaints.
- Caregiver Criminal History Screening Program Accomplishments

  - Caregiver's Criminal History Screening Program (CCHSP) successfully tested new software updates in our test environment. The background check system has been updated with the most current software during FY19 – Q2.
  - During FY19-Q2 DHI processed 10534 Caregiver Criminal History Screening Background Checks with an average processing time of one day.
  - CCHSP completed 57 Appeals.
  - CCHSP processed 1752 Rapbacks (22 Ineligible).

Performance Measures

Abuse rate for Developmental Disability Waiver and Mi Via Waiver clients

Abuse rate for Developmental Disability and Mi Via Waiver clients

Target: ≤ 8.0%
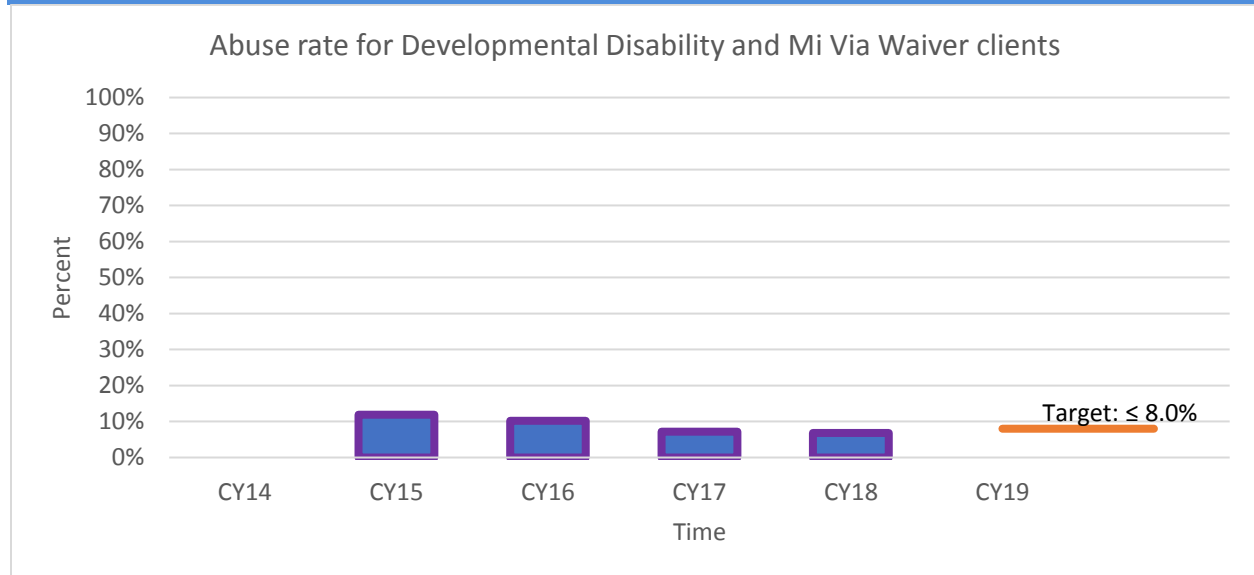
- Abuse, neglect, and exploitation (ANE) of individuals with intellectual/developmental disabilities (I/DD) has a direct impact on their quality of life and results in increased emergency room visits, additional medications, and related medical treatment. Neglect is the most common allegation. Lack of adequate supervision, failure to follow health care plans, and insufficient staff training are the most common reasons for substantiated neglect.
- Many adults with I/DD are unable to recognize danger, understand their rights, and protect themselves. Neglect is the leading cause of premature death for this population.
- The Abuse Rate (the percentage of substantiated cases of ANE compared with the Waiver population) continues to decline.
- In calendar year 2018, there were 313 substantiated cases of abuse, neglect or exploitation with an average Waiver population of 4,619 individuals, indicating an Abuse Rate of 6.8%. This represents an overall decrease from calendar year 2017 of .04%.
- IMB continues to have a backlog of cases; however, the backlog is slowly being decreased. IMB is contracting with several outside contractors to help us reduce the backlog. IMB is in the process of evaluating internal processes including staff productivity and retention

to understand the contributing factors to the backlog so any issues can be addressed, and a backlog no longer persists.

Partners

- NMDOH Developmental Disabilities Supports Division (DDSD)
- New Mexico Human Services Department (HSD)
- Community-based providers
- Community based waiver provider professional organizations, such as the Association of Developmental Disabilities Community Providers (ADDCP)
- NMDOH Learning Center
- Local law enforcement agencies
- Disability Rights New Mexico

What Works

- Having clear, simple, and accessible processes for reporting suspected abuse.
- Updating DHI's website to simplify reporting information and resources for the public.
- New required ANE training utilizing the ANE Train-the-Trainer project.
- Meeting with community based provider organizations to review trends, issues, and concerns.
- Meeting statutory 45-day ANE Investigation timelines.
- Rapid response to serious allegations of abuse (priority levels).
- Adequate immediate safety and action plans.
- Monthly regional meetings with DDSD to analyze data, review and address patterns, trends and other concerns, including case reviews, and trending of the top five potential causes of death (i.e., bowel obstruction, Gastroesophageal reflux disease (GERD), aspiration, dehydration, seizures).

Strategy

- Implement the Recognizing and Reporting ANE Training for all community-based waiver providers.
- Provide resources on the IMB-ANE website on recognizing and reporting ANE.
- Partner with community-based waiver provider organizations to share annual incident data trends, discuss issues and concerns, and identify strategies to reduce abuse in New Mexico.

- Meet monthly with DDSD to review substantiated cases of ANE, review consumers at high risk of health and safety issues, and review the status of providers who have been referred to DDSD for technical assistance.

Action Plan

- Q1:
  - Ongoing implementation of FY16 action items to complete investigations within 45 days. Completed.
  - Ongoing implementation of the new "Recognizing and Reporting ANE" for community-based providers training. Completed.
  - Identify patterns, trends of abuse, and other areas of concern from IMB data and reporting issues to DDSD at regional monthly meetings. Completed.
  - Through the use of overtime for IMB Investigators and the hiring of contractors, continue to process the backlog of cases. In Progress – 166 backlog cases closed this quarter.
- Q2:
  - Ongoing implementation of FY16 action items to complete investigations within 45 days.
  - Identify patterns, trends of abuse, and other areas of concern from IMB data and reporting issues to DDSD at regional monthly meetings. Completed.
  - The FY2018 IMB Annual Report was distributed to all community-based service providers in the state. Completed.
  - The FY2019 ANE reporting guide, in both English and Spanish language versions was distributed to all community-based service providers in the state. Completed.
  - IMB is working on an employee retention and training program to ensure IMB has a competent workforce to conduct ANE investigations. Initiated.
  - IMB is evaluating its processes to streamline the investigation process and ensure timely notification of investigative results. Initiated.
- Q3:
  - Ongoing implementation of the new Recognizing and Reporting ANE for community based providers training.
  - Continue to work toward eliminating the IMB backlog and developing a strategy to eliminate future backlogs.
  - Identify patterns, trends of abuse, and other areas of concern from IMB data and reporting issues to DDSD at regional monthly meetings.

