FY19 Strategic Plan Progress Report

Quarter 3

NEW MEXICO DEPARTMENT OF HEALTH

Focus on Results…

Create Value

NMDOH FY19-Q3 Progress Report

The New Mexico Department of Health (NMDOH) FY19-Q3 Progress Report shows the movement we've made toward creating a Healthier New Mexico during the third quarter of fiscal year 2019.

Inside, you'll find annual updates on thirteen population-based indicators. The indicators help us measure our desired results at the population level, while the thirty-eight program measures reflect our agency's organizational activities toward effecting those overarching indicators. Together, the data on the indicators and our performance measures, helps us monitor whether we are reaching the desired effect upon our mission *to promote health and wellness, improve health outcomes, and assure safety net services for all people of New Mexico*.

Within each division's section, you'll find a quarterly one-page performance measure review with some background about the measure, the programmatic strategies they're conducting to reach the performance target, and an explanation of any issues they may be experiencing.

This performance management system is anchored by our three-year strategic plan and is a long-term continuously recurring cycle intended to optimize and improve performance.

Table of Contents

Performance at a Glance

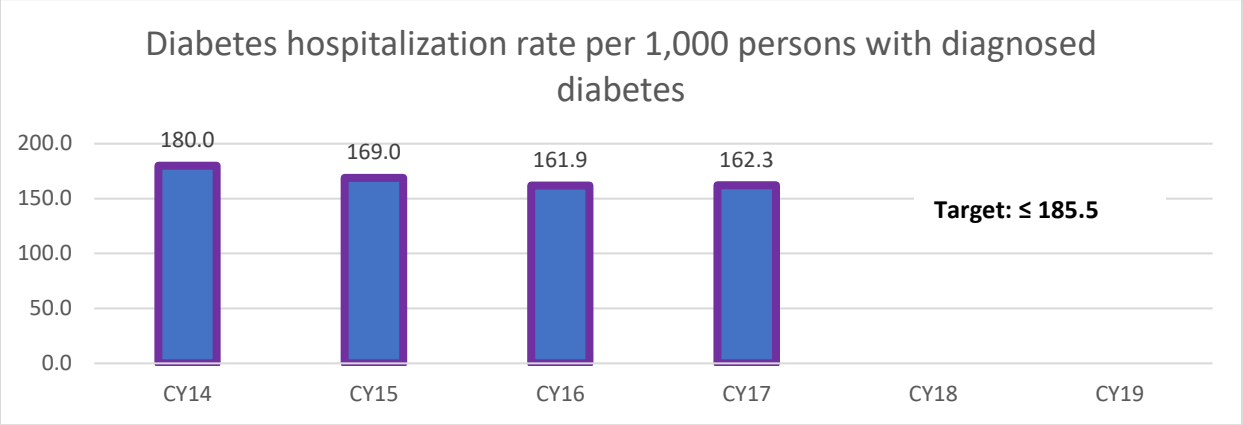
Result 1: Improved Health Status for New Mexicans	**Actual Performance**				**Performance Target**
Health Status Indicators	**CY14**	**CY15**	**CY16**	**CY17**	**CY18**
Diabetes hospitalization rate per 1,000 people with diagnosed diabetes	180.0	169.0	161.9	162.3	≤ 185.5
Percent of third grade children 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*	19.1%	17.5%	16.6%	17.5%	≤ 18.5%
Births to teens aged 15-19 per 1,000 females	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)*	191.4	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

****Signifies no data and is also used for all the following tables in this report.***

Health Status Indicator: **Diabetes Hospitilization Rate Per 1,000 People with Diagnosed Diabetes**

Performance Data



Background

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 > 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.

Strategy

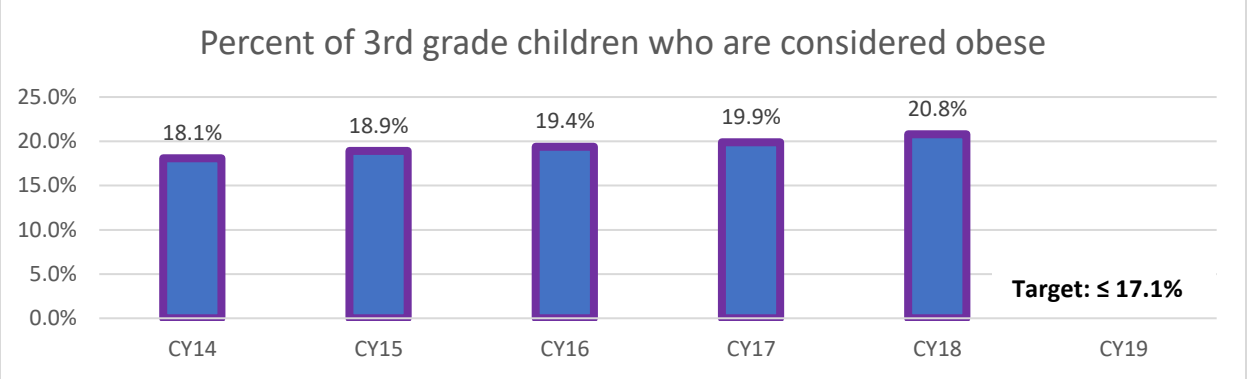
For people with diagnosed diabetes, the condition can be managed, and complications can be prevented or reduced through improved quality of clinical care and increased access to sustainable self-management education and support services. Disease management programs provided by health care organizations and diabetes self-management education in community settings, 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. Strategies include: strengthening linkages between health systems and community organizations to promote self-management education and support programs, referring individuals to programs, and seeking reimbursement.

What More Needs to Be Done

For adults with diabetes, costly complications and hospitalizations can be reduced by effective disease management, especially if they have access to healthy foods and physical activity opportunities, and support services such as tobacco cessation, case management and the Diabetes and Chronic Disease Self-Management Programs. The Diabetes Prevention and Control Program must continue to work with partners to link people to diabetes resources and provide technical assistance that supports training, workforce development, referral, promotion, and sustainability.

Health Status Indicator: **Percent of Third Grade Children Who Are Considered Obese**

Performance Data



Background

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; by third grade, nearly one-in-two (42.3%) American Indian students are overweight or obese, followed by Hispanics (37.7%).

Strategy

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 school and childcare settings are one way to expose children to healthy lifestyle behaviors at an early age.

Thus, Healthy Kids Healthy Communities is:

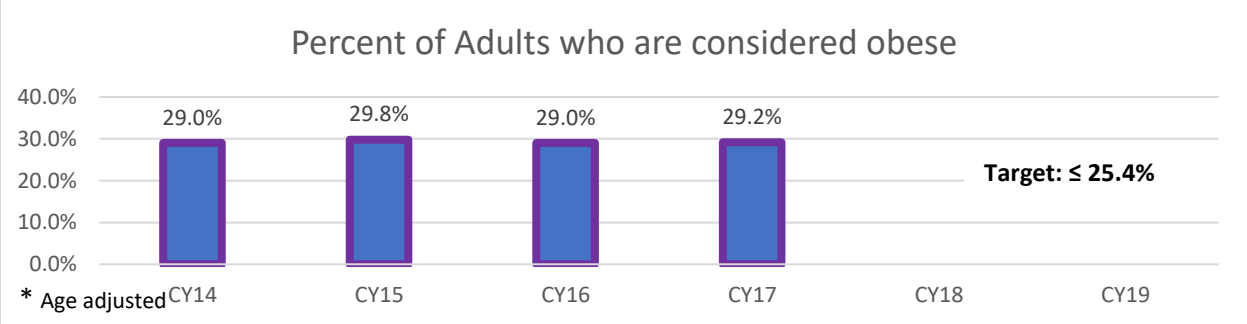
- Working with 11 counties and 3 tribal communities to expand healthy eating and physical activity opportunities where children and low-income adults live, learn, play, work, eat, and shop.
- Implementing the Healthy Kids 521O Challenge, classroom fruit and vegetable tastings, salad bars, healthy snacks, edible gardens, walk and roll to school programs, mileage clubs, and open schoolyards, in school settings.

What More Needs to Be Done

Third grade obesity rates increased from 19.9% in 2017 to 20.8% in 2018. While Healthy Kids Healthy Communities is effectively implementing policy, systems, and environmental strategies in 14 communities, more resources are needed to expand efforts into additional communities across the state, in order to improve healthy lifestyle behaviors and increase the likelihood of childhood obesity rates trending downwards.

Health Status Indicator: **Percent of Adults Who Are Considered Obese***

Performance Data



Background

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, 65.7% are overweight or obese (American Indians have the highest rates at 75%). 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.

Strategy

The Obesity, Nutrition, and Physical Activity Program partners with 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. Strategies include:

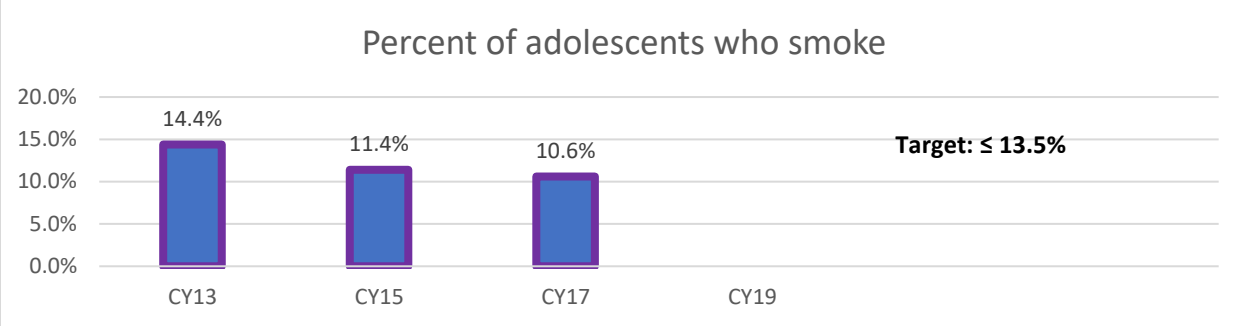
1. Implementing tasting, cooking, and/or gardening lessons in food assistance program and/or distribution sites, farmers' markets, Women Infant & Children's (WIC) clinics, and senior centers;
2. Increasing access to a healthy and affordable food supply in rural, frontier, tribal, and low-income areas through the implementation of healthy food stores or mobile grocery stores, farmers' markets, and/or community gardens;
3. Creating safe and active outdoor open space *(parks and playgrounds)* for community use;
4. Increasing the number of safe walking and biking routes that connect neighborhoods to schools and other community points of interest; and
5. Supporting Complete Streets initiatives that increase access to community areas for walking and biking.

What More Needs to Be Done

In 2017, 29.2% of adults were obese. While the Obesity, Nutrition, and Physical Activity Program and Healthy Kids Healthy Communities are effectively implementing policy, systems, and environmental strategies in 14 communities, more resources are needed to expand efforts into additional communities across the state, improve healthy lifestyle behaviors, and increase the likelihood of adult obesity rates trending downwards.

Health Status Indicator: **Percent of Adolescents Who Smoke**

Performance Data



Background

Nearly 9 out of every 10 adult smokers began smoking cigarettes prior to age 18, making prevention of youth smoking and and other tobacco use a public health priority. Nicotine is highly addictive and can harm brain development in youth and young adults. Cigarette use kills over 2,800 New Mexicans annually and afflicts 84,000 people with tobacco-related diseases. Adolescent smoking is at a historic low of 10.6% (2017), however, one in four youth use e-cigarettes. Young people who use e-cigarettes may be more likely to go on to use regular cigarettes.

Strategy

The Tobacco Program implements a statewide youth engagement strategy, *Evolvement*, which trains youth leaders statewide on tobacco control efforts to reach their peers in their schools and communities with counter-marketing messages and campaigns to prevent youth tobacco use initiation. One of the key campaigns in which Evolvement-trained youth participate is 24/7, which is an initiative with school districts to make their schools truly tobacco-free by updating their school policies and ensuring education and enforcement.

What More Needs to Be Done

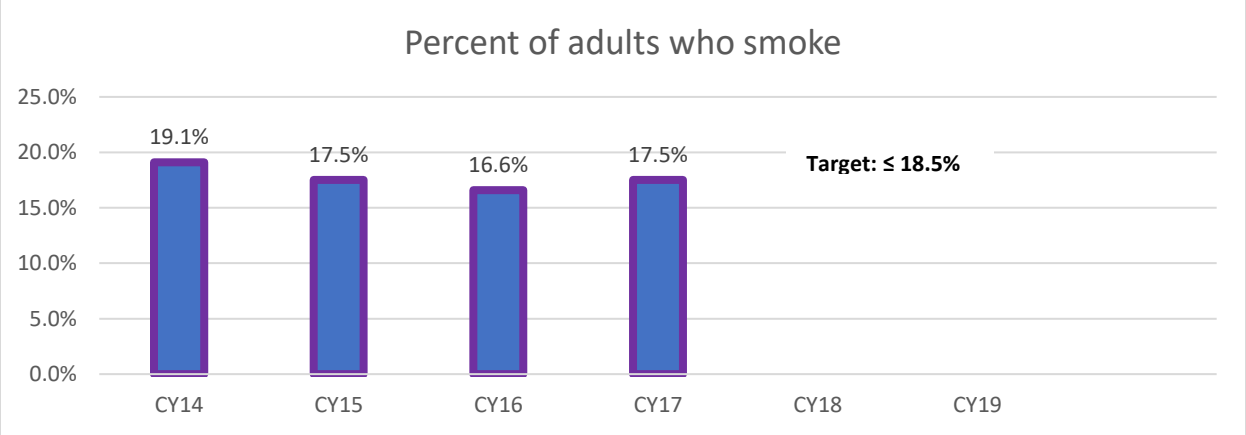
In Quarter 3, Evolvement-trained youth continued to work statewide on several campaigns. Their efforts helped bring the total number of 24/7 Tobacco-Free school districts to seven. Evolvement youth also implemented activities supporting the *No Minor Sale* campaign, which educates NM communities, parents, and retailers to help prevent illegal tobacco sales to minors.

The Guide to 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., Evolvement; and
- Smoking bans, restrictions, and restricting minors' access to tobacco products through community mobilization with additional interventions.

Health Status Indicator: **Percent of Adults Who Smoke**

Performance Data



Background

Cigarette smoking is the leading preventable cause of disease, disability, and death in the U.S. and in New Mexico. Cigarette use kills over 2,800 New Mexicans annually and afflicts 84,000 people with tobacco-related diseases. Smoking also costs New Mexico about $844 million annually in healthcare related costs. Although smoking among adults has decreased in the past decade, people experiencing poverty, e.g., low-income, unemployed, and Medicaid-enrolled, smoke at significantly higher rates than others and comprise a significant portion of adult smokers.

Strategy

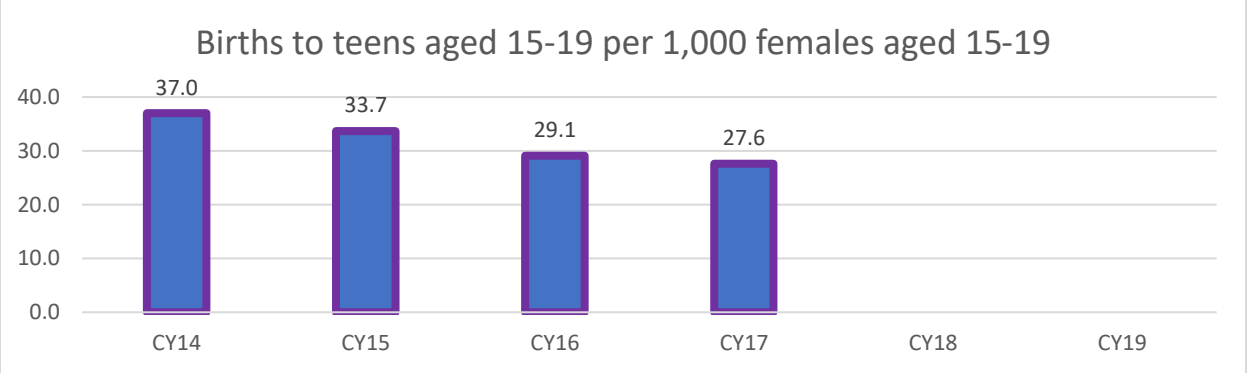
- The Tobacco Program promotes and offers free quit coaching and nicotine medications through its QUIT NOW and DEJELO YA tobacco cessation services.
- The Program also implements a Health Systems Change Training and Outreach Program for Tobacco Use with NM Community Health Centers to increase their providers' ability to consistently identify tobacco users, advise them to quit, and refer them to make a quit attempt via appropriate treatment resources.

What More Needs to Be Done

The Tobacco Program continues to reach and serve an average of 8,000 tobacco users annually through its QUIT NOW and DEJELO YA. However, there are nearly 350,000 adult tobacco users in the state, and about two-thirds are interested in quitting. Since Medicaid-enrolled adults in New Mexico smoke at nearly twice the rate of privately-insured adults (28% vs. 15%) and comprise nearly half of smokers, the Department of Health and the Human Services Department will explore opportunities to increase utilization of tobacco cessation services offered through Medicaid health plans. This could be accomplished by identifying and removing barriers to services, offering comprehensive proven services, and promoting availability of the services. In addition to offering cessation services and engaging health care providers, other best practices for reducing tobacco use include increasing price of tobacco products, i.e., taxes, and funding comprehensive, sustained multi-component tobacco prevention and control interventions at CDC-recommended funding levels.

Health Status Indicator: **Births to Teens Aged 15-19 Per 1,000 Females**

Performance Data



Background

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, https://ibis.health.state.nm.us/query/result/birth/BirthSareaAdol/AdolBirth15_19.html) 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.

Strategy

NM Family Planning Program (FPP)'s clinical services and educational programming are provided throughout the year. NM FPP is dedicated to continuing the provision of Regional family planning and reproductive health clinical and telemedicine services, to aid in the state's decreasing teen birth rate.

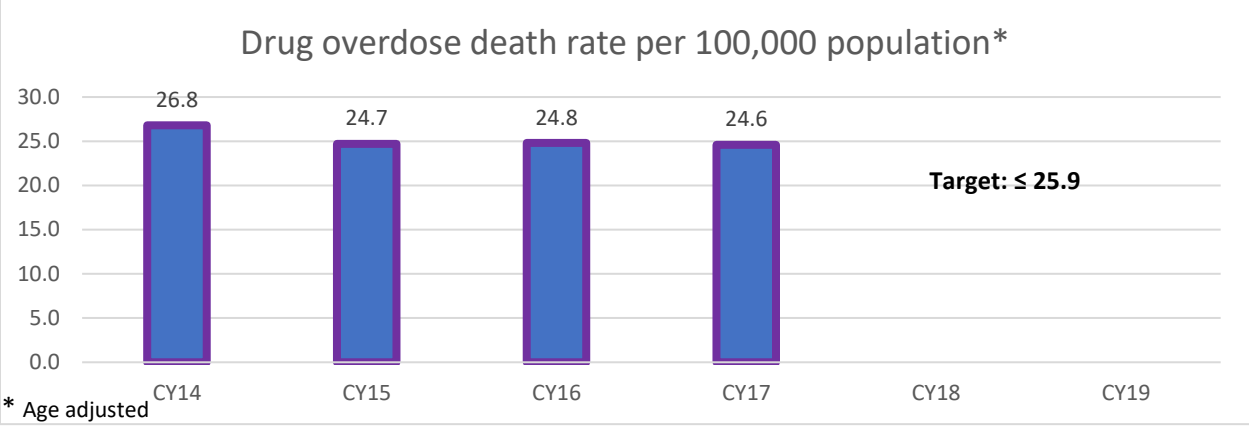
- Increase teens' access to birth control including the most effective contraceptive methods, through shared-decision making counseling.
- Incorporate service-learning programs consisting of community-based volunteer services and guided curriculum education.
- Promote BrdsNBz, a text-messaging system offering teens free, confidential answers to sexual health questions in English or Spanish.

What More Needs to Be Done

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

Health Status Indicator: **Drug Overdose Death Rate Per 100,000 Population***

Performance Data



* Age adjusted

Background

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

Strategy

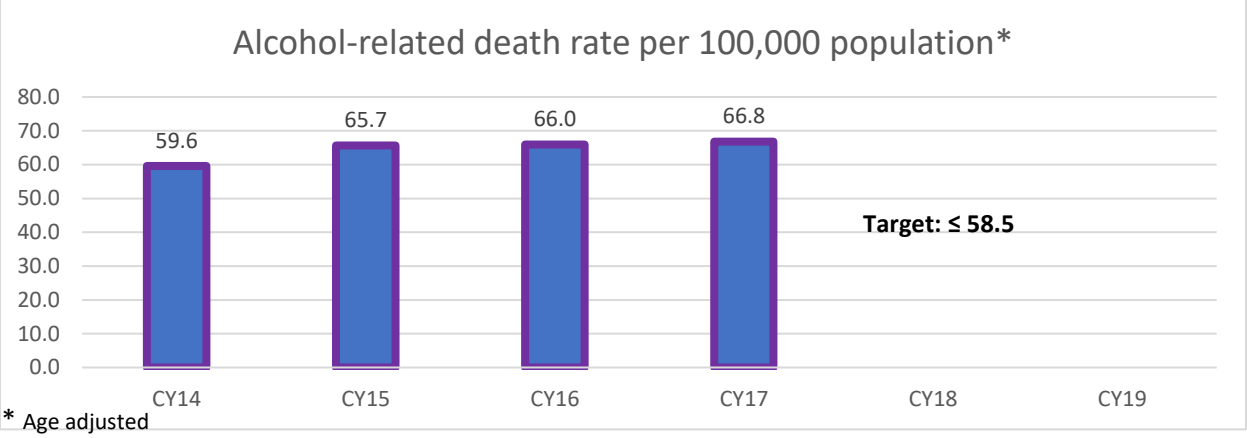
- Collect, analyze, and interpret public health surveillance data on drug use and related harms.
- Support the health care licensing boards' enforcement for controlled substance prescribing.
- Provide feedback reports on controlled substance prescribing to practitioners.
- Provide naloxone to individuals.
- Increase naloxone carry and administer programs in law enforcement.
- Work with county multi-disciplinary work-groups in high-burden communities to develop local responses.

What More Needs to Be Done

- Maximizing the use of the Prescription Monitoring Program (PMP).
- Improving controlled-substance prescribing practices through prescriber education.
- Increasing the availability of treatment for drug dependence.
- Increasing the availability of naloxone, which can reverse an opioid overdose.

Health Status Indicator: **Alcohol Related Death Rate Per 100,000 Population***

Performance Data



* Age adjusted

Background

Alcohol-related deaths include deaths due to 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. 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).

Strategy

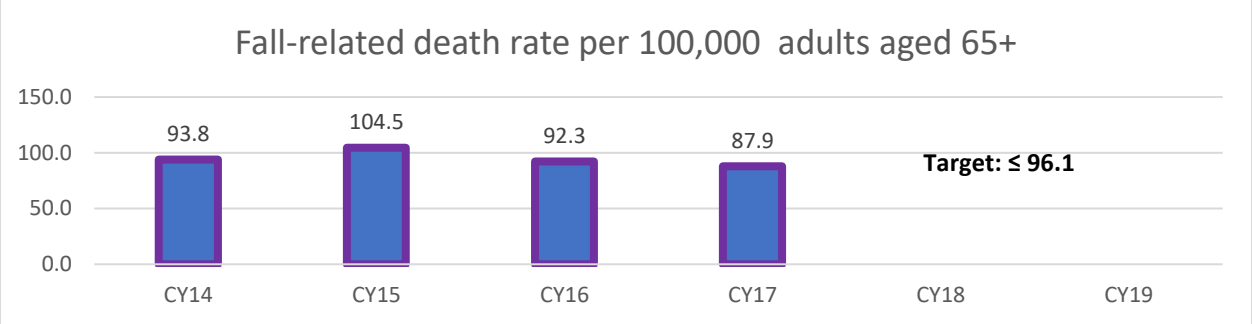
- Collect, analyze, and interpret public health surveillance data on excessive alcohol and related harms and on policy and environmental strategies to address it.
- Disseminate findings on drug use and related harms to all stakeholders and respond to inquiries.
- Provide scientific support to health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

What More Needs to Be Done

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

Health Status Indicator: **Fall-Related Death Rate Per 100,000 Adults Aged 65+**

Performance Data



Background

Falls are the leading cause of fatal and non-fatal injuries for Americans aged 65 years and older. New Mexico's fall-related death rate was 1.5 times greater than the U.S. rate in 2016. There are currently over 95 evidence-based fall prevention instructors in 16 New Mexico counties and 14 American Indian 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.

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.

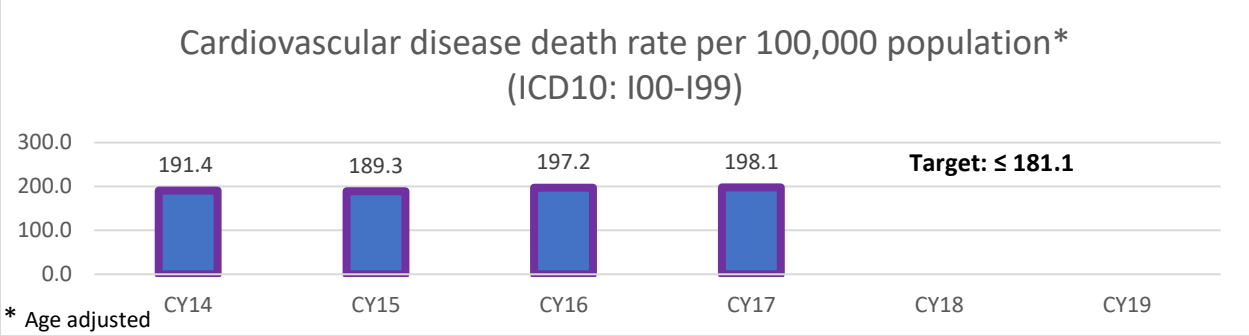
What More Needs to Be Done

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.

Health Status Indicator: **Cardiovascular Disease Death Rate Per 100,000 Population***

Performance Data



Background

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. 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.

Strategy

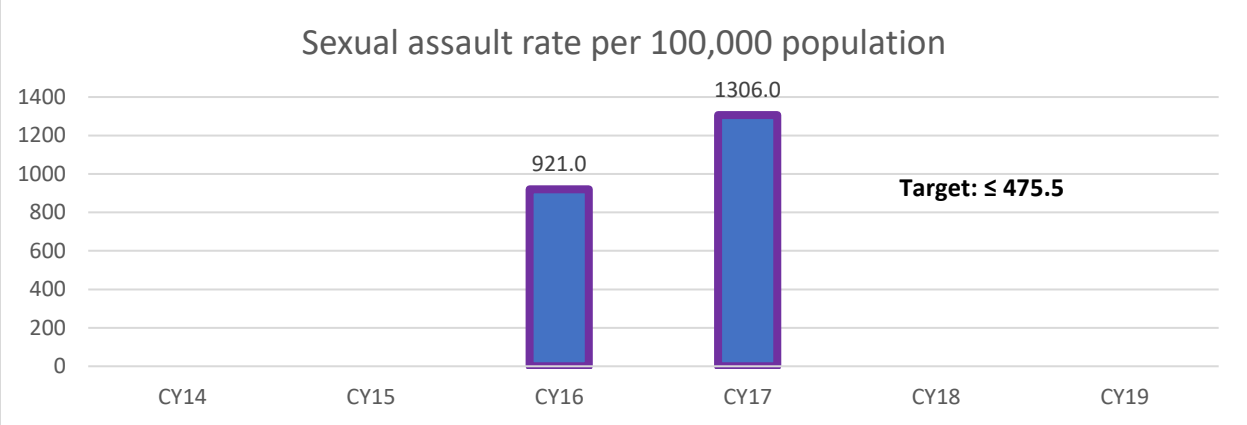
- Support use of PM2.5 (fine particles in the ambient air) exposure-reduction strategies during poor air quality days.
- Use health system assessment data to provide technical assistance to health systems on effectively reporting in Electronic Health Records (EHR) and using EHR data to improve performance.
- Promote team-based care models for hypertension control.

What More Needs to Be Done

- Improve blood pressure control with team-based care.
- Reduce out-of-pocket costs for cardiovascular disease (CVD) prevention services for patients with high blood pressure.
- Change behavior among older CVD high risk populations during poor air quality days.
- Increase electronic health record adoption and the use of health information technology to improve performance for hypertension control in health systems.

Health Status Indicator: **Sexual Assault Rate Per 100,000 Population**

Performance Data



Background

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 individual, relationship, community, and societal approaches, with many 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.

Strategy

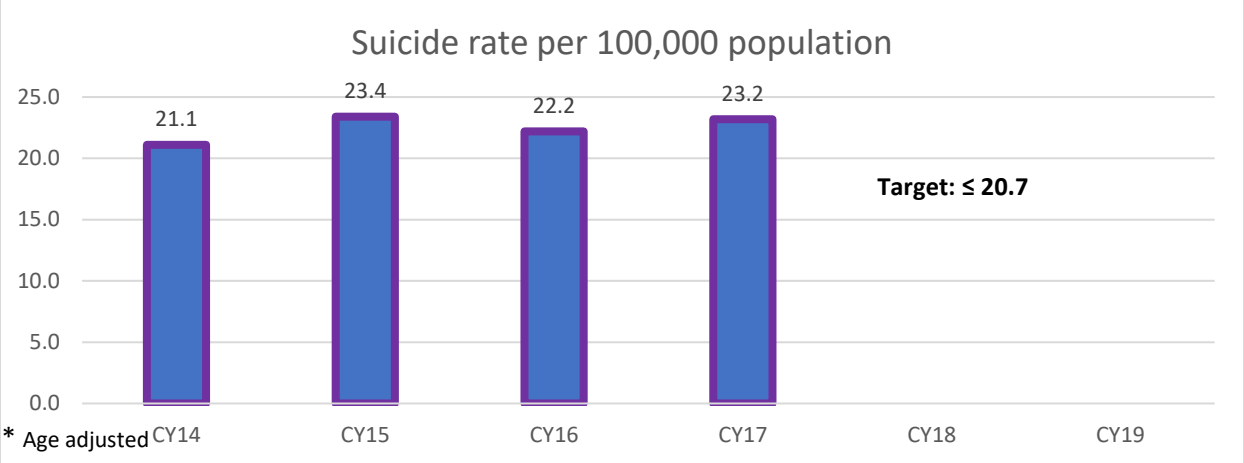
- The NMDOH Epidemiology and Response Division, Office of Injury Prevention (OIP) works with partners around the state to provide education to youth and adults who work with youth for the primary prevention of sexual violence. All programs were evaluated using standardized measures beginning in FY16.
- The Office of Injury Prevention will increase the number of New Mexicans who have completed an evidence-based sexual assault primary prevention program.

What More Needs to Be Done

According to the Centers for Disease Control and Prevention, the recommended best practices include multi-leveled strategies, 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. 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, e.g., adherence to traditional gender roles.

Health Status Indicator: **Suicide Rate Per 100,000 Population***

Performance Data



Background

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. Also, 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.

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.