- o Continue quarterly training for IMB investigators to continue to develop the Investigators skills.
- Q4:
  - o IMB will seek input on the FY18 IMB Annual Report to ensure the report captures the information that is most useful to the public and community-based service providers.

FY18 Annual Progress Summary

- During FY18, the NMDOH Division of Health Improvement, Incident Management Bureau (IMB) continued to see improvement (decrease) in the abuse rate for individuals in community-based programs.
- All community-based providers are now required to comply with providing the new course on recognizing and reporting abuse, neglect, and exploitation to their staff. The annual required refresher course is now available online for all staff to complete.
- During the fourth quarter, IMB posted a headline banner on the NMDOH website to increase awareness on recognizing and reporting abuse, neglect, and exploitation.

Re-abuse rate for Developmental Disability Waiver and Mi Via Waiver clients

Re-abuse rate for Developmental Disability Waiver and Mi Via Waiver clients

Target: ≤ 16.0%

(Chart: Percent vs Time — CY14, CY15, CY16, CY17, CY18, CY19)
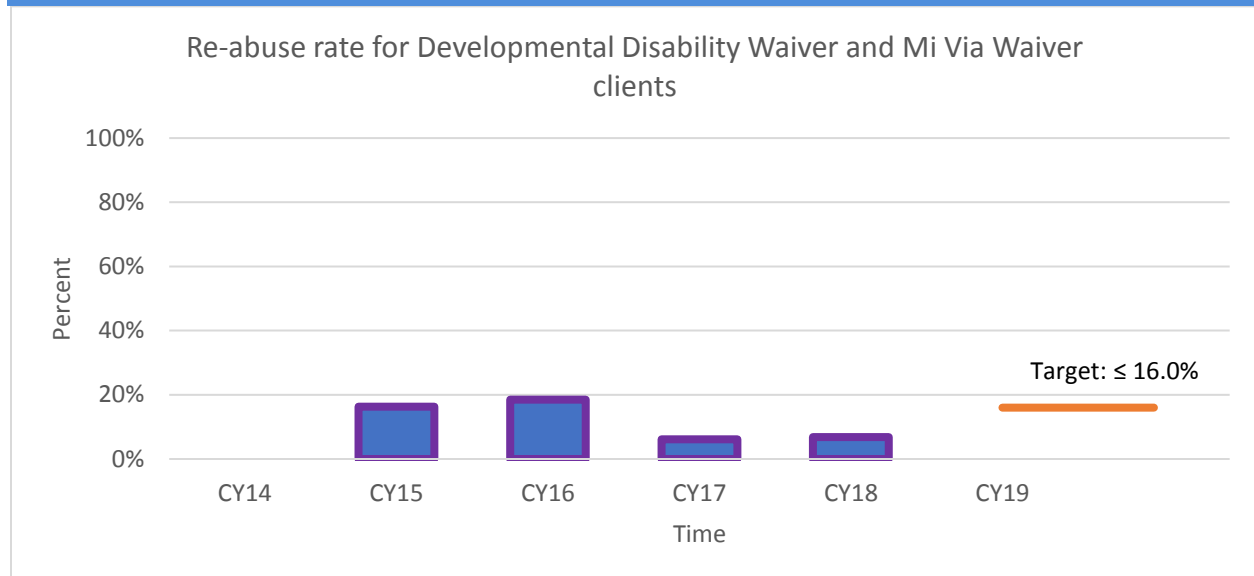
- It is important to measure repeat abuse, neglect, and exploitation (ANE) because many individuals are unable to recognize danger, understand their rights, and protect themselves.
- Repeat ANE of individuals with Intellectual/Developmental Disabilities I/DD has a direct impact on their quality of life resulting in increased emergency room visits, additional medications, and related medical treatment. Neglect is the most common allegation. Lack of adequate supervision, failure to follow health care plans, and staff training are the most common reasons for substantiated neglect.
- In 2016 the re-abuse rate was 18.5%, in 2017 the re-abuse rate was 6.1%. In calendar year 2018 the re-abuse rate was 6.8%. Re-abuse is counted as an individual with more than one substantiated case in a 12-month period.
- Although the re-abuse rate rose by .7%, the numbers remain significantly low. In calendar year 2018, 20 individuals were the victim of a second or subsequent incident of ANE, out of a total Waiver population of 4,619.
- The Division of Health Improvement Incident Management Bureau (IMB) continues to have a backlog of cases; however, the backlog is slowly being decreased. IMB is contracting with several outside contractors to help us reduce the backlog. IMB is in the process of evaluating internal processes including staff productivity and retention in order

to understand the contributing factors to the backlog so any issues can be addressed and a backlog no longer persists.

- NMDOH Developmental Disabilities Supports Division (DDSD)
- New Mexico Human Services Department (HSD)
- Community-based providers
- Community-based waiver provider professional organizations such as the Association of Developmental Disabilities Community Providers (ADDCP)
- NMDOH Learning Center

What Works

- Having clear, simple, and accessible processes for reporting suspected abuse.
- Adequate Immediate Safety and Action Plans.
- Rapid Response to Serious Allegations of Abuse (priority levels).
- Meeting statutory 45-day ANE Investigation timelines.
- Meeting with community based provider organizations to review trends, issues, and concerns.
- New required ANE training utilizing the ANE Train-the-Trainer project.
- Updating the Division of Health Improvement website to simplify reporting information and resources for the public.
- Monthly regional meetings with DDSD to analyze data, review and address patterns, trends, and other concerns (including case reviews), and trending of the top five potential causes of premature death.

Strategy

- Implementing the Recognizing and Reporting ANE Training for all community-based waiver providers.
- Providing resources on the IMB website on recognizing and reporting ANE.
- Partnering with community-based waiver provider organizations to share annual incident data trends, discuss issues and concerns, and identify strategies to reduce abuse in New Mexico.