Strategy

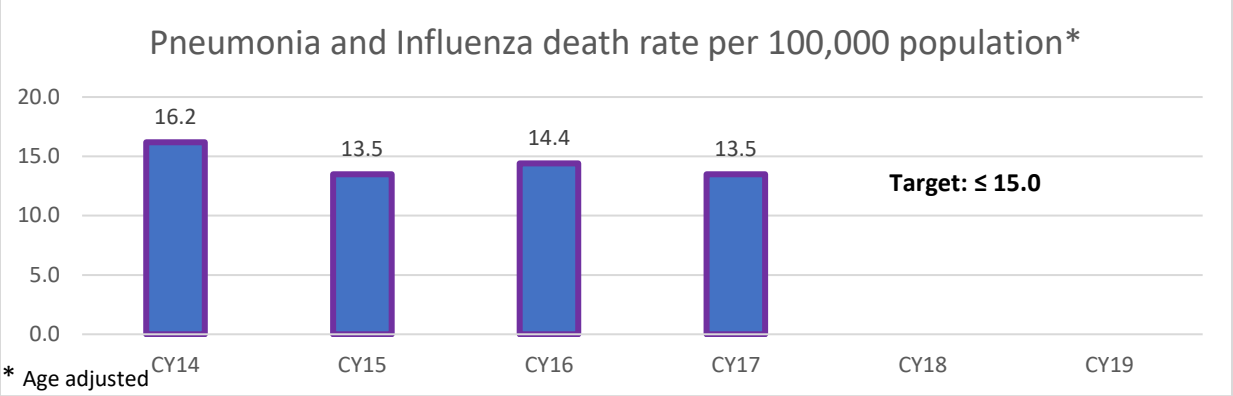
- Gatekeeper training to identify and support people at risk.
- Community engagement activities (via county-based data presentations).
- Safe reporting and messaging about suicide to lessen harms and prevent future risk.
- Suicide attempt cluster investigation.

What More Needs to Be Done

- Community Interventions
- Clinical Interventions
- School-based Interventions
- Organizational Interventions
- Policy Interventions

Health Status Indicator: **Pneumonia and Influenza Death Rate Per 100,000 Population***

Performance Data



Background

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. 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.

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.

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 attributed to influenza.

What More Needs to Be Done

- 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.
- Conducting 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.

Public Health Division Performance at a Glance

Performance Measures	Actual Performance				Performance Target	Quarterly Performance			
P002 Public Health Division	**FY15**	**FY16**	**FY17**	**FY18**	**FY19**	**FY19 Q1**	**FY19 Q2**	**FY19 Q3**	**FY19 Q4**
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 Healthy Kids, Healthy Communities (HKHC) with increased opportunities for healthy eating in public elementary schools	88.0%	97.0%	88.6%	88.9%	≥ 89%	***	***	***	
Number of Women Infant & Children (WIC) clients participating in food tastings in WIC clinics with kitchens	***	***	***	986	≥ 1,232	11	169	393	
Number of high school youth trained in the Evolvement youth engagement program to implement tobacco projects in their school/community	***	329	356	402	≥ 375	138	116	140	
Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up	31.5%	32.5%	32.0%	30.5%	≥ 30%	31.6%	29.1%	31.3%	
Percent of New Mexico adult cigarette smokers who access NMDOH cessation services	2.4%	2.4%	2.8%	2.8%	≥ 2.5%	0.6%	1.2%	2.1%	
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%	84.3%	78.6%	73.7%	

Public Health Division Performance at a Glance

Performance Measures	Actual Performance				Performance Target	Quarterly Performance			
P002 Public Health Division	**FY15**	**FY16**	**FY17**	**FY18**	**FY19**	**FY19 Q1**	**FY19 Q2**	**FY19 Q3**	**FY19 Q4**
The number of teens that successfully complete teen pregnancy prevention programming	733	510	365	232	≥ 264	***	144	22	
Percent of preschoolers (19-35 months) fully immunized (NMSIIS data source)	***	***	***	61.8%	≥ 65%	63.3%	63.6%	65.5%	
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	***	0.255	0.323	0.331	≥0 .25	.336	.317	.367* preliminary	

PROGRAM AREA P002: Public Health Division

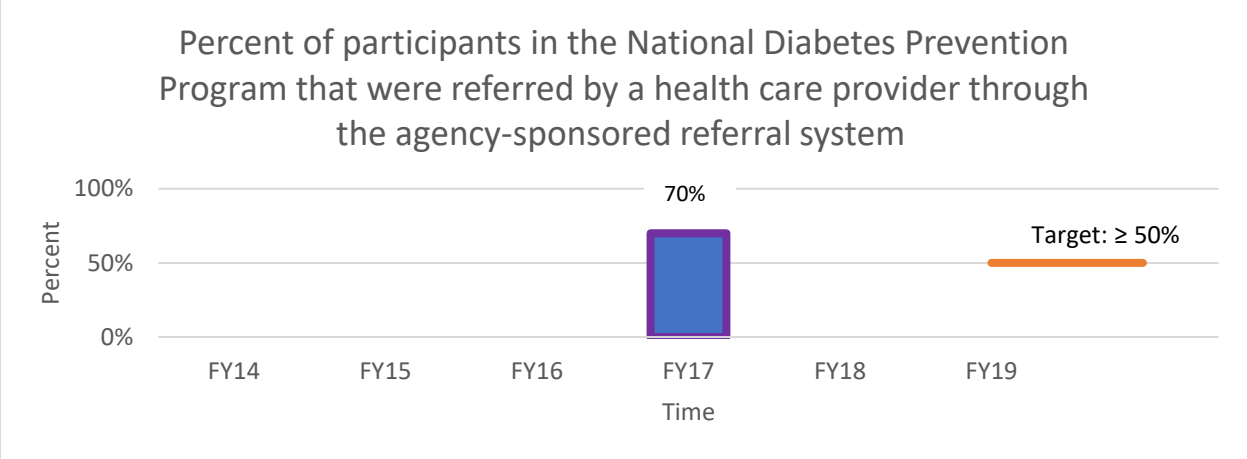
Public Health fulfills the New Mexico Department of Health (NMDOH) mission by working with individual families, communities and partners to improve health, eliminate disparities, and ensure timely access to quality, culturally competent health care.

Partners

- NMDOH Heart Disease & Stroke Prevention Program
- Public Health Division Regions
- Referral and Data Management Contractor PAC Software, Inc.
- Marketing and Promotion Contractor CWA Strategic Communications
- American Association of Diabetes Educators (AADE) and AADE NM Local Affiliate
- Comagine Health (Formerly Qualis Health and HealthInsight)
- NM Diabetes Advisory Council
- NM Primary Care Association
- National Diabetes Prevention Program Master Trainer Select, Lifestyle Coaches
- Chronic Disease Self-Management Education and Support Programs' Licensed Providers, Certified Master Trainers & Workshop Leaders
- 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
- 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)
- Rescue (The Behavior Change Agency)
- New Mexico Human Services Department Synar & US Food and Drug Administration Programs
- Albuquerque Area Southwest Epidemiology Center
- New Mexico Boys and Girls Club
- Primary Care Clinics
- County Health Councils

Performance Measure: **Percent of Participants in the National Diabetes Prevention Program that Were Referred by a Health Care Provider through the Agency-Sponsored Referral System**

Performance Data



Background

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.

Strategy

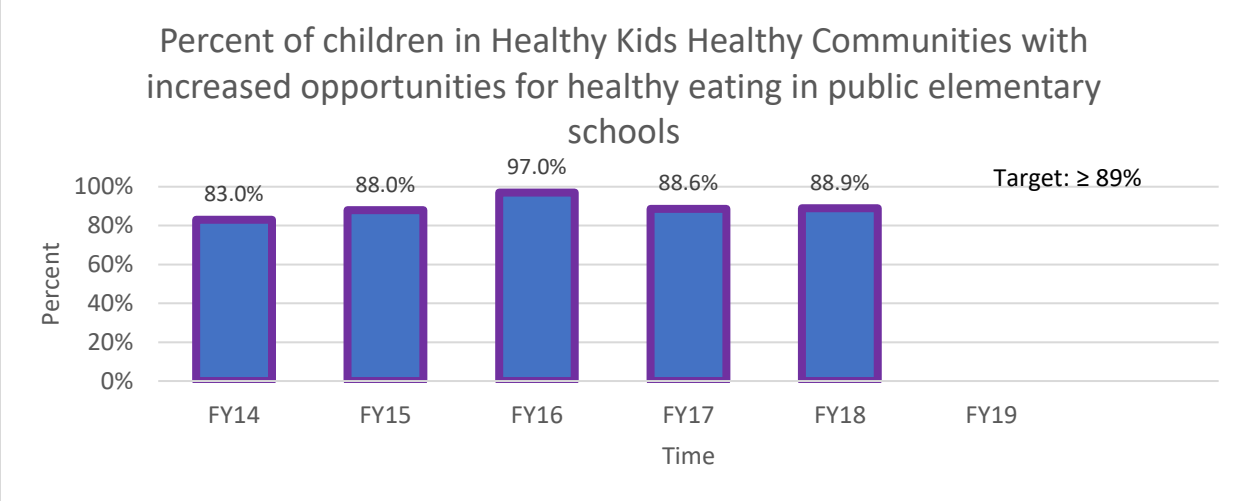
The National Diabetes Prevention Program (National DPP), a one-year lifestyle balance curriculum developed by the Centers for Disease Control and Prevention (CDC) for people with prediabetes, is based on the original DPP study that demonstrated that 5-7% weight loss achieved and maintained through regular, moderate physical activity and improved nutrition, prevented or delayed the progression of prediabetes to diabetes by 58% compared to standard lifestyle recommendations. Strategies also include; raising awareness about prediabetes and National DPP among providers, increased availability by building program sites and training lifestyle coaches, working with health systems and community organizations to increase screening, testing and referral. Work with health plans and large employers to establish health plan coverage and increase access to National DPP.

What More Needs to Be Done

The Diabetes Prevention and Control Program (DPCP) has been and will continue to increase access to the National DPP, 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 CDC program recognition, including weight loss and weekly physical activity minutes, crucial performance measures for the intervention.

Performance Measure: **Percent of Healthy Kids, Healthy Communities (HKHC) with Increased Opportunities for Healthy Eating in Public Elementary Schools**

Performance Data



Background

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 2018, 13.3% of kindergarten and 20.8% of third grade students in New Mexico were obese; obese children are more likely to become obese adults with an increased risk of chronic health conditions.

Strategy

The Obesity, Nutrition, and Physical Activity Program works closely with local coordinators in 14 Healthy Kids Healthy Communities to:

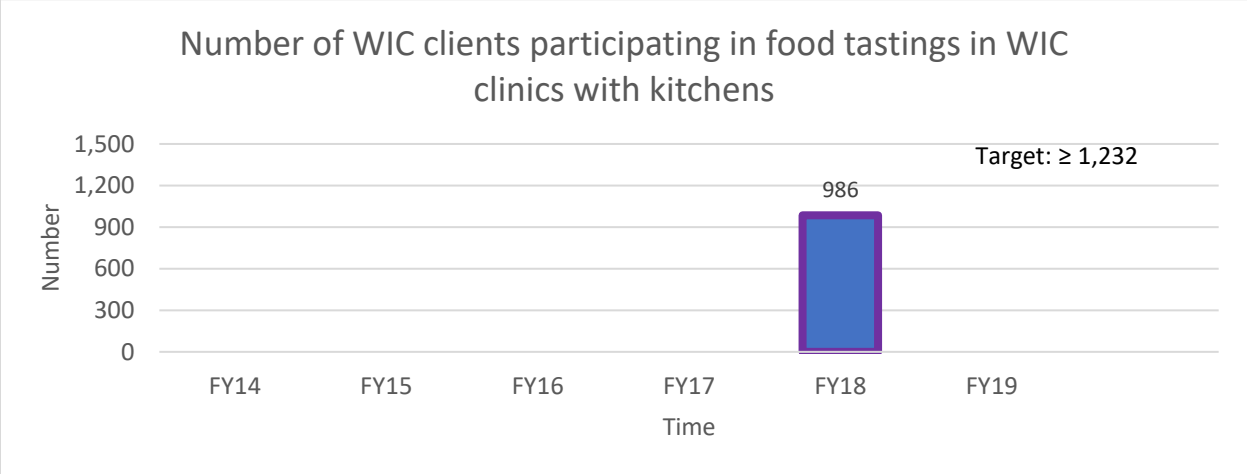
- Engage partners and build school system support for establishing strong wellness policies
- Implement sustainable healthy eating initiatives coupled with nutrition education, e.g., the Healthy Kids 521O Challenge, classroom fruit and vegetable tastings, salad bars, healthy snacks, and edible gardens.

What More Needs to Be Done

In Q3, Healthy Kids Healthy Communities coordinators participated in Food and Farms Day/School Nutrition Day at the Legislature, which was created in recent years to recognize community programs and leaders who prioritize equitable food access and invest in local farmers, local communities, and the health of our kids. Coordinators had the chance to meet and visit with their local House and Senate representatives to provide information about obesity prevention at the local level and highlight their efforts to increase healthy eating and physical activity opportunities in schools, expand food access, and improve the environment in their communities. Organizations and leaders in three Healthy Kids Healthy Communities (San Juan, Roosevelt, and Chaves) received awards this year for their commitment towards improving food access, incorporating New Mexico-grown produce into school meals, and connecting students with the concept of growing and tasting the fruits of their labor. By the end of Q4, we will collect and analyze program data to guide implementation efforts in the upcoming school year.

Performance Measure: **Number of WIC Clients Participating in Food Tastings in WIC Clinics with Kitchens**

Performance Data



Background

In 2017, 65.7% of New Mexico's adults were overweight or obese. Adults with lower socioeconomic status are more likely to practice unhealthy lifestyle behaviors, be overweight or obese, and suffer from chronic conditions. Women, Infants, and Children clients (women and their children under the age of 5) are considered low-income and at risk for food insecurity.

Strategy

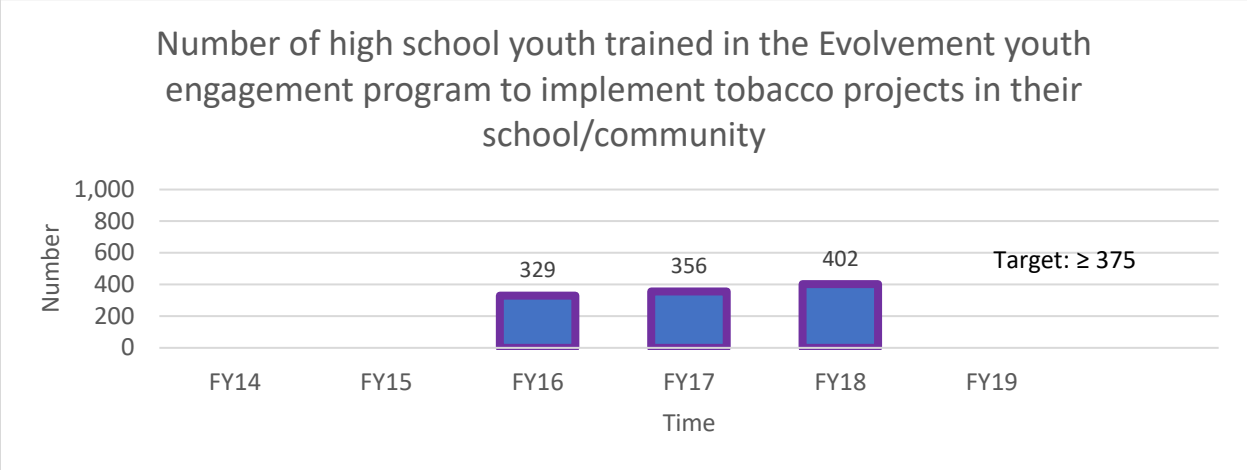
The Obesity, Nutrition, and Physical Activity Program, Women, Infants, and Children (WIC), and NM State University are coordinating efforts to provide nutrition education through the implementation of food tastings and cooking demos for WIC recipients using WIC eligible foods, primarily fruits, vegetables, and whole grains. With the addition of federal Supplemental Nutrition Assistance Program Education (SNAP-Ed) funding in fiscal year 16, the Obesity, Nutrition, and Physical Activity Program 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 with interventions and strategies geared towards low-income women and children.

What More Needs to Be Done

In Q3, the Obesity, Nutrition, and Physical Activity Program met with WIC management to revise the WIC Nutrition Education plan to expand internally into WIC clinics without kitchens. The new WIC computer database, MOSAIC, is fully implemented, so WIC clinics now focus on increasing the number of food tastings they offer each month. Participation increased from 169 in quarter 2 to 393 in Q3 (Q2 numbers were revised from 37 to include missing participant data due to MOSAIC implementation). Since New Mexico State University reduced their partnership availability, we are working closely with WIC to provide tasting and cooking sessions using WIC staff, who would have more control over the curriculum and access to a greater variety of recipes. WIC has also identified funding to purchase food supplies and put a procurement process into place. We plan to work closely with the newly hired WIC State Nutritionist to begin implementing the revised plan in Q4.

Performance Measure: **Number of High School Youth Trained in the Evolvement Youth Engagement Program to Implement Tobacco Projects in their School/Community**

Performance Data



Background

Training youth in the Evolvement youth engagement program is a key strategy in implementing tobacco prevention campaigns in schools and communities across New Mexico. Increasing awareness and education on the harms of tobacco use and nicotine addiction through prevention campaigns, along with other interventions, can help reduce youth tobacco use prevalence. Campaigns implemented by trained Evolvement youth are designed to address topics such as emerging tobacco products, as well as restrict youth access to tobacco by educating New Mexico communities, parents, and retailers to help prevent illegal tobacco sales to minors.

Strategy

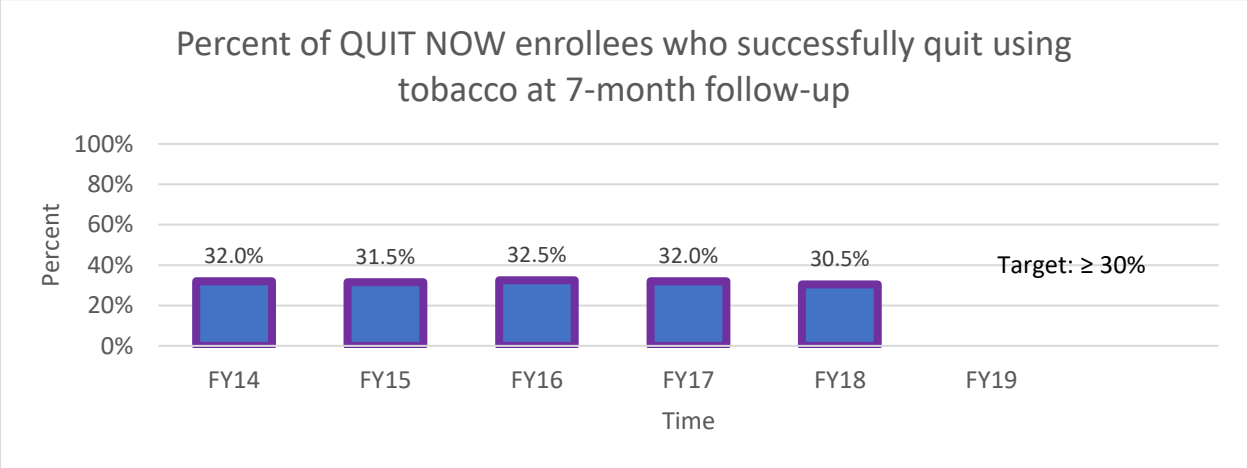
The Tobacco Program implements a statewide youth engagement strategy, *Evolvement*, which trains youth leaders statewide on tobacco control efforts to reach their peers in their schools and communities with counter-marketing messages and campaigns to prevent youth tobacco use initiation.

What More Needs to Be Done

In Q3, an additional 115 youth were trained in Evolvement, bringing the cumulative total for the fiscal year to 371. In Q3, Evolvement youth implemented activities supporting the *No Minor Sale* campaign, which educates NM communities, parents, and retailers to help prevent illegal tobacco sales to minors. At the population level, several bills were introduced in the NM state legislature that had the potential to reduce youth tobacco use. Increasing the age of purchase of tobacco products from 18 to 21 and banning flavored tobacco products did not pass. However, new laws prohibiting the use of e-cigarettes in public places and small increases in tobacco product taxes are poised to become enacted soon. The Guide to 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, i.e., Evolvement; smoking bans; and restricting minors' access to tobacco products through community mobilization.

Performance Measure: **Percent of QUIT NOW Enrollees Who Successfully Quit Using Tobacco at 7-month Follow-Up**

Performance Data



Background

Quitting tobacco is difficult, often taking many attempts before a person can quit completely. Tobacco users enrolling in QUIT NOW are provided with quit counseling by trained professionals, as well as nicotine medications, which together can significantly increase their chances of quitting versus 'cold turkey.' Tracking quit rates 7-months after enrollment is a standard method for tracking effectiveness of tobacco cessation services and support.

Strategy

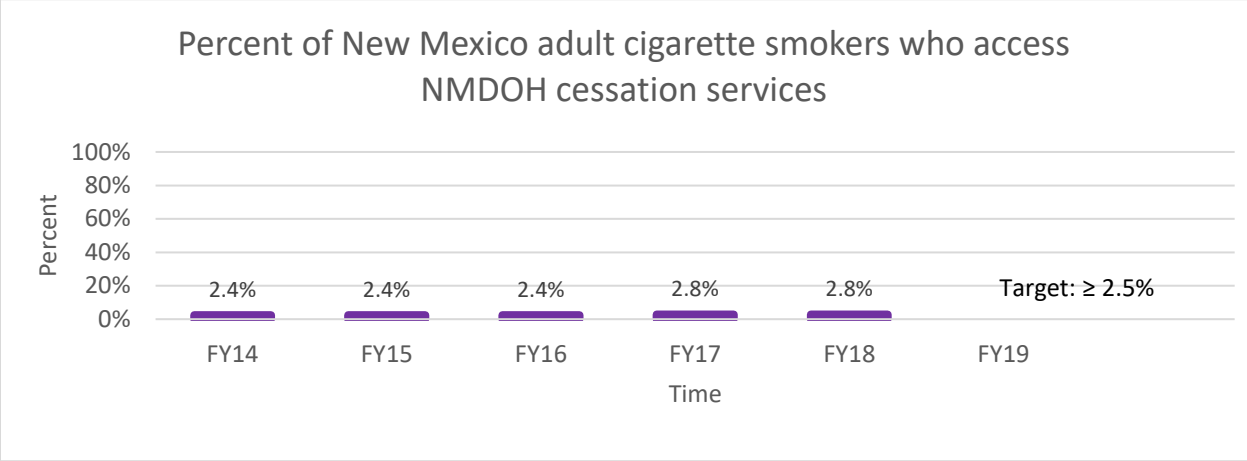
The Tobacco Program implements a Health Systems Change Training and Outreach Program for Tobacco Use with Community Health Centers and in other provider settings to increase their ability to identify tobacco users, advise them to quit, and to refer them to treatment resources such as QUIT NOW. In order to reach the 7-month performance target of 30%, health care providers and health centers are trained to screen specifically for tobacco users who say they are ready to quit within the next 30 days. These tobacco users stand to benefit the most from the quit counseling, medications, and other support offered through QUIT NOW.

What More Needs to Be Done

In Q3, 31.3% of QUIT NOW enrollees reported that they successfully quit using tobacco. Two tobacco cessation specialists continue their work statewide in recruiting Community Health Centers and other health care providers to participate in the Health Systems Change Training and Outreach Program. There are plans to recruit more oral health and behavioral health providers to be trained by the cessation specialists and to increase reach into populations at increased risk for tobacco use. In addition, additional outreach to lower-income or Medicaid-enrolled tobacco users is needed since they smoke at increased rates and may have quitting resources available to them through their Medicaid health plans.

Performance Measure: **Percent of New Mexico Adult Cigarette Smokers Who Access NMDOH Cessation Services**

Performance Data



Background

It is important to make tobacco cessation services available and as barrier-free as possible, as they can double or triple smokers' chances of quitting versus going 'cold-turkey'. We track 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. However, this target assumes that states have the minimum recommended funding levels for comprehensive tobacco programs.

Strategy

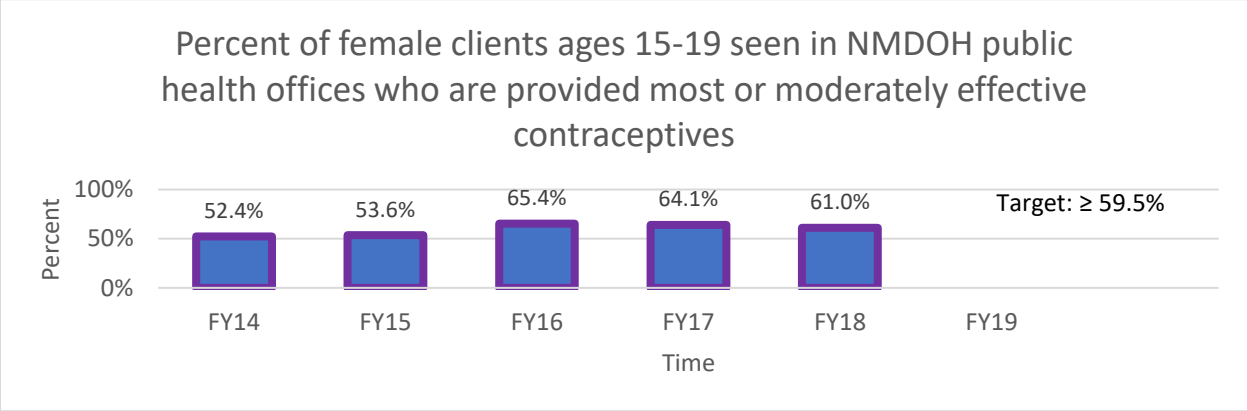
The Tobacco Program implements a Health Systems Change Training and Outreach Program for Tobacco Use with community health centers, as well as other providers, to increase their ability to identify tobacco users, advise them to quit, and refer them to treatment resources such as QUIT NOW. The Tobacco Program also actively promotes availability of the QUIT NOW and DEJELO YA (Spanish) tobacco cessation services through TV, radio, web, billboards, and health care and social service provider networks. These strategies work together to reach and serve about 8,000 tobacco users annually, which is the current capacity based on funding levels.

What More Needs to Be Done

Through Q3, 2.1% of adult cigarette smokers have accessed tobacco cessation services. The relatively new offering of a la carte services opens up additional options to tobacco users who may be at different stages in their quitting process. The lower cost with these individual services may allow the Tobacco Program to serve more tobacco users this fiscal year. Because there are many more tobacco users wanting to quit than the Tobacco Program can serve, it will be important to work closely with the Medicaid Program to ensure that they offer comprehensive tobacco cessation services and remove barriers to those services so that Medicaid-enrolled adults who use tobacco have the opportunity to quit by using those benefits.

Performance Measure: **Percent of Female Clients Ages 15-19 Seen in NMDOH Public Health Offices Who Are Provided Most or Moderately Effective Contraceptives**

Performance Data



Background

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, https://ibis.health.state.nm.us/) 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.

Strategy

NM Family Planning Program (FPP)'s clinical programming is provided throughout the year.

- NM FPP continues to collaborate with the PHD Medical Director and the Family Health Bureau Medical Director to support the provision of family planning clinical services. NM FPP is dedicated to continuing the provision of family planning clinical and telemedicine services for reproductive health.
- NM FPP will continue to fund staff in PHOs to provide the broad range of contraceptive methods and confidential family planning services throughout the state.

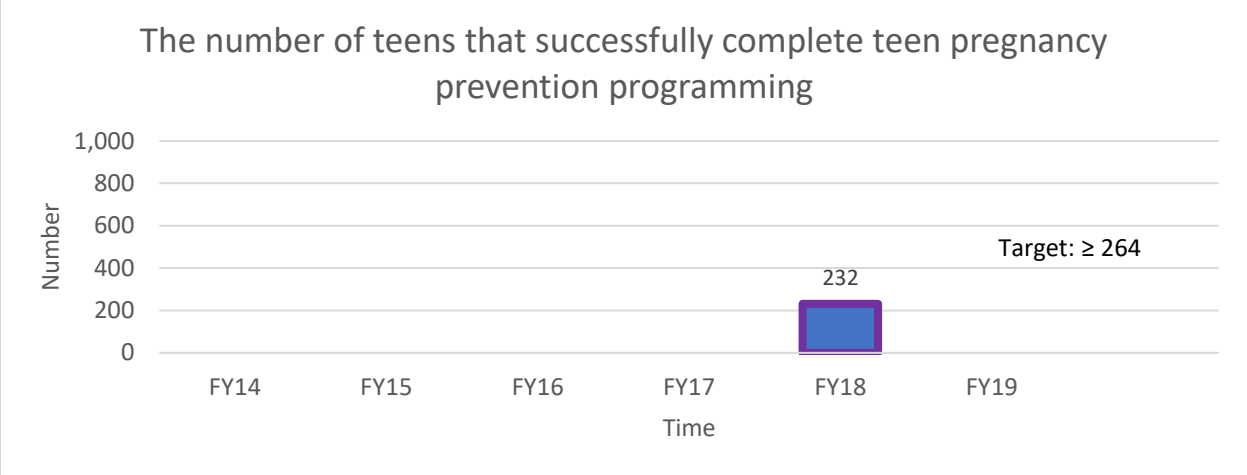
NM FPP will continue to provide training and technical assistance to assure quality family planning services for New Mexicans.

What More Needs to Be Done

- Increase access to confidential, low- or no-cost family planning services through county public health offices, community clinics, and school-based health centers.
- Increase availability of family planning services for teens.
- Provide service-learning, positive youth development, and comprehensive sex education programs.
- Increase awareness of adult-teen communication programs to give adults information and skills to communicate effectively with young people about reducing risky sexual behavior.

Performance Measure: **Number of Teens that Successfully Complete Teen Pregnancy Prevention Programming**

Performance Data



Background

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 New Mexico's 15-to-19-year-olds 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, https://ibis.health.state.nm.us/). 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).

Strategy

NM Family Planning Program's (FPP) educational programming is provided throughout the year.

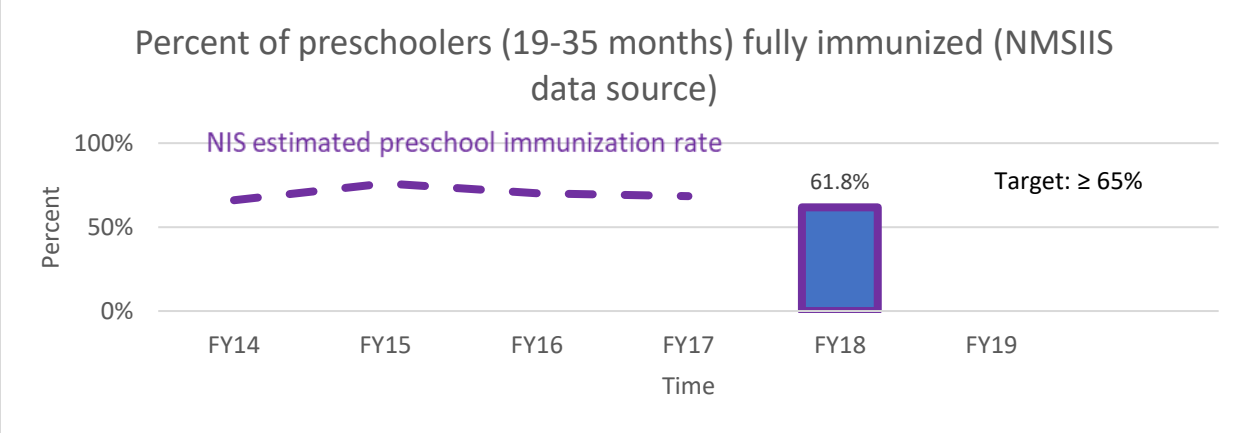
- Incorporate service-learning programs consisting of community-based volunteer services and guided curriculum education.
- Incorporate adult-teen communication programs to give adults information and skills to communicate effectively with young people about reducing risky sexual behavior.

What More Needs to Be Done

- Increase participation in service-learning, positive youth development, and comprehensive sex education programs.
- Enhance social media presence with information on birth control options and clinic locations.
- Promote more of BrdsNBz, a text-messaging system that offers teens free, confidential answers to sexual health questions in English or Spanish.
- Increase access to confidential, low- or no-cost family planning services through county public health offices, community clinics, and school-based health centers.

Performance Measure: **Revised in FY19 - Percent of Preschoolers (19-35 Months) Fully Immunized (NMSIIS Data Source)**

Performance Data



*Beginning at the end of Q3, we are reporting this measure as of the last business day (or as near to the last business day as possible) of the last month of the Quarter.