Action Plan

- Q1:
  - Ongoing implementation of FY16 action items to complete investigations within 45 days. Completed.
  - Ongoing implementation of the new "Recognizing and Reporting ANE" for community based providers training. Completed.
  - Identify patterns, trends of abuse, and other areas of concern from IMB data and report issues to DDSD at regional monthly meetings. IMB and DDSD continue to review all substantiated allegations of abuse, neglect and exploitation and determine if the substantiated finding warrants a referral to the Employee Abuse Registry (EAR). Even if an employee is terminated by the agency, IMB can still make an EAR referral. Completed.
- Q2:
  - Ongoing implementation of FY16 action items to complete investigations within 45 days.
  - Identify patterns, trends of abuse, and other areas of concern from IMB data and report issues to DDSD at regional monthly meetings. Completed.
  - The FY18 IMB Annual Report was distributed to all community-based service providers in the state. Completed.
  - The FY19 ANE reporting guide, in both English and Spanish language versions was distributed to all community-based service providers in the state. Completed.
  - IMB is working on an employee retention and training program to ensure IMB has a competent workforce to conduct ANE investigations. Initiated.
  - IMB is evaluating its processes to streamline the investigation process and ensure timely notification of investigative results. Initiated.
- Q3:
  - Ongoing implementation of the new "Recognizing and Reporting ANE Online Refresher training" for community-based service providers.
  - Continue to work toward eliminating the IMB backlog and developing a strategy to eliminate future backlogs.
  - Identify patterns, trends of abuse, and other areas of concern from IMB data and report issues to DDSD at regional monthly meetings.
  - Continue quarterly training for IMB investigators to continue to develop the Investigators skills.
- Q4:

- o   IMB will seek public input on the FY18 IMB Annual Report to ensure the report captures the information that is most useful to the public and community-based service providers.

- During FY18 the NMDOH Division of Health Improvement, Incident Management Bureau (IMB) continued to see improvement (decrease) in the re-abuse rate for individuals in community-based programs.
- All community-based providers are now required to comply with providing the new course on recognizing and reporting abuse, neglect, and exploitation to their staff. The annual required refresher course is now available online for all staff to complete.
- During the fourth quarter IMB posted a headline banner on the NMDOH website to increase awareness on recognizing and reporting ANE.
- During FY18 there was a small decrease in the re-abuse rate, it should be noted, that due to the small sample size of this measure there can be greater variability in the data.

Percent of New Mexico's nursing home population who have received or who have been screened for influenza immunizations

Percent of New Mexico's nursing home population who have received or who have been screened for influenza immunizations
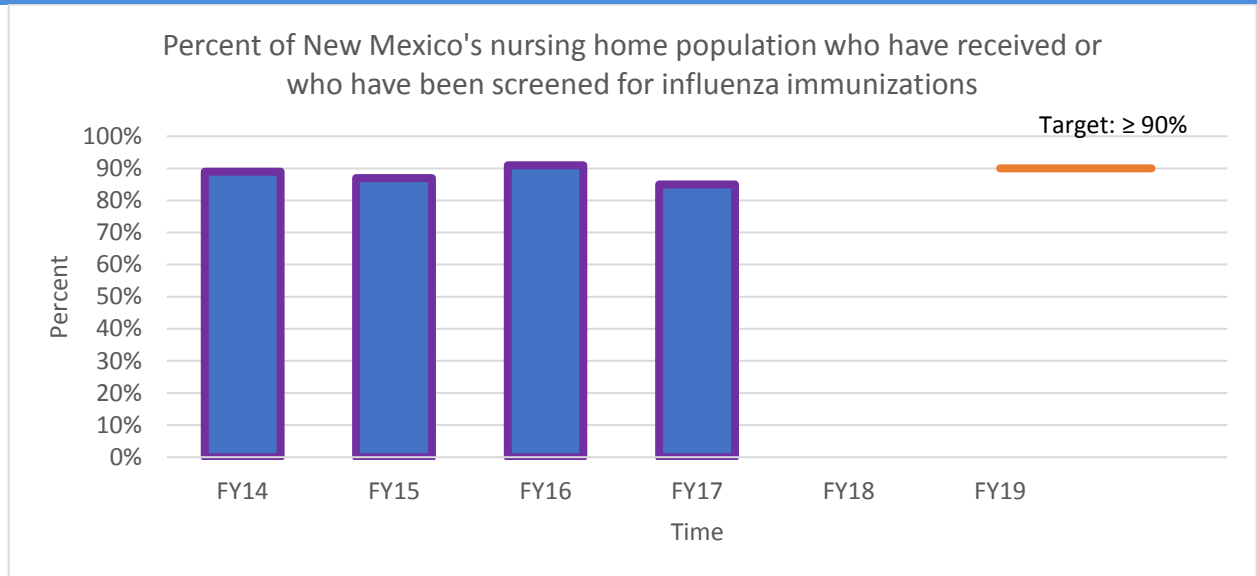
Target: ≥ 90%

Story Behind the Curve

- The U.S. Centers for Disease Control and Prevention Healthy People 2020 national target for influenza vaccination rate in long term care and nursing homes is 90.0%.

- Nursing home residents are vulnerable due to their health, medical status, age, and other factors. They are at high risk for severe symptoms and complications of influenza including hospitalization and death.

- Residents who receive an immunization are less likely to get influenza or will have less severe symptoms. While the percentage of nursing home residents that currently receive the influenza vaccine is high, increasing it will further protect residents from complications of the flu. Getting a flu vaccination each season is the best way to protect yourself and your community from influenza. The seasonal flu vaccine protects against the influenza viruses that are expected to be most common during the upcoming flu season. By decreasing the number of nursing home residents that get the flu, the number of hospital admissions and treatment costs are lowered.

- In FY17, 85% of residents received the influenza vaccine. Information is tracked through the Minimum Data Set (MDS). The Division of Health Improvement (DHI) is working toward better and more accurate use of the MDS records in nursing homes.

- Tracking the number of residents that receive the vaccination improves NMDOH's response to an influenza outbreak, epidemic, or pandemic. Surveyors

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investigate onsite to ensure residents are offered and/or administered influenza vaccination during annual surveys.