Background

At the end of Q3 (March 2019), New Mexico's vaccine coverage for children aged 19-35 months old was 65.5%, according to data from the New Mexico Statewide Immunization Information System and NM Vital Records. The 4:3:1:3:3:1:4 (4 DTaP, 3 Polio, I MMR, 3 HepB, 3 HIB, 1 Varicella, and 4 Pneumococcal) series is the nationally-accepted 'gold standard' for childhood immunization coverage.

Strategy

- Issueing reminder-recall notices to families where a child is due or late for a vaccine, is a strongly recommended evidence-based strategy.
- 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.

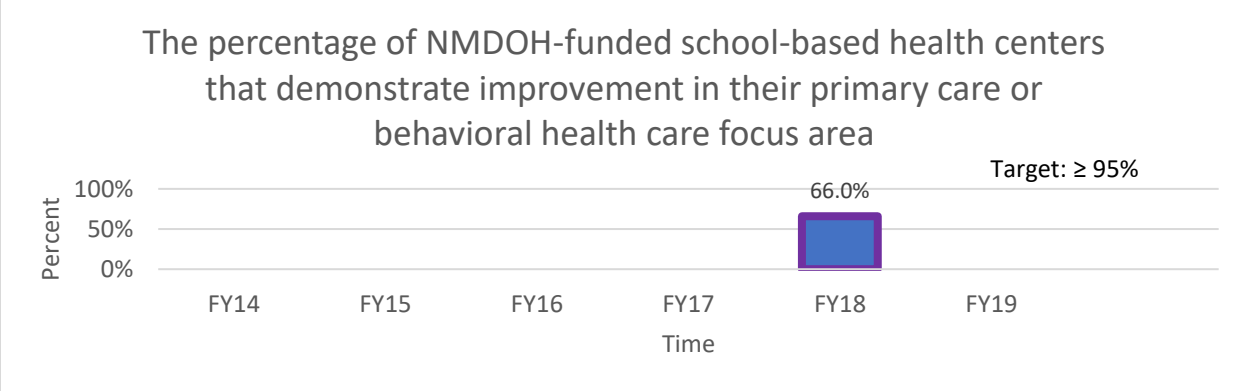
What More Needs to Be Done

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 continues to send 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 DOH quality improvement visits.

Performance Measure: **New in FY19** - **Percentage of NMDOH-Funded School-Based Health Centers that Demonstrate Improvement in their Primary Care or Behavioral Health Care Focus Area**

Performance Data



Background

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.

Strategy

- Office of School and Adolescent Health (OSAH) continues to partner with medical sponsors of school based health centers to address ongoing needs associated with continuous quality improvement or focus areas for primary and behavioral health care services within SBHCs.
- Medical sponsors have quality improvement managers within their organizations that help assure adherence to best practices, as well as improvement of those practices within their organizations.

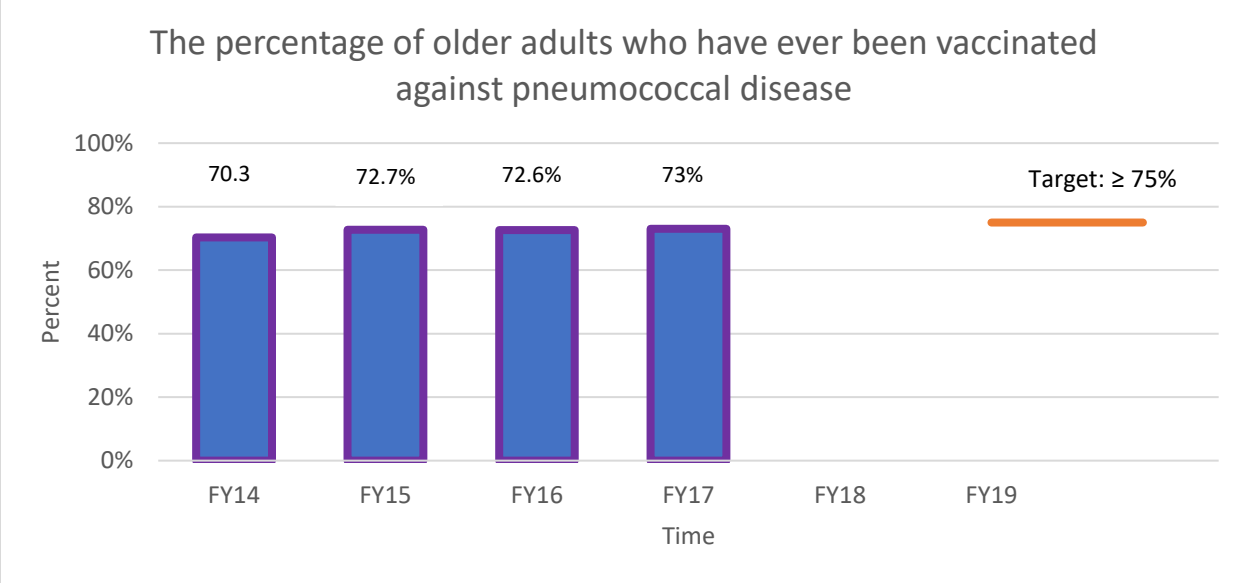
What More Needs to Be Done

OSAH continues to align our quality improvement measures with Uniform Data System measures and other reporting systems that our FQHC partners must account to in order to help sustain and legitimize their operations.

OSAH continues to increase 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.

Performance Measure: **Percentage of Older Adults Who Have Ever Been Vaccinated Against Pneumococcal Disease**

Performance Data



Background

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.

Strategy

The New Mexico DOH Immunization Program works to ensure Public Health Offices and Federally Qualified Health Centers have access to pneumococcal vaccines PCV13 and PPSV23 for their uninsured patients.

In 2018, the Immunization Program began the Televox/Pfizer Reminder Recall initative, which included postcard remind/recall notices to older adults about their annual Medicare wellness visit and to ask about immunization.

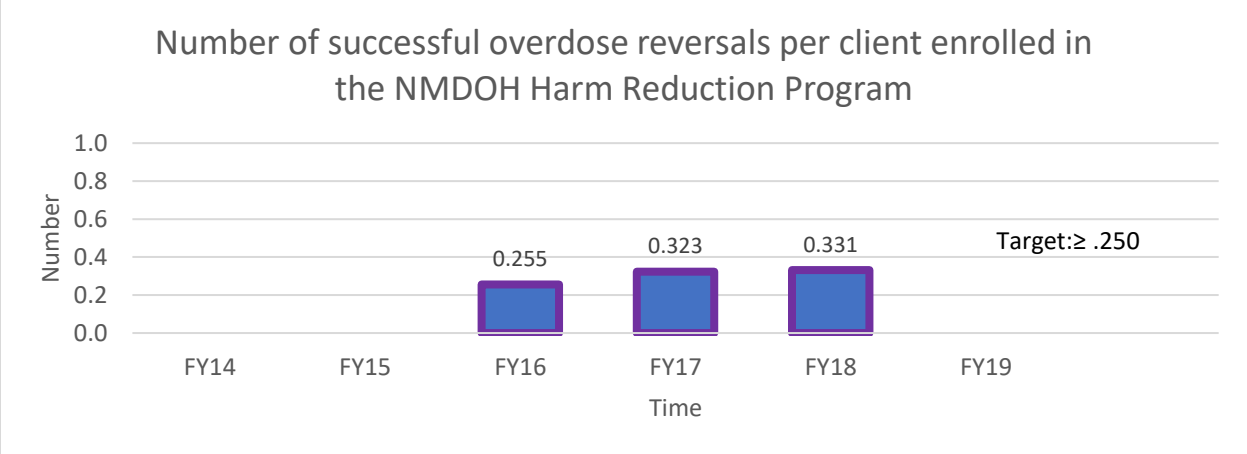
Community Health Representative (CHR) tribal training on immunizations as part of the American Indian Project also began in 2018.

What More Needs to Be Done

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 conducting Training of Trainers for the CHR community trainings.

Performance Measure: **Number of Successful Overdose Reversals Per Client Enrolled in the NMDOH Harm Reduction Program**

Performance Data



Background

This measure is important because it demonstrates the increased education of individuals at-risk for experiencing an opioid overdose and the successful distribution of naloxone to those individuals most likely to need it. By successfully using naloxone, individuals can reverse suspected opioid overdoses, which helps to reduce the opioid overdose mortality rate in NM. In 2016, there were a total of 497 deaths due to substance overdose in New Mexico (NMDOH – ERD, 2017), and in 2017, there were a total of 491 deaths (NMDOH – ERD, 2018). By measuring this, the program can determine if the intervention is successful at reaching the target population and if individuals will be able to successfully reverse opioid overdoses.

There is no current national measurement or target for this. Since NM Naloxone statutes changed during Q3 of FY16 to allow other programs to distribute naloxone, the FY17 baseline is used (.323). The goal is to maintain a comparison ratio at .25 or higher since non-NMDOH programs are not required to report data and this could reduce the comparison ratio for NMDOH programs. Analysis regarding this possibility is recommended to be conducted in FY20 to determine impact.

Strategy

The program strives to increase the number of Overdose Prevention and Rescue Breathing Curriculum with Naloxone Distribution sessions through community partners and public health offices. This increases naloxone access and education to those who are most likely to use the additional knowledge and naloxone successfully. This curriculum has been in use since approximately 2005 with minor adjustments. It is also the basis for many of the national programs and is considered a best practice model.

What More Needs to Be Done

By increasing and streamlining the educational process and the distribution of naloxone, it has allowed for an increased number of sessions conducted, and an overall increase in successful reversals reported. The higher access to naloxone for individuals within communities and coverage of the educational components of the program means naloxone is more likely to be used successfully. This in turn helps to reduce mortality rates for suspected opioid overdoses in NM.

Epidemiology and Response Division Performance at a Glance

Performance Measures	Actual Performance				Performance Target	Quarterly Performance			
P003: Epidemiology and Response Division	**FY15**	**FY16**	**FY17**	**FY18**	**FY19**	**FY19 Q1**	**FY19 Q2**	**FY19 Q3**	**FY19 Q4**
Percent of vital records customers who are satisfied with the service they received	97.6%	98.9%	***	99.6%	≥ 95%	98.8%	99.8%	98.9%	
Percent of retail pharmacies that dispense naloxone	7.5%	26.5%	60.9%	72.6%	≥ 80%	63%	59%	62%	
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%	12.8%	12.8%	15.4%	
Number of health care providers who have received training in the use of the STEADI fall prevention toolkit	64	73	406	190	≥ 175	-	-	238	
Percent of NM hospitals certified for stroke care	9.3%	9.3%	14.0%	16.2%	≥ 20%	16.2%	16.2%	16.2%	
Number of New Mexicans who have completed an evidence-based or evidence-supported sexual assault primary prevention program	2,407	3,097	6,962	7,470	≥ 3,800	-	2,683	5,064	
Number of community members trained in evidence-based suicide prevention practices	***	30	52	222	≥ 70	75	61	68	
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%	14.7%	14.7%	14.8%	

Epidemiology and Response Division Performance at a Glance

Performance Measures	Actual Performance				Performance Target	Quarterly Performance			
P003 Epidemiology Response Division	**FY15**	**FY16**	**FY17**	**FY18**	**FY19**	**FY19 Q1**	**FY19 Q2**	**FY19 Q3**	**FY19 Q4**
Percent of opioid patients also prescribed benzodiazepines	15.4%	14.9%	14.2%	13.1%	≤ 5%	12.6%	12.3%	***	

PROGRAM AREA P003: Epidemiology and Response Division

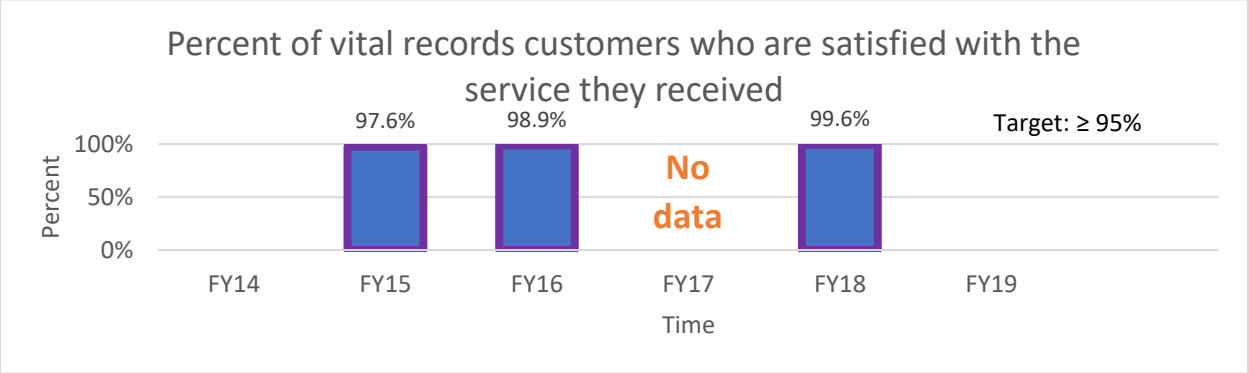
The Epidemiology and Response Division (ERD) monitors health, provides health information, prevents disease and injury, promotes health and healthy behaviors, responds to public health events, prepares for health emergencies, and provides emergency medical, trauma, and vital records services to New Mexicans. 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).

Partners

- Hospitals, Midwives, Funeral homes, Office of the Medical Investigator
- Physicians, Tribal authorities, Family members
- Albuquerque Midtown Vital Records Office
- NM Board of Pharmacy, NM Pharmacists' Association, Pharmacy wholesalers, Local Community and Chain Pharmacies and Pharmacists
- Local Managed Care Organizations and Insurance Payers
- University of New Mexico
- NM Human Services Department NM Department of Transportation, NM Children, Youth and Families Department, NM 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, Indian Health Services
- Bernalillo County, Office of Health and Social Services, AARP, NM Adult Falls Prevention Coalition, NM Aging and Long-Term Services Department/Aging and Disability Resource Center
- 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)
- New Mexico Environment Department (NMED), Air Quality Bureau
- Acute care hospitals, Emergency Medical Services (EMS) Agencies, American Heart Association
- Rape Crisis Center of Central New Mexico, Community Against Violence, Sexual Assault Services of Northwest NM, Silver Regional Sexual Assault Services
- Valencia Shelter Services
- Aging and Long-Term Service Department - Adult Protective Services
- Attorney General's Office
- Disability Advisory Group

Performance Measure: **Percent of Vital Record Customers Who Are Satisfied with the Service They Received**

Performance Data



Background

Vital records are important legal documents and are key to many essential activities. Having satisfied vital records customers reflects positively on the state. To test customer satisfaction, NMDOH conducted satisfaction surveys at both the NM State Vital Records office and the Albuquerque office location.

Strategy

- Conduct a survey one month out of every quarter.
- Develop new informational documents for customer use.
- Continue training of employees to better serve customers.

What More Needs to Be Done

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.

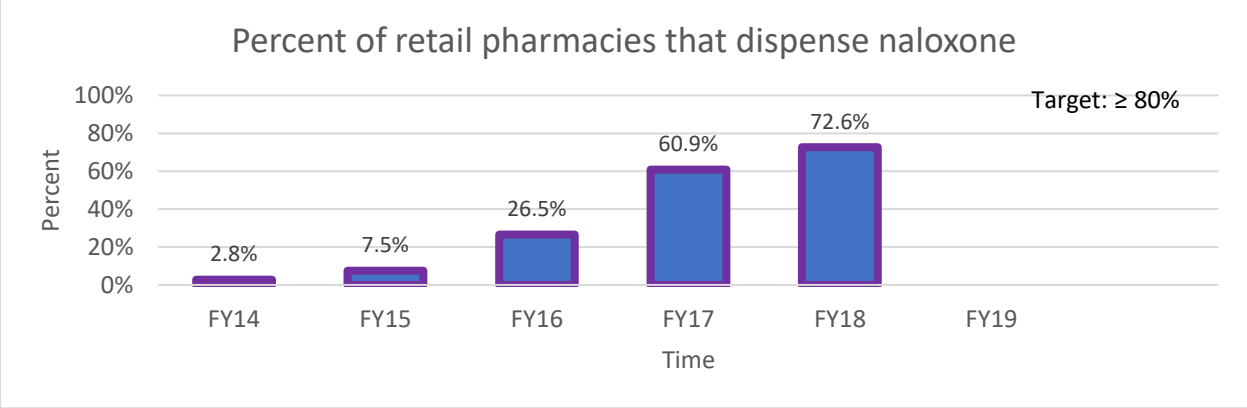
Q2: Continue customer satisfaction surveys to verify that the 95% goal is maintained. *Completed* – 99.8% of surveyed customer questions were satisfied with the services provided.