Partners

- HealthInsight
- New Mexico Health Care Association (NMHCA)
- NMDOH Epidemiology and Response Division
- NMDOH Public Health Division
- Nursing homes
- DHI surveyors

What Works

- Emphasizing the importance of getting immunized, in partnership with the NMDOH Immunization Program.
- Collecting, tracking, and analyzing data to identify trends and concerns.
- Overseeing nursing home compliance with Centers for Medicare and Medicaid Services (CMS) immunization requirements.
- Collaborate with the NMDOH Chief Medical Officer (CMO), Epidemiology and Response Division, and Public Health Division to identify and implement strategies to inform physicians on the importance of immunizations for nursing home residents.
- Collaborate with NMDOH Epidemiology and Response Division, Public Health Division, HealthInsight, and the NMHCA to identify and implement strategies to support nursing homes to encourage residents to get immunized.
- Cited deficiencies assist in compliance in offering and/or administration of influenza vaccination.

Strategy

- Collaborate with NMDOH Epidemiology and Response Division, Public Health Division, HealthInsight, and the New Mexico Health Care Association to identify and implement strategies to support nursing homes to encourage residents to get immunized.
- Direct communication with NMDOH facility administrators.

Action Plan

- Q1:
  - Met with NMHCA clinical leadership regarding preparing for upcoming influenza season. Completed.
  - DHI leadership encourage DHI staff to get influenza immunization when vaccines become available. Completed.
  - Long Term Care surveyors will enforce regulations related to offering and/or providing influenza vaccinations to residents during the nursing home recertification annual surveys. Completed.
  - MDS Coordinator will continue to provide education and support to encourage accurate MDS coding related to immunizations. Completed.
- Q2:
  - Meet with NMDOH Chief Medical Officer, Epidemiology and Response Division, and Public Health Division to identify and implement strategies to inform physicians on the importance of immunizations for nursing home residents.
  - Meet with internal partners, including the Epidemiology and Response Division and Public Health Division to identify and implement strategies to inform physicians on the importance of immunizations for nursing home residents. Completed.
  - Continue to explore use of Civil Monetary Penalty (CMP) funds to do education and outreach to increase vaccination. No CMP applications have been submitted related to vaccination education/implementation.
  - Collaborate with HealthInsight on data tracking and continued vaccination education and outreach. Completed.
  - Long Term Care surveyors will enforce regulations related to offering and/or providing influenza vaccinations to residents during the nursing home recertification annual surveys and applicable complaint surveys. Complete.
- Q3:
  - Report immunization data to Nursing Home Association at statewide meeting conference.
  - Review and approve CMP project that supports increased immunization compliance.
  - Long Term Care surveyors continue to enforce regulations related to offering and/or providing influenza vaccinations to residents during the recertification nursing home annual surveys.
  - Continue to provide education and support to encourage accurate MDS coding related to immunizations.
- Q4:

- Continue tracking and monitoring effectiveness of the action plan and reporting results to NMHCA and partners.

- To improve the immunization rates among long-term care residents, DHI collaborates with NMDOH Epidemiology Response Division, Public Health Division, HealthInsight NM, and the New Mexico Health Care Association. DHI monitors immunization data reported through the Minimum Data Set (MDS) and reports outcomes to stakeholders and professional trade organizations to identify and implement strategies to support nursing homes in encouraging residents to get immunized.
- DHI was successful in recruiting a new Minimum Data Set coordinator.

Percent of New Mexico's nursing home population who have received or who have been screened for pneumococcal immunizations

Percent of New Mexico's nursing home population who have received or who have been screened for pneumococcal immunizations
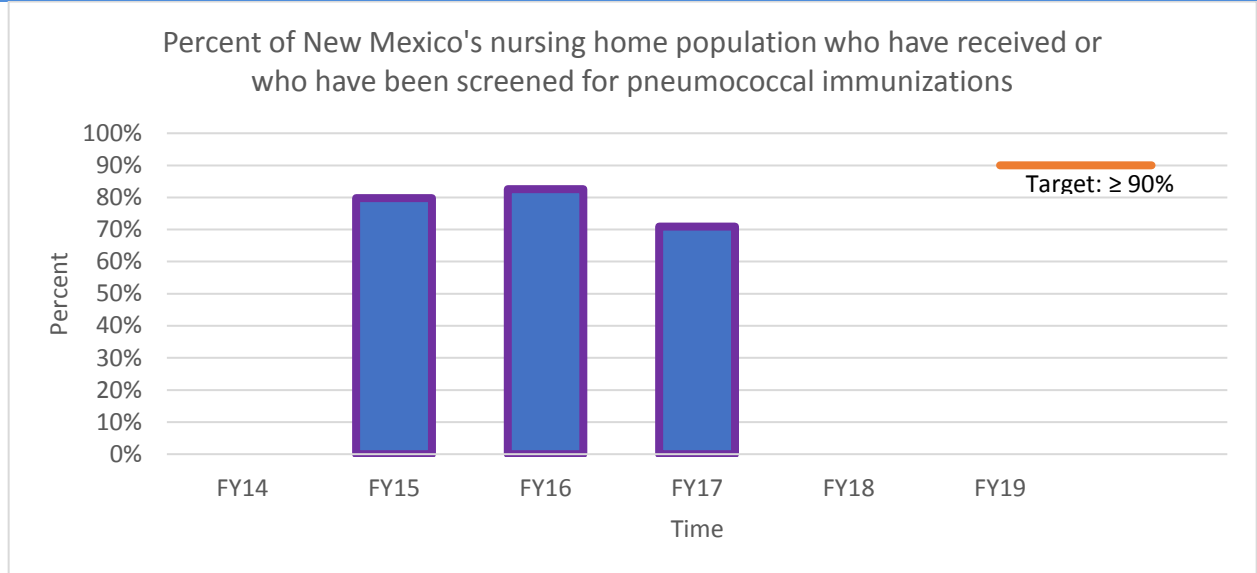
Target: ≥ 90%

- The U.S. Centers for Disease Control and Prevention Healthy People 2020 national target for pneumococcal vaccination rate in long term care and nursing homes is 90.0%. Pneumococcal disease is caused by *Streptococcus pneumoniae* bacteria (pneumococcus). Pneumococcal infections can be the cause of numerous illnesses, one being pneumonia (infection of the lungs).
- Pneumonia highly affects adults 65 and older, and is one of the most common illnesses in nursing homes, due to its ability to spread through the air in a community setting. Getting the proper vaccine can protect older adults against 23 types of pneumococcal bacteria, leading to improved health and wellness, and a higher quality of life. By decreasing the number of nursing home residents that get pneumonia, the number of hospital admissions and associated treatment costs are lowered.
- In FY17, the percent of vaccinations among nursing home residents was 70.9%. Information is tracked through the Minimum Data Set (MDS). The Division of Health Improvement (DHI) is working toward better and more accurate use of the MDS records in nursing homes.
- Surveyors investigate onsite to ensure residents are offered and/or administered pneumococcal vaccination during annual surveys.

- DHI collaborates with multiple partners to implement strategies to increase pneumococcal vaccination rates for nursing home residents.

Partners

- HealthInsight
- New Mexico Health Care Association (NMHCA)
- NMDOH Epidemiology and Response Division
- NMDOH Public Health Division
- Nursing homes
- DHI surveyors

What Works

The following are associated with modest improvements in immunization rates:

- Overseeing nursing home compliance with vaccination requirements.
- Collecting, tracking, and analyzing data, identifying trends, and sharing concerns with NMHCA and nursing homes.
- Collaborating with NMDOH Epidemiology and Response Division, NMDOH Public Health Division, HealthInsight, and the NMHCA to identify and implement strategies emphasizing the importance of encouraging nursing homes residents get vaccinated.
- Collaborating with the NMDOH Chief Medical Officer, Epidemiology and Response Division, and Public Health Division to identify and implement strategies to inform physicians on the importance of immunizations for nursing home residents.
- Clinical reminders and education.
- Patient outreach with personal contact.
- Sending a letter to nursing homes from the DHI Director emphasizing the importance of immunizations and encouraging them to get their residents immunized.
- Cited deficiencies assist in compliance in offering and/or administration of pneumococcal vaccination.

Strategy

- Collaborate with NMDOH Epidemiology and Response Division, NMDOH Public Health Division, HealthInsight, and the NMHCA to identify and implement strategies to support nursing homes to encourage residents to get immunized.

- Direct communication with NMDOH facility administrators.
- Conducting compliance surveys to identify deficient areas of practice to improve compliance with Centers for Medicare and Medicaid Services (CMS) vaccination requirements.

Action Plan

- Q1:
  - Meet with NMHCA clinical leadership regarding preparing for upcoming influenza season. Completed
  - DHI leadership encourage DHI staff to get influenza immunization when vaccines become available. Completed
  - Long Term Care surveyors will enforce regulations related to offering and/or providing influenza vaccinations to residents during the nursing home recertification annual surveys. Completed
  - MDS Coordinator will continue to provide education and support to encourage accurate MDS coding related to immunizations. Completed
  - Long-Term Care surveyors continue to enforce regulations related to offering and/or providing pneumococcal vaccinations to residents during the re-certification nursing home annual surveys. Completed.
  - MDS Coordinator continues to provide education and support to encourage accurate MDS coding related to immunizations. Completed
- Q2:
  - Continue to explore use of Civil Monetary Penalty (CMP) funds to implement strategies to do education and outreach to increase vaccination. No CMP applications have been submitted related to vaccination education/implementation.
  - Collaborate with HealthInsight on data tracking and continued vaccination education and outreach. Complete
  - Long-Term Care surveyors will continue to enforce regulations related to offering and/or providing pneumococcal vaccinations to residents during the re-certification nursing home annual surveys and applicable complaint surveys. Completed
  - MDS Coordinator designee will continue to be available to healthcare facilities regarding accurate MDS coding related to immunizations. Completed
- Q3:
  - The State Agency will meet with HealthInsight and New Mexico Healthcare Association encouraging residents to receive pneumococcal vaccination and discuss HealthInsight and facility tracking of pneumococcal vaccinations.

- o Continue to explore use of Civil Monetary Penalty (CMP) funds to implement strategies to do education and outreach to increase vaccination.
- o Report immunization data to Nursing Home Association at statewide meeting.
- o Long Term Care surveyors will enforce regulations related to offering and/or providing pneumococcal vaccinations to residents during the re-certification nursing home annual surveys.
- o LTC Bureau Chief will track NH facilities that have been cited deficiencies related to non-compliance with pneumococcal vaccinations and track compliance.
- o MDS Coordinator designee will continue to be available to healthcare facilities regarding accurate MDS coding related to immunizations.
- Q4:
  - o Continue tracking and monitoring effectiveness of the action plan and reporting results to NMHCA and partners.

FY18 Annual Progress Summary

- To improve the immunization rate, DHI collaborates with NMDOH Epidemiology Response Division, Public Health Division, HealthInsight NM, and the New Mexico Health Care Association to identify and implement strategies to support nursing homes in encouraging residents to get immunized.
- DHI was successful in recruiting a new Minimum Data Set coordinator.

Percent of long-stay nursing home residents receiving psychoactive drugs without evidence of psychotic or related conditions

Percent of long-stay nursing home residents receiving psychoactive drugs without evidence of psychotic or related condition

Explanatory measure, no FY19 target
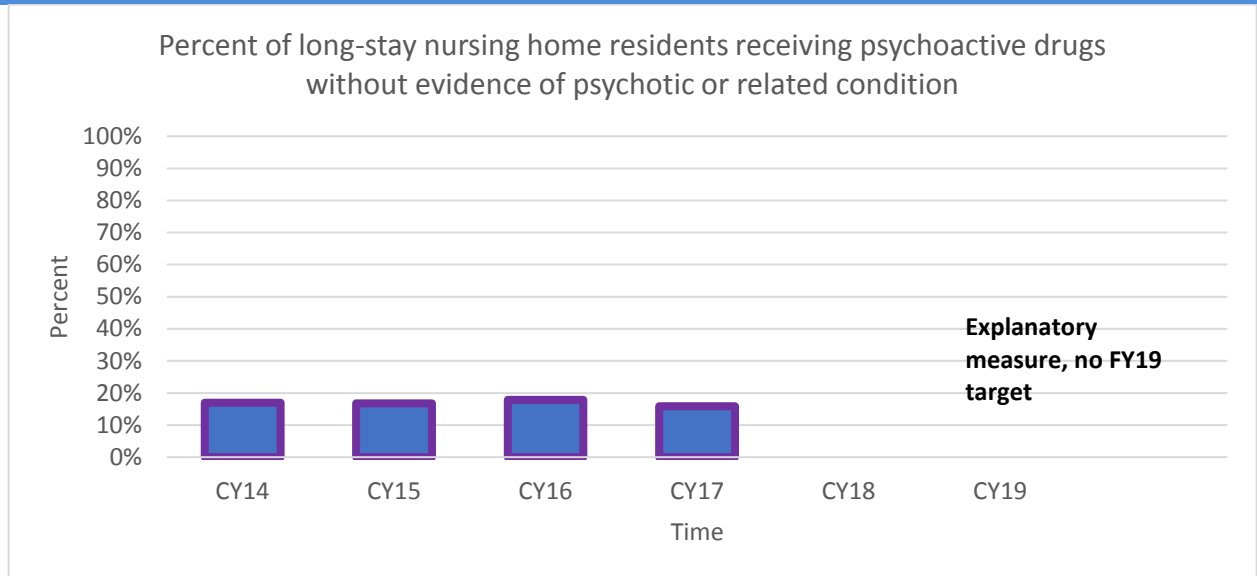
Story Behind the Curve

- Nationally, over half of nursing home residents have some form of dementia, and many experience related behavioral and psychological symptoms. The U.S. Centers for Medicare and Medicaid Services (CMS) National Dementia Partnership to Improve Dementia Care in Nursing Homes recently announced it has met its goal of 30% reduction by 2016 of anti-psychotic medication for nursing home residents without a valid clinical reason or evaluation.