Q3: Continue customer satisfaction surveys to verify that the 95% goal is maintained. Explore electronic versions of survey using computer tablets. *Completed* – 98.9% goal is maintained. The Bureau reviewed customer satisfaction electronic software from four vendors.

Q4: Continue customer satisfaction surveys to verify that the 95% goal is maintained. Based on evaluation, modify approach to customer service as needed.

Performance Measure: **Percent of Retail Pharmacies that Dispense Naloxone**

Performance Data



Background

The ability to obtain naloxone from outpatient pharmacies can significantly help increase naloxone availability. In 2016, Senate Bill 262/House Bill 277 allowed the naloxone Statewide Standing Order for Pharmacists to be created, 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. Outpatient pharmacies that have not submitted any Medicaid naloxone claims in 2018 have been identified and will be encouraged to provide 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.

What More Needs to Be Done

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.

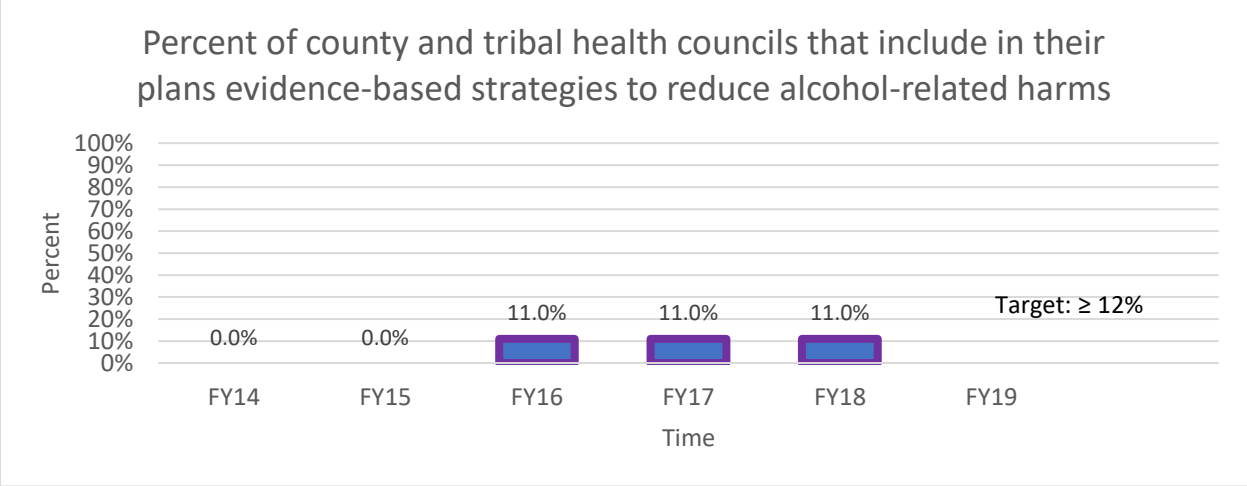
Q2: Identify pharmacies that are not submitting Medicaid claims for naloxone from Q1, Q2 and complete draft procedure for pharmacy contact. *Completed* - Pharmacies identified, sorted by number of opioid sales, procedure for pharmacy contact drafted and sent for review.

Q3: Contact pharmacies that did not previously submit Medicaid claims and identify any new pharmacies not submitting Medicaid claims in FY19 Q3. *Incomplete* – After further review Board of Pharmacy identified specific types of pharmacies that should not be included in this (clinic, tele-pharmacies and in-patient). The list was narrowed down to 37 retail pharmacies.

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.

Performance Measure: **Percent of County and Tribal Health Councils that Include in their Plans Evidence-Based Strategies to Reduce Alcohol-Related Harms**

Performance Data



Background

Excessive alcohol use leads to increased risk of health problems such as injuries, violence, liver disease, and cancer. 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.

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.

What More Needs to Be Done

Q1: Send out revised survey to NM Health Councils and interpret results. *Completed* - 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.

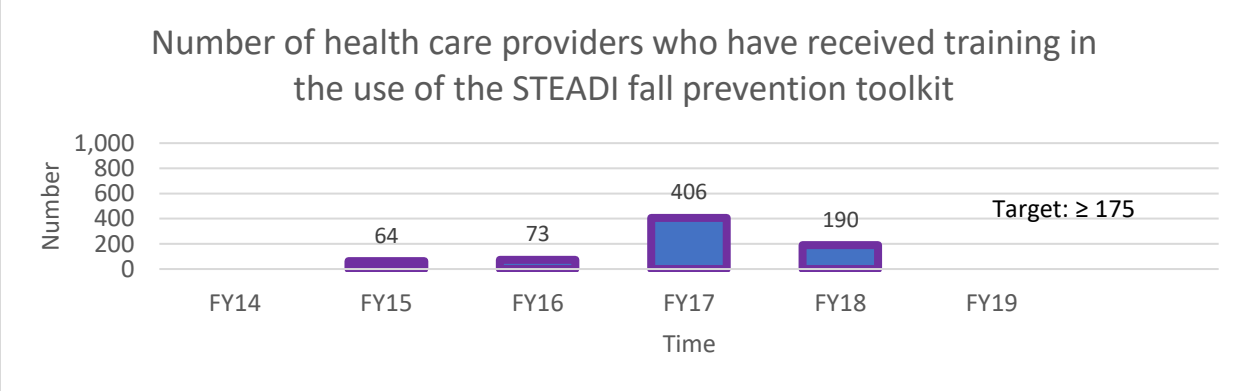
Q2: Contact a minimum of 2 councils where alcohol-related harm strategies have not been employed to encourage the adoption of strategies related to addressing excessive alcohol use. *Incomplete* – four councils will be contacted in Q3.

Q3: Contact a minimum of 4 councils where alcohol-related harm strategies have not been employed to encourage the adoption of strategies related to addressing excessive alcohol use. *Incomplete* – only 3 councils were contacted (Bernalillo, Santa Fe and Doña Ana) however; new alcohol epidemiologist (started March 23, 2019) is now in place.

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.

Performance Measure: **Number of Health Care Providers Who Have Received Training in the Use of the STEADI Fall Prevention Toolkit**

Performance Data



Background

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 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.

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.

What More Needs to Be Done

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.

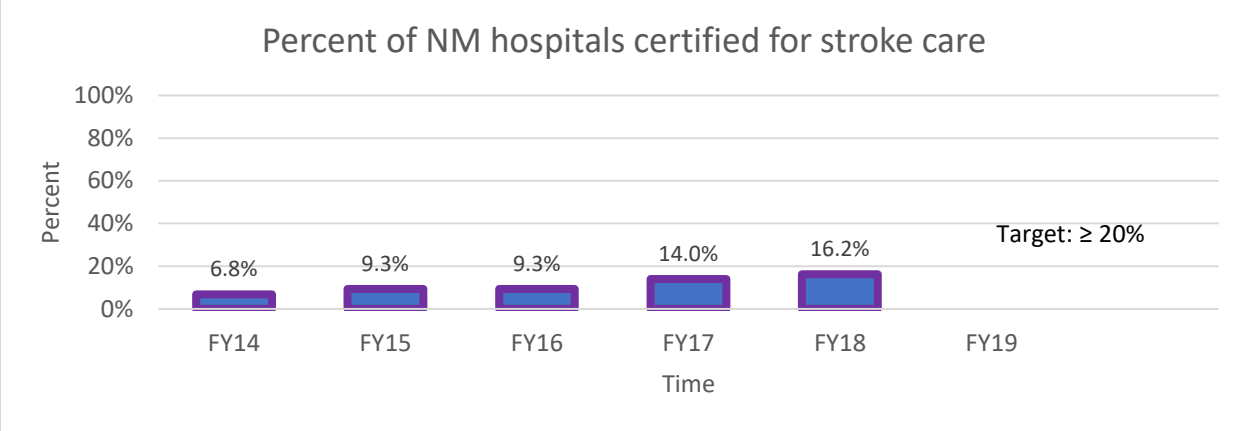
Q2: One scheduled training for 65 health care professionals. Continue to expand the network of instructors available statewide for evidence-based falls prevention exercise programs. The Program will also sponsor an additional evidence-based falls prevention program, Tai Chi for Arthritis. *Incomplete* - No training occurred during FY19-Q2 due to the contractor being out of the country. Trainings have been scheduled and training has been added for Q4 in order to meet the FY19 goal.

Q3: Two scheduled trainings for 30 health care professionals. Further expand the network of instructors available statewide for evidence-based falls prevention exercise programs. *Completed* – number of older adult participants reached 1,268 and new falls instructors trained and certified.

Q4: Two scheduled trainings for 30 health care professionals.

Performance Measure: **Percent of NM Hospitals Certified for Stroke Care**

Performance Data



Background

In the US and New Mexico (NM), stroke is the fifth leading cause of death and a leading cause of adult disability. In order to reduce the impact that strokes have on New Mexicans, hospital stroke centers have been developed. Hospitals with these certifications will have a dedicated stroke-focused programs, staffed by qualified medical professionals with specific stroke care education. 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.

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.

What More Needs to Be Done

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. *Completed* - The EMS Bureau hired a new Stroke/STEMI Coordinator at the start of FY19. 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.

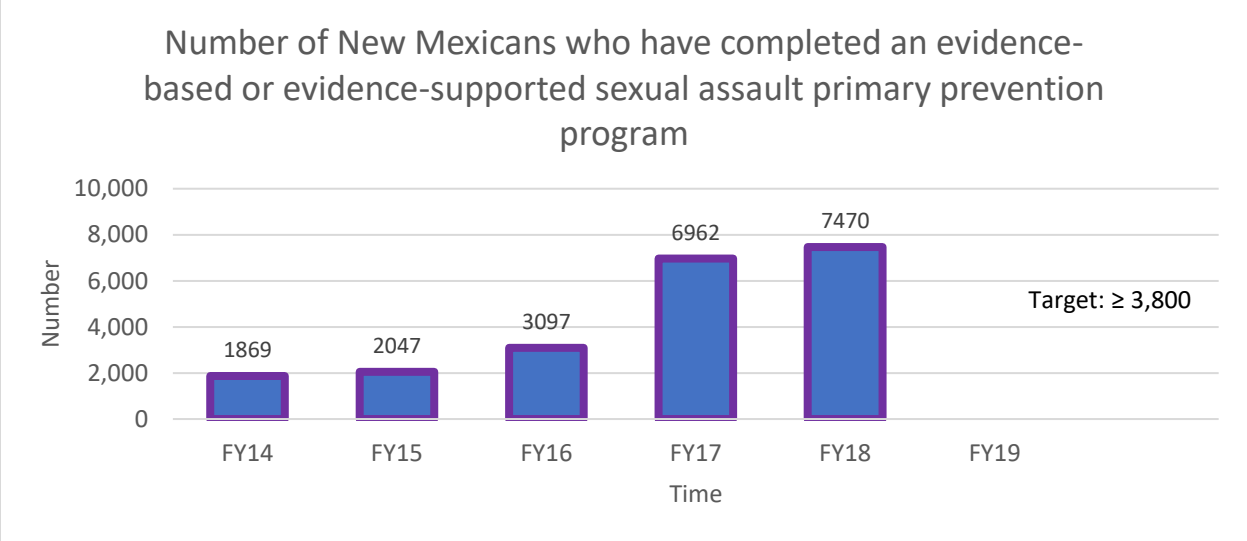
Q2: Implement the Stroke Care Card with EMS agencies across New Mexico. *Incomplete* - Final draft of Stroke Care Card needs approval from NM Stroke Care Committee for implementation.

Q3: Confirm each hospital's entry into the appropriate AHA-GWTG Stroke data registry. Confirm each hospital's appropriate stroke certification/accreditation is achieved. *Completed* – Confirmed each hospital's data registry entry and certification/accreditation status.

Q4: Continue to assist hospitals with obtaining access to the GWTG-Stroke registry and stroke certification/accreditation. Assess the need for more Primary Stroke Centers and Acute Stroke Ready Hospitals based on the current participation status in New Mexico's hospitals.

Performance Measure: **Number of New Mexicans Who Have Completed an Evidence-Based or Evidence-Supported Sexual Assault Primary Investigation Program**

Performance Data



Background

According to the 2015 National Intimate Partner and Sexual Violence Survey (NIPSVS), 19.5% of women in New Mexico (NM) have been raped 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.

Strategy

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

What More Needs to Be Done

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.

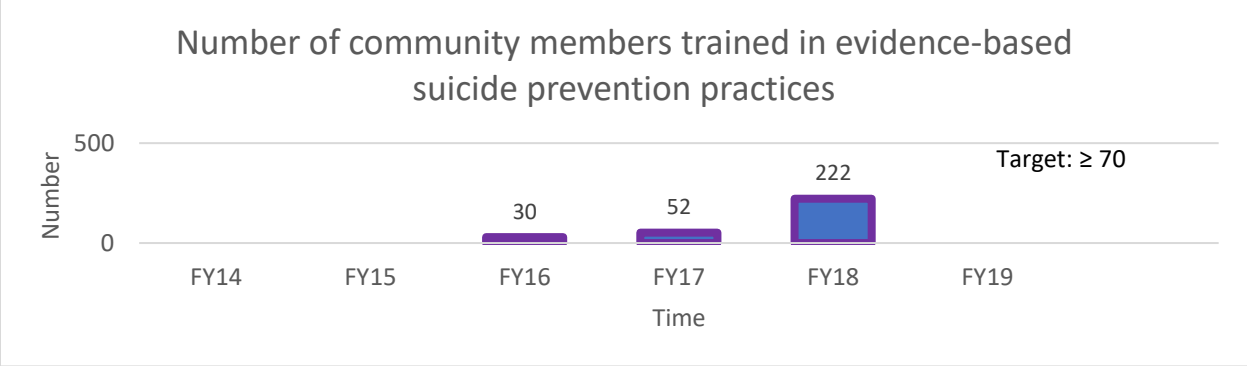
Q2: Deliver evidence-based primary prevention programming to at least 1,200 youth in New Mexico. Provide state wide technical assistance to partners working on environmental-level strategies for sexual violence prevention. *Completed* - The program and contractors exceeded the target by reaching 2,683 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. *Completed* – 5,064 youth completed the primary prevention program this quarter.

Q4: Deliver evidence-based primary prevention programming to at least 800 youth in New Mexico.

Performance Measure: **Number of Community Members Trained in Evidence-Based Suicide Prevention Programs**

Performance Data



Background

In 2017, New Mexico had the fourth highest suicide rate in the country. 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). Consistent with the Centers for Disease Control and Prevention's 2017 Preventing Suicide: A Technical Package of Policy, Programs and Practices, a 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 Epidemiology and Response Division 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.

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, and safe reporting and messaging about suicide to lessen harms and prevent future risk.
- Secondary prevention of suicide attempts presenting to the emergency department.