- Antipsychotic medication may contribute to falls, withdrawal, and other behaviors that harm a resident's health or quality of life. Therefore, it is important we work toward eliminating use of these psychoactive drugs among New Mexican patients who don't have evidence of psychotic or related conditions.

- From CMS data for 2017, New Mexico ranks 32 of all states with a prevalence of 15.9%. The national prevalence rate for 2017 is 15.1%

- Information is tracked through the Minimum Data Set (MDS). The Division of Health Improvement (DHI) is working toward better and more accurate use of the MDS records in nursing homes. There is a two-quarter lag in reporting data. Since the beginning of the national initiative, New Mexico has demonstrated a change from 21.7% to 15.9%.

- By sharing best practices and monitoring MDS data during the survey process, DHI can further eliminate use of antipsychotic medication and improve quality of life for nursing

home residents. Surveyors investigate onsite to ensure residents receive antipsychotic medication when medically indicated and use of antipsychotic medication is appropriately monitored during annual surveys.

- This measure is explanatory.

Partners

- Nursing Home Facilities
- New Mexico Health Care Association
- HealthInsight
- CMS

What Works

- In March 2012, CMS launched a nursing facility quality initiative that included a goal to decrease the off-label use of antipsychotics by 15% by December 2012. Since then, other organizations, including the American Society of Consultant Pharmacists (ASCP), have joined the effort to provide guidance on appropriate antipsychotic prescribing in nursing facilities.
- DHI works with the New Mexico Health Care Association and nursing homes to share data and trends, and provide training and information regarding the CMS quality initiative.
- HealthInsight coordinates the State Dementia Partnership in providing behavior management training to direct care staff to reduce acting out behaviors and lessen the need for medication to manage behavior.
- Increase public awareness of the importance of reducing the use of antipsychotics.
- CMS training for surveyors who inspect nursing homes.
- Cited deficiencies assist in the reduction of unnecessary anti-psychotic medication use.

Strategy

- DHI partners with the New Mexico Health Care Association and nursing homes to share data and trends, and provide training and information regarding the CMS quality initiative.
- HealthInsight coordinates the State Dementia Partnership in providing behavior management training to direct care staff to reduce acting out behaviors and lessen the need for medication to manage behavior.

Action Plan

- Q1:
  - Long-Term Care (LTC) surveyors continue to enforce regulations related to use of unnecessary medications including the use of antipsychotic medications without an appropriate clinical diagnosis during the recertification nursing home annual surveys. Completed.
  - MDS coordinator meets quarterly with HealthInsight team to establish a plan to assist in the accurate reporting of nursing data. Completed
  - MDS coordinator will educate surveyors of statewide dementia partnership initiatives and provided ongoing training opportunities. Completed
- Q2:
  - Long-Term Care (LTC) surveyors continue to enforce regulations related to use of unnecessary medications including the use of antipsychotic medications without an appropriate clinical diagnosis during the recertification Nursing Home annual surveys and applicable complain surveys. Completed
- Q3:
  - This is a current CMS/HealthInsight performance measure. DHI will continue to meet quarterly with the HealthInsight team to come up with strategies to engage providers and nursing homes statewide to decrease anti-psychotic drug use.
  - DHI will meet with the HeathInsight team to establish a plan to assist in the accurate reporting of nursing home data.
  - MDS coordinator will send out a statewide email to provide guidance on accurate data reporting and ideas on ways to reduce anti-psychotic drug use.
  - MDS Coordinator will meet with HealthInsight team and provide a training for Providers regarding MDS coding to ensure accurate reporting of antipsychotic use in nursing homes.
  - Long Term Care (LTC) surveyors continue to enforce regulations related to use of unnecessary medications including the use of antipsychotic medications without an appropriate clinical diagnosis during the recertification Nursing Home annual surveys and applicable complaint surveys.
- Q4:
  - MDS coordinator will educate surveyors of statewide dementia partnership initiatives and provided ongoing training opportunities.
  - MDS coordinator will schedule dementia partnership facility specific data and regulatory updates training for surveyors.
  - Long-Term Care (LTC) surveyors continue to enforce regulations related to use of unnecessary medications including the use of antipsychotic medications without an

appropriate clinical diagnosis during the recertification Nursing Home annual surveys and applicable complain surveys.

- DHI was successful in recruiting a new Minimum Data Set coordinator.
- The MDS coordinator completed dementia partnership facility specific data and regulatory updates training for DHI surveyors.
- The MDS coordinator conducted MDS webinars on CMS Dementia Partnership data and MDS coding to health facilities.

Program Area

P787: Medical Cannabis Program

The Medical Cannabis Program (MCP) was created in 2007 under the Lynn and Erin Compassionate Use Act (the Act). The purpose of this Act is to allow the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions. New Mexicans with a diagnosed qualifying medical condition are eligible to participate in the Program.

Who We Serve

The Program serves New Mexicans with qualifying medical conditions diagnosed by a health care provider. There are currently 22 qualifying medical conditions:

- Amyotrophic Lateral Sclerosis (ALS)
- Cancer
- Crohn's Disease
- Epilepsy/Seizure Disorder
- Glaucoma
- Hepatitis C Infection currently receiving antiviral treatment (proof of current anti-viral treatment required)
- HIV/AIDS
- Huntington's Disease
- Hospice Care
- Inclusion Body Myositis
- Intractable Nausea/Vomiting
- Inflammatory autoimmune-mediated arthritis
- Multiple Sclerosis
- Damage to the nervous tissue of the spinal cord, with (proof of objective neurological indication of intractable spasticity required)
- Obstructive Sleep Apnea
- Painful Peripheral Neuropathy
- Parkinson's disease
- Post-Traumatic Stress Disorder

- Severe Chronic Pain
- Severe Anorexia/Cachexia
- Spasmodic Torticollis (Cervical Dystonia)
- Ulcerative Colitis

How We Impact

The Program enables the provision of compassionate care for people that have certain illnesses who prefer to use cannabis to alleviate symptoms related to their diagnosis.