What More Needs to Be Done

Q1: 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. *Completed.*

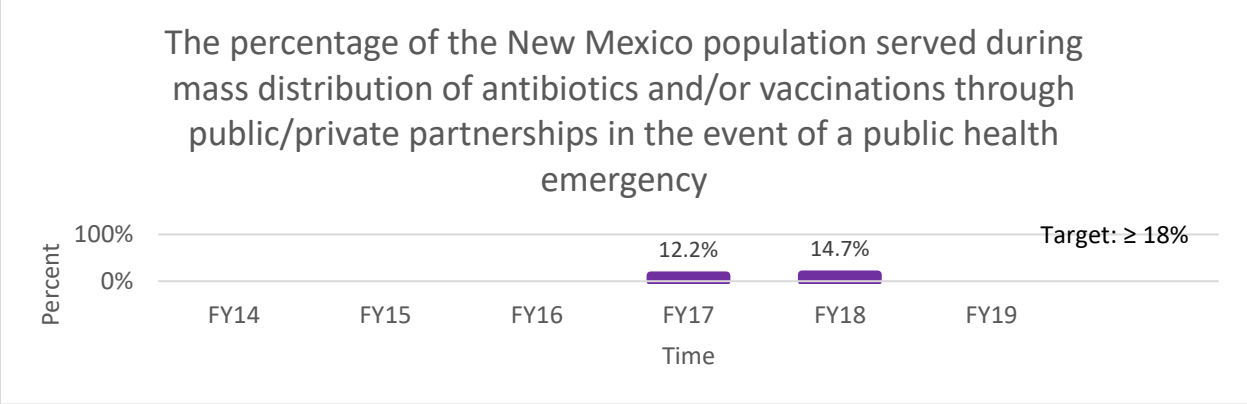
Q2: Train 18 community members in an evidence-based suicide prevention program and provide one county-based suicide and suicidal behaviors data presentation in an identified at-risk community. Train 18 community members in an evidence-based suicide prevention program. *Completed.*

Q3: 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. *Completed.*

Q4: Train at least 22 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.

Performance Measure: **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**

Performance Data



Background

New Mexico and its citizens must be provided with primary and alternate methods to receive antibiotics and or vaccinations during a pandemic. 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. 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.

Strategy

- Establish/expand the number of organizations that support POD operations in New Mexico.
- Develop Closed POD Plans specific to entities, ensure the most efficient use of internal resources, and provide channels and processes for attainment of equipment/supplies from external entities and agencies.

What More Needs to Be Done

Q1: Meet with state agency representatives to initiate planning processes. *Completed* - Met with multiple state agencies and developed a closed POD plan that will serve multiple departments.

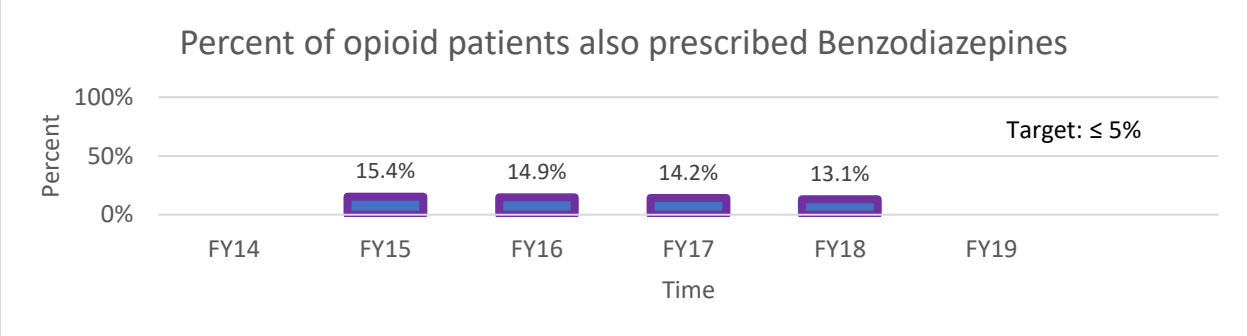
Q2: Meet with at least one additional state agency not included in the original meeting about having a closed POD. *Incomplete* - while unable to meet with an additional state agency we were able to meet with multiple correctional facilities and provide assistance for their preparedness plans for closed 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.

Performance Measure: **New in FY19 – Percent of Opioid Patients Also Prescribed Benzodiazepines**

Performance Data



Background

In 2013, the National Institute on Drug Abuse (NIDA) reported that 17% of opioid prescription patients 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. 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 New Mexico overdose deaths.

Strategy

- Work with partners to increase use of the Prescription Monitoring Program.
- Collect, analyze, interpret, and disseminate public health data on drug use and the related harms.
- Provide technical assistance to public health partners on effective approaches for monitoring and reporting findings on drug use and related harms.

What More Needs to Be Done

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. The FY18-Q4 Report, which include percent of prescriber's patients with both opioid and benzodiazepine prescriptions, will be produced and sent to the New Mexico Board of Pharmacy for delivery to the licensing boards. *Completed* - The draft benzodiazepine prescribing guideline was completed and is under review. FY18-Q4 report was completed and sent to NMBOP. 12.6% of opioid patients 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 next Advisory Council meeting and voted on to support with changes and a final review. 12.3% of opioid patients also prescribed benzodiazepines.

Q3: 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.

Q4: Quarterly Report for FY19-Q2 will be produced and sent to the Board of Pharmacy for delivery to the licensing boards. FY19 Q3 data will not be available until May of 2019.

Scientific Laboratory Division Performance at a Glance

Performance Measures	Actual Performance				Performance Target	Quarterly Performance			
P004 Scientific Laboratory Division	**FY15**	**FY16**	**FY17**	**FY18**	**FY19**	**FY19 Q1**	**FY19 Q2**	**FY19 Q3**	**FY19 Q4**
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%	0%	22.98%	13.15%	

PROGRAM AREA P004: Scientific Laboratory Division

The Scientific Laboratory Division (SLD) provides laboratory analysis and scientific expertise for public health policy development, environment, and toxicology programs in New Mexico (NM). 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. 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. SLD is the primacy bioterrorism and chemical terrorism response laboratory for the state and provides training for clinical laboratories throughout New Mexico.

In the above roles, the Scientific Laboratory Division operates the following programs:

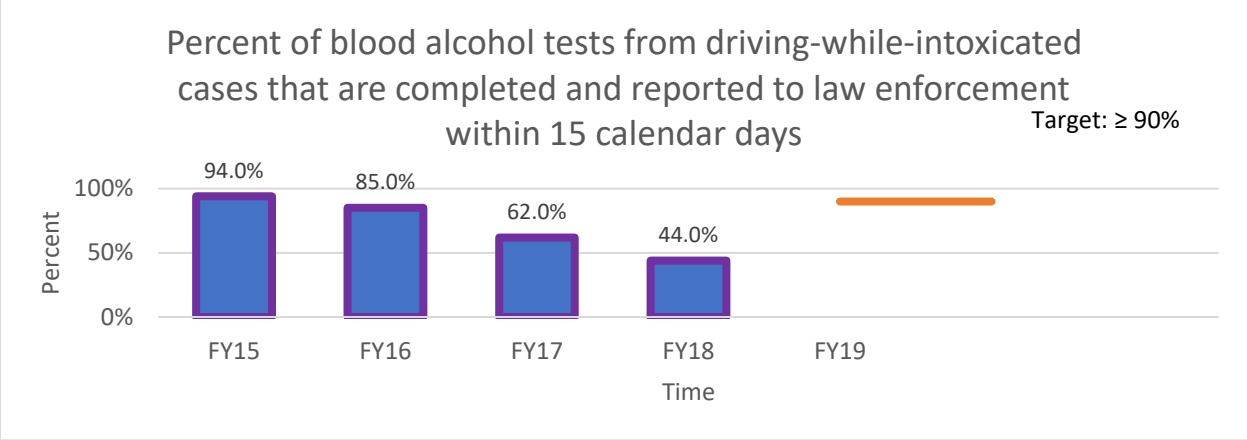
- Infectious disease reference testing laboratory for the New Mexico Department of Health, NM hospitals, and clinical labs;
- Primacy NM regulatory drinking water testing laboratory for the Environmental Protection Agency (EPA) and NM Environment Department;
- Regulatory air testing laboratory for NM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

Performance Measure Partners

- New Mexico Courts
- Public Safety Officials, e.g. Law Enforcement
- New Mexico Department of Transportation, Traffic Safety Bureau

Performance Measure: **Percent of Blood Alcohol Tests from Driving-While-Intoxicated Cases that Are Completed and Reported to Law Enforcement within 15 Calendar Days**

Performance Data



Background

SLD's Toxicology Bureau staff analyze blood alcohol concentration (BAC) and drug samples to determine causes of driver impairment. SLD bureau staff also sample the influence of alcohol or drugs for the Office of the Medical Investigator (OMI) and serve as expert witnesses in court cases across the state where alcohol or drugs are involved. In FY19-Q3, SLD reported 13.2% of BAC testing results within 15 calendar days. While this represents a decrease from FY19-Q2, new analysts continued to be trained. By the end of Q3, the number of trained analysts increased from 1 to 3. This is a positive indicator for the next quarter reporting. As of this report, BAC testing is current through March 9th.

Strategy

- Complete training for BAC Drug Screening staff, resulting in a total of 5 training staff by the end of Q4, and continue training advanced staff for data review to increase case review capacity and ultimately decrease turn-around times.
- Cross-train analysts between Drug Screening and Drug Confirmation Sections to expand the pool of staff available for BAC testing.
- Focus on statutorily mandated impaired driving samples to improve overall turn-around times.

What More Needs to Be Done

In FY19-Q3, all vacancies were filled in the Drug Screening section, including the Staff Manager. Bureau Staff Managers will complete hiring activities for remaining vacancies in FY19-Q4. It takes approximately 1 year for staff to become proficient in BAC testing and 2 years to become proficient in drug confirmation testing. At the same time, all training staff also need to become proficient with court testimony.

The Toxicology Bureau has cleared most of the OMI backlog through a contract with a private laboratory. Further, the bureau is working to clear older cases, which are not eligible for contract testing due to insufficient volume, by completing testing in-house.

Final case review is still a bottleneck for overall turn-around time. A plan is in place to increase the number of final reviewers before the end of Q4.

Facilities Management Division Performance at a Glance

Performance Measures	Actual Performance				Performance Target	Quarterly Performance			
P006: Facilities Management Division	**FY15**	**FY16**	**FY17**	**FY18**	**FY19**	**FY19 Q1**	**FY19 Q2**	**FY19 Q3**	**FY19 Q4**
Percent of priority Request for Treatment clients who are admitted to the program (TLH)	26.0%	41.0%	43.0%	59.0%	≥ 50%	59.6%	60%	79%	
Number of significant medication errors per 100 patients	***	***	***	***	≤ 2.0	.4	1.0	.6	
Percent of residents who are successfully discharged	***	***	***	***	≥ 80%	76.2%	69.2%	73.7%	
Percent of long-term care residents experiencing one or more falls with major injury	***	***	***	3.9%	≤ 0.5%	4.9%	3.9%	4.0%	
Turquoise Lodge Hospital detox occupancy rate	48.0%	72.0%	85.0%	86.0%	≥ 85%	88.1%	84.1%	83.6%	
Percent of eligible third-party revenue collected at all agency facilities	88.0%	93.8%	92.0%	88.1%	≥ 93%	72.4%	85.4%	78.6%	

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; and
- Safety net services throughout New Mexico.

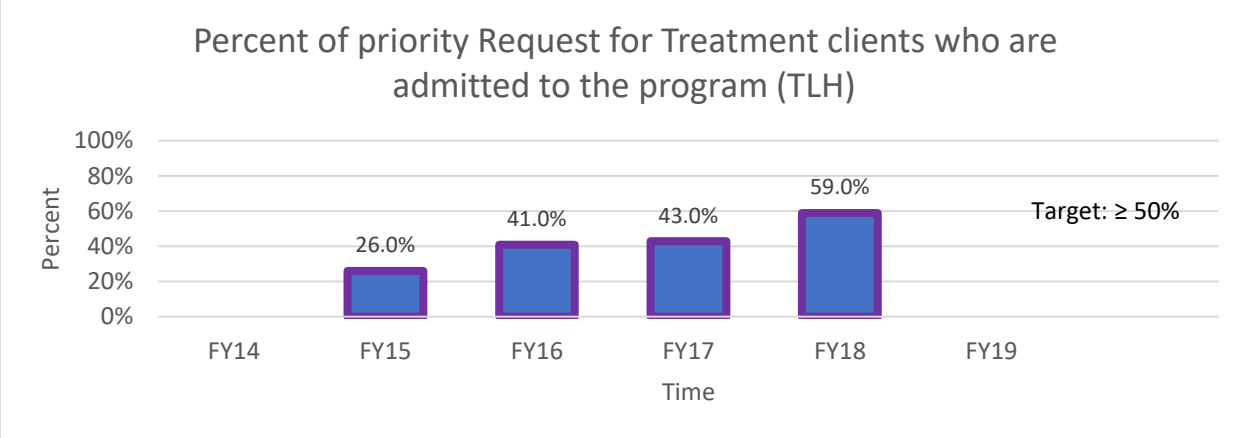
FMD consists of five healthcare facilities and one community program. Most individuals served by NMDOH facilities have either complex medical conditions or psychiatric disorders that manifest in violent behaviors, and private sector providers are either unable or unwilling to serve these complex individuals, many of whom are restricted to NMDOH facilities by court order. The FMD Facility and Community Program staff cares for both New Mexico adult and adolescent residents, who need continuous care 24 hours/day, 365 days/year as well as provision of a variety of behavioral health outpatient services.

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)
- Health Care Professionals
- Patients
- Consumers
- Family/Guardians
- Juvenile Probation Officers
- Clinical Staff Treatment Team
- Mountain Center
- Community Outreach – UWC, Animal Welfare Coalition, Soup Kitchen
- Primary Care Physicians
- The Joint Commission on Accreditation of Healthcare Organizations
- Governing Body for Facility Oversight
- NMDOH Division of Health Improvement
- HealthInsight New Mexico, the Centers for Medicare and Medicaid Services Contracted Quality Improvement Organization for New Mexico

Performance Measure: **Percent of Priority Request for Treatment Clients Who Are Admitted to the Program (TLH)**

Performance Data



Background

In 2016, New Mexico had the twelfth highest total drug overdose death rate in the nation, down from second in 2014. 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.

Strategy

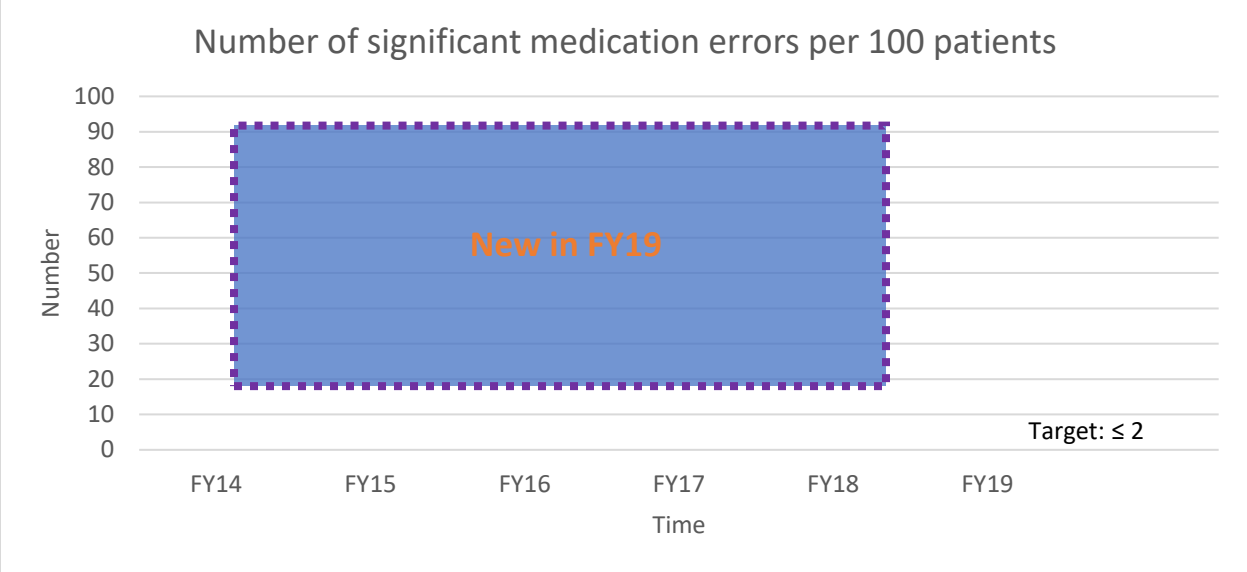
In FY17, TLH modified their electronic call system to flag priority populations and implemented an engaging pre-scheduling telephone call that occurs within one business day of approval for treatment. This intervention moved the timeliness of first contacting a consumer from an average of 4.96 days in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

What More Needs to Be Done

Continue to utilize the Crystal Report implemented in the First Quarter to more quickly see the outcomes of our interventions. *Completed*

Performance Measure: **Number of Significant Medication Errors Per 100 Patients**

Performance Data



Background

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

The DOH Facilities, of which each serve a distinct population, monitor and report the rate of significant Category D or higher medications errors, according to the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) Index for Categorizing Medication Errors. The NCC MERP addresses interdisciplinary causes of errors and promotes safe use of medications to prevent errors. A Category D or higher is an error that reaches the patient, resulting in increased patient monitoring or treatment intervention and corrective actions taken to prevent recurrence and harm.