Budget

FY19 OPERATING BUDGET: $3,158,300

- General Funds: $0
- Other Transfers: $0
- Federal Funds: $0
- Other State Funds: $3,158,300

Accomplishments

During the second quarter of FY19, some of MCP's accomplishments included:

- A successful meeting of the Medical Cannabis Advisory Board;
- The hiring of the Staff Manager to oversee daily staff operations;
- The release of Medical Cannabis Program Comprehensive Software Application RFP; and
- Staff worked multiple overtime shifts to maintain statutory compliance for processing completed patient applications and printing and mailing patient registry cards to ensure qualified patients may access medical cannabis.

Performance Measures

Percent of complete medical cannabis client applications approved or denied within 30 calendar days of receipt

Percent of complete medical cannabis client applications approved or denied within 30 days of receipt
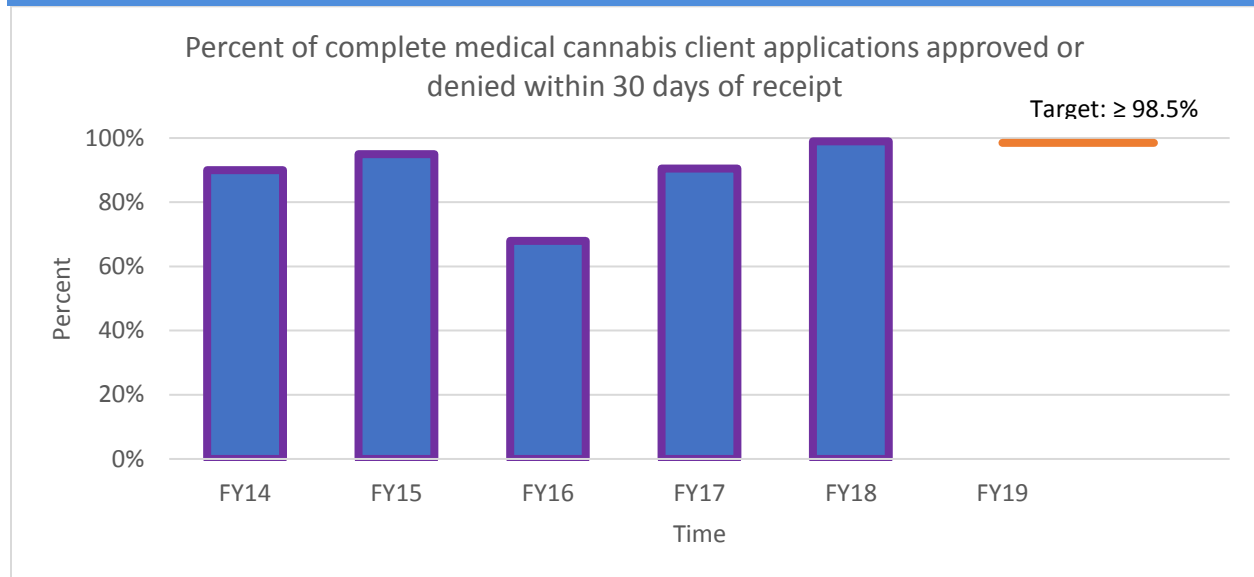
Target: ≥ 98.5%

- New Mexico is one of 31 states with a Medical Cannabis Program (MCP).
- The Lynn and Erin Compassionate Use Act (LECUA) became law in 2007. The LECUA allows for the use of medical cannabis to provide New Mexicans with debilitating conditions relief from symptoms relating to these conditions. In New Mexico, there are 22 qualifying conditions to become a patient in the Program.
- Timely review and approval of applications is important to ensure patients have safe access to medicine. Patient enrollment has increased substantially. About 44,000 patients were enrolled in the Medical Cannabis Program at the start of fiscal year 2018. At the beginning of FY19, there were approximately 54,850 patients enrolled. Each week, the Program approves about 1,300 applications then prints and mails patient registry cards to each patient.
- During FY19-Q2, the Program processed approximately 19,000 applications with 99.0% of completed applications processed within 30 calendar days of receipt. The average processing time for completed applications in FY19-Q1 was 21 days.
- During FY19-Q2 staff worked overtime to ensure patient applications were processed within 30 calendar days.

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Partners

- Patients and their families; caregivers
- Advocates
- Licensed non-profit producers (LNPP)
- Medical Cannabis Advisory Board
- Approved couriers, manufacturers, and laboratories
- Legislature
- Medical and Nursing Boards
- Medical practitioner associations
- NMDOH
- State and local law enforcement
- BioTrack seed to sale software

What Works

- Assisting patient applicants in their submission of complete applications.
- Streamlining the approval process for applications.
- Hiring additional employees as staff depart and as MCP applications increase.
- Creating application forms that are fillable by computer so they can then be printed and signed.
- Establishing a process for applications to be submitted electronically (by computer).
- Educating the community, including medical providers and members of the public, about the Program and on how to submit complete applications.

Strategy

- Hire new staff as quickly as the hiring process allows.
- Refine the streamlined application approval process and identify ways to make the renewal process more fluid.
- Using phone calls and the fax machine to keep patients informed and receive documents in a timely fashion.

Action Plan

- Q1:

- o Post three vacant positions. Complete - positions were posted and hiring lists were received.
  - o Process 98% of all applications received within 30 calendar days of receiving a completed application. Completed - 99.5% of all applications were processed within 30 days of receipt.
- Q2:

  - o Interview for three vacant positions. Complete – candidates were interviewed for: two information and records clerks, a data entry clerk, a staff manager, and for a budget analyst. Three of the selected candidates declined offers.
  - o Post any vacant positions. Incomplete – Due to the multiple vacancies, priority has been placed on hiring mission critical positions.
  - o Process 98% of all applications received within 30 calendar days of receiving a completed application. Completed - 99.5% of all applications were processed within 30 days of receipt.

- Q3:
  - o Post any vacant positions.
  - o Interview candidates as needed.
  - o Review streamlined application approval process and identify ways to make the renewal process more fluid.
  - o Process 98% of all applications received within 30 calendar days of receiving a completed application.
- Q4:
  - o Post any vacant positions.
  - o Interview candidates as needed.
  - o Process 98% of all applications received within 30 calendar days of receiving a completed application.
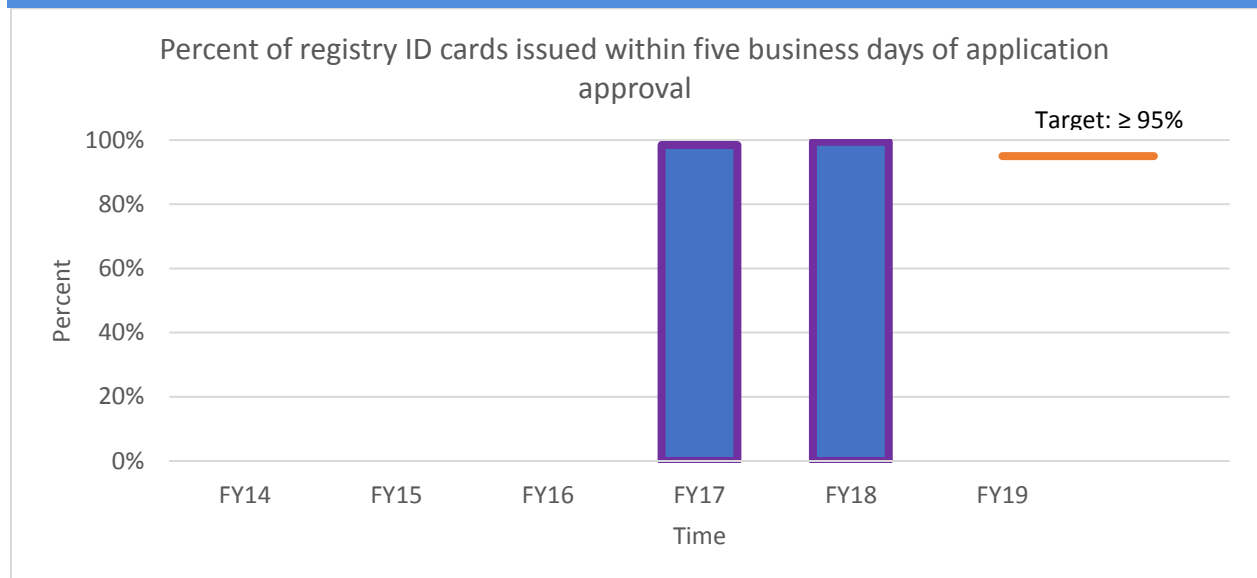
FY18 Annual Progress Summary

Patient enrollment increased markedly over the course of FY18. At the end of FY17, there were 44,403 patients enrolled in the program. At the end of FY18 the Medical Cannabis Program (MCP) reported a total of 54,857 patients enrolled in the program. MCP printed 63,445 cards which includes both new and re-enrolling patients. Ninety-nine percent of all cards were printed within

30 days of the receipt of a completed application. The average processing time for patient cards was 11 days.

Percent of registry ID cards issued within five business days of application approval

Percent of registry ID cards issued within five business days of application approval

Target: ≥ 95%

(Bar chart showing Percent on the y-axis from 0% to 100% and Time on the x-axis with FY14, FY15, FY16, FY17, FY18, FY19. Bars near 100% appear for FY17 and FY18. An orange target line at ~95% is shown near FY19.)

Story Behind the Curve

- New Mexico is one of 31 states with a Medical Cannabis Program (MCP).
- The Lynn and Erin Compassionate Use Act (LECUA) became law in 2007. The LECUA allows for the use of medical cannabis to provide New Mexicans with debilitating conditions relief from symptoms relating to these conditions. In New Mexico, there are 22 qualifying conditions to become a patient in the Program.
- Patient enrollment has increased substantially. About 44,000 patients were enrolled in the Medical Cannabis Program at the start of fiscal year 2018. At the beginning of FY19, there were approximately 54,850 patients enrolled. Each week, the Program approves about 1,300 applications then prints and mails patient registry identification (ID) cards to each patient.
- In FY19-Q2, the MCP printed and mailed 99.5% of patient registry ID cards within five business days of an application being approved. The registry ID card is printed shortly after an application is medically approved. The card is mailed within 24 to 72 business hours after printing. MCP can attribute meeting/exceeding the target goal in this area to implementing a streamlined process for the printing of patient registry ID cards.
- During FY19-Q2 staff worked overtime to ensure patients' cards were printed and mailed within five business days.

Partners

- Patients and their families; caregivers
- Advocates
- Licensed non-profit producers (LNPP)
- Medical Cannabis Advisory Board
- Approved couriers, manufacturers, and laboratories
- Legislature
- Medical and Nursing Boards
- Medical practitioner associations
- NMDOH
- State and local law enforcement
- BioTrackTHC

What Works

- Hiring additional staff as the demand for identification cards increases.
- Reviewing internal processes and establishing standard operating procedures (SOPs) to ensure printed cards are mailed within 48 hours.

Strategy

- Maintain and improve internal processes (SOPs) for application approvals and printing. The SOPs will help make sure that printed cards are mailed no later than 48 hours after they are printed.
- Hire new staff as quickly as the hiring process allows.

Action Plan

- Q1:

  - Post three vacant positions. Complete - positions were posted and hiring lists were received.
  - Mail 95% of all patient registry cards within five business days of application approval. Completed - 99.5% of all patient registry cards were mailed within five business days of application approval.

- Q2:

- o Interview for three vacant positions. Complete – candidates were interviewed for: two information and records clerks, a data entry clerk, a staff manager, and for a budget analyst. Three of the selected candidates declined offers.
  - o Post any vacant positions. Incomplete – Due to the multiple vacancies, priority has been placed on hiring mission critical positions.

  - o Mail 95% of all patient registry cards within five business days of application approval. Complete – 99.5% of all patient registry cards were mailed within five business days of application approval.

- Q3:
  - o Post any vacant positions.
  - o Interview candidates as needed.
  - o Review streamlined processes and identify ways to make processes more fluid.
  - o Mail 95% of all patient registry cards within five business days of application approval.

- Q4:

  - o Post any vacant positions.
  - o Interview candidates as needed.
  - o Mail 95% of all patient registry cards within five business days of application approval.

FY18 Annual Progress Summary

Patient enrollment increased markedly over the course of FY18. At the end of FY17, there were 44,403 patients enrolled in the program. At the end of FY18 the Medical Cannabis Program (MCP) reported a total of 54,857 patients enrolled in the program. MCP printed 63,445 cards which includes both new and re-enrolling patients. Program records indicate nearly all patient cards were issued within five days of approval.