Strategy

The DOH Facilities work to:

1. Foster a culture of patient safety that focuses on medication error prevention, minimizes at-risk provider behavior, and supports medication error reporting within a non-punitive, continuous quality improvement framework;
2. Monitor actual and potential medication errors that occur/may occur, including near misses, and investigate the root causes;
3. Identify ways, establish goals, adopt best practices and provide training to continually improve the medication use system to prevent medication errors.

What More Needs to Be Done

The FY19 results:

Q1: .4 **Q2: 1.0** **Q3: .6**

The target of < / = 2.0 was met in Q3. Strategies in place will continue in an effort to reduce and prevent the number of significant medication errors.

Performance Measure: **Percent of Residents Who Are Successfully Discharged**

Performance Data

Background

According to the June 7, 2017 Results First report presented to NM Legislative Finance Committee:
1. "Behavioral health problems affect 1 out of 5 children nationally";
2. "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"; and
3. "In New Mexico, 14% of youth experienced 3 or more adverse childhood experiences, higher than the national average of 11%".

The DOH has youth Residential Treatment programs which provide intensive services for adolescents with serious emotional and behavioral problems and this performance measure reports on the programs meeting their goal for successful discharges from the programs. A successful discharge is a resident discharged to a lower level of care or to the recommended level of care at the time of admission. An unsuccessful discharge includes a discharge to the juvenile justice system.

Strategy

The DOH programs provide individualized treatment and services that meet the needs of each resident, to include group therapy, positive group experiences, living skills, and fostering a positive culture of support. It is important, firstly, that resident recruitment fit the criteria of the program to ensure the availability of appropriate treatment services and specialized staff to meet treatment needs. Treatment teams work on appropriate interventions and services to best meet each resident's needs for a successful discharge. Ongoing reviews and development of program strategies are required to meet the goal.

What More Needs to Be Done

The FY19 percent of residents successfully discharged results:

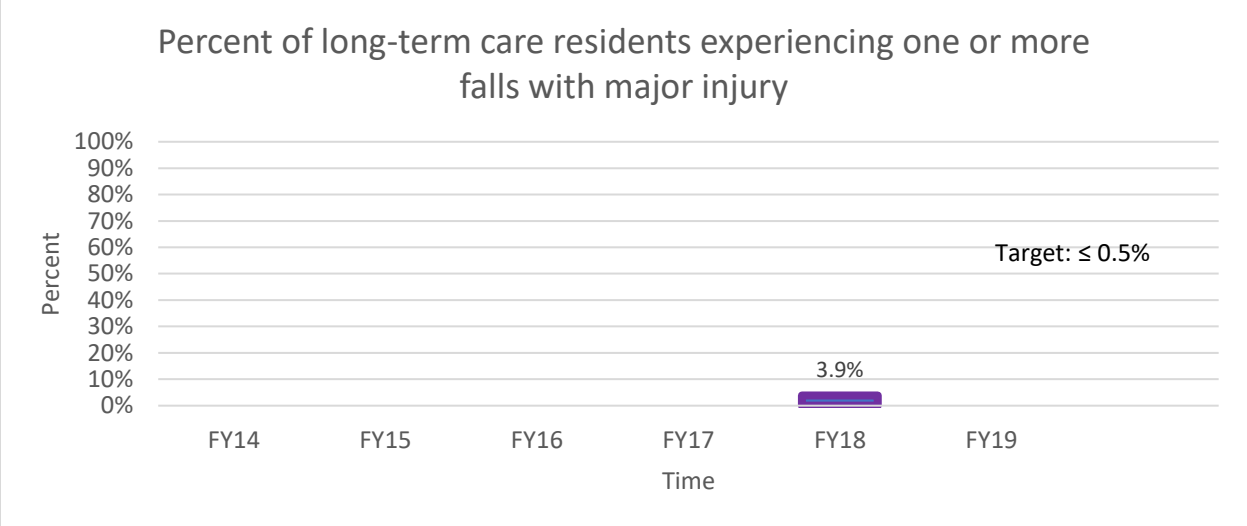
Q1: 76.2% **Q2: 69.2%** **Q3: 73.7%**

The target of 80% was not met in Q3.

The New Mexico Behavioral Health Institute CARE Unit, and Sequoyah Adolescent Treatment Center continue to review the admissions screening process to ensure residents are appropriately admitted and treatment teams continue to provide support services needed for successful discharging of residents.

Performance Measure: **Percent of Long-Term Care Residents Experiencing One or More Falls with Major Injury**

Performance Data



Background

Falls are common 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 and prevent major injuries resulting from falls.

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. It is, however, a significant challenge to balance each resident's need for independence with the inherent risk for falls.

Strategy

Strategies that help protect residents from falls in nursing home settings include:

1. Education of employees, residents, and family members;
2. Close observation;
3. Therapy services that focus on strengthening and improving balance and mobility;
4. Individualized resident treatment planning following a fall; and
5. Active Falls Prevention Committee, which analyzes tracks and reports on causes of falls.

What More Needs to Be Done

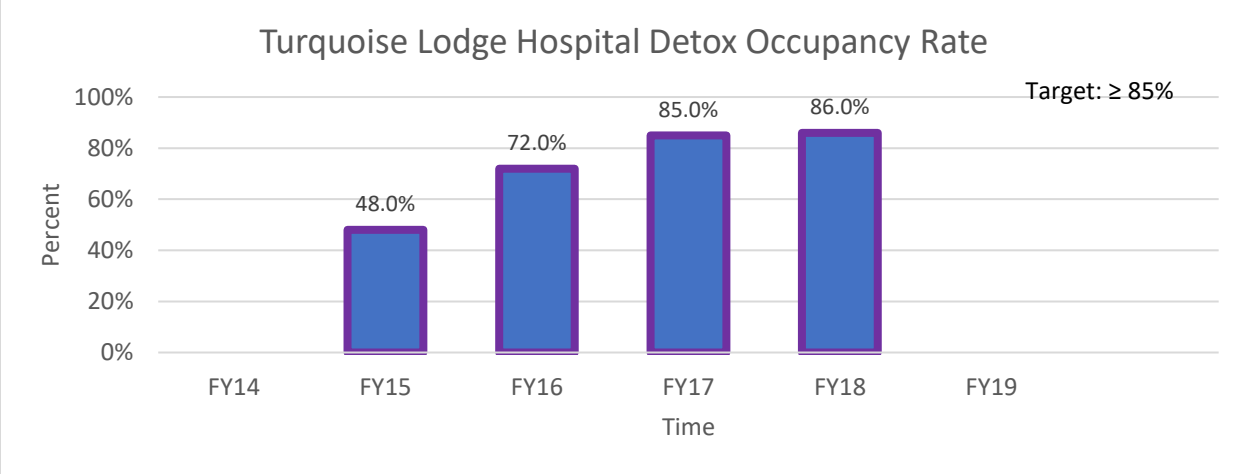
The FY19 percent of long-term care residents experiencing one or more falls with major injury results:

Q1: 4.9% **Q2: 3.9%** **Q3: 4.0%**

The target of .5% was not met in Q3. This target is unrealistic, as the elderly long-term care population is at increased risk for falls and fall related injuries. DOH Facilities and treatment teams continue to 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. Requests for further analysis and action plans are also made to the Falls Prevention Committees to ensure resident safety and reduce the number of falls.

Performance Measure: **Turquoise Lodge Hospital Detox Occupancy Rate**

Performance Data



Background

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 of 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%.

Strategy

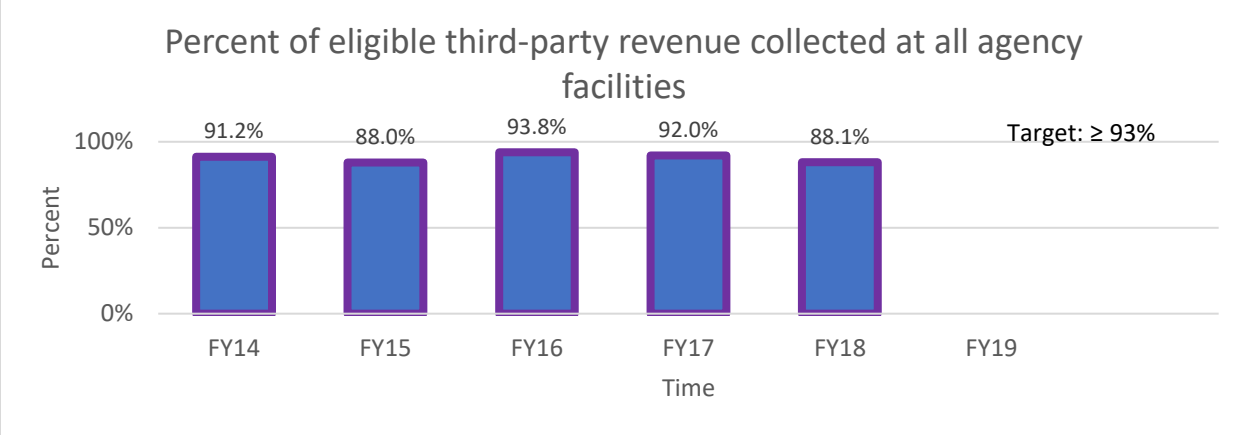
- Maintain call management and assessment system for receiving inflow of Requests for Treatment within the Access Department.
- Schedule three to five admissions per day, five days per week.
- Monitor processes and occupancy rate and implement changes as necessary.
- Increase nursing resources to complete the pre-admission assessment, more quickly, which would allow for patients to be approved for admission in a more efficient way.

What More Needs to Be Done

Q3: Analyze Detox Occupancy Rate against workflow of Access Department, staffing patterns and scheduling patterns. During FY19-Q3 the occupancy rate fell to 83.6%. It is common during the Holiday months for the occupancy rate to drop. Also, we were forced to move to one floor in our current building. *Incomplete*

Performance Measure: **Percentage of Eligible Third-Party Revenue Collected at all Agency Facilities**

Performance Data



Background

The collection of revenue is important to maintain services across the state. Greater revenue collection allows DOH to provide an enhanced level of care to our patients. The state's revenue fluctuates each year, and as a result the amount of General Fund appropriated to NMDOH, is directly affected.

Strategy

There are many challenges with collecting revenue timely and efficiently at each facility. Strategies used by DOH to improve revenue collection include:

1. Addressing billing transmission system issues, timely;
2. Fiilling vacated billing positions and training staff to handle both current and aged accounts, quickly;
3. Ensuring proper Managed Care Organization (MCO) protocols (i.e. obtaining prior authorizations) are being followed for reimbursement eligibility;
4. Keeping engaged with MCO representatives, the NM Human Services Department and/or other third-party, on unresolved claims;
5. Reviewing services to ensure that they are billable under contracts and/or negotiating new service rates as necessary;
6. Improving data entry accuracy during claims processing; and
7. Sharing best practices among the Facilities.

What More Needs to Be Done

The FY19 percentage of eligible third-party revenue collected at all agency facilities results:

Q1: 72.4% **Q2: 85.4%** **Q3: 78.6%**

The target of 93% was not met in Q3.

Facilities maintained focus on revenue collection through regular meetings with managed care organizations and communication with Human Services to address billing/payment issues. All Facilities are facing challenges with staff vacancies and high turnover but are making every effort to first complete timely claims filing and second, work the collections. They continue to monitor and work to improve the collection rates.

Developmental Disabilities Supports Division Performance at a Glance

Performance Measures	Actual Performance				Performance Target	Quarterly Performance			
P007: Developmental Disabilities Supports Division	**FY15**	**FY16**	**FY17**	**FY18**	**FY19**	**FY19 Q1**	**FY19 Q2**	**FY19 Q3**	**FY19 Q4**
Number of individuals receiving developmental disabilities waiver services	4,610	4,660	4,691	4,618	Explanatory	4,561	4,596	4,606	
Number of individuals on the developmental disabilities waiver waiting list	3,912	4,095	4,266	4,834	Explanatory	4,934	4,987	5,033	
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%	83.8%	85.7%	81.8%	
Percent of adults on the DD Waiver who receive employment supports	***	***	***	***	≥ 34%	29.1%	27.8%	28.3%	

PROGRAM AREA P007: Developmental Disabilities Supports Division

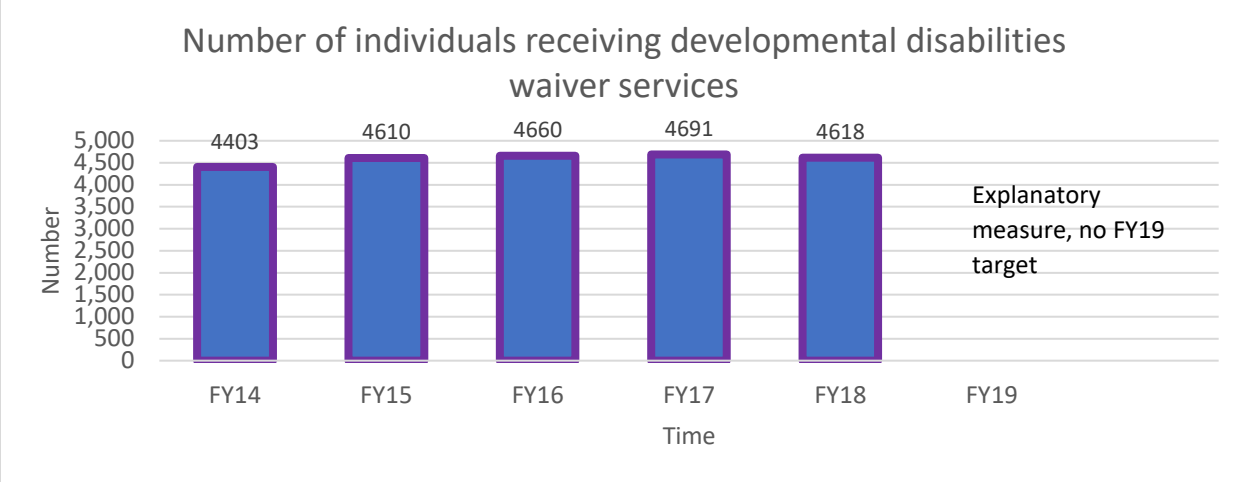
The Developmental Disabilities Supports Division (DDSD) effectively administers a system of person-centered community supports and services that promotes positive outcomes for all stakeholders. DDSD is the primary state agency that funds community services and supports for people with disabilities and their families in New Mexico. 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.

Partners

- 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
- Health Care Providers
- Community Providers
- Advisory and Support Groups
- Managed Care Organizations
- Pre-K through Grade 12 Statewide Educational Institutions
- NMDOH Family, Infant, Toddler (FIT) Program
- NMDOH Home and Community Based Services (HCBS) Programs
- 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

Performance Measure: **Number of Individuals Receiving Developmental Disabilities Waiver Services**

Performance Data



Background

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-Q3, the Developmental Disabilities Supports Division (DDSD) had 4,606 (Human Services Department 01/10/19 Developmental Disabilities Waiver and Mi Via Waiver unduplicated count) persons receiving Developmental Disability Waiver services.

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. 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.

Strategy

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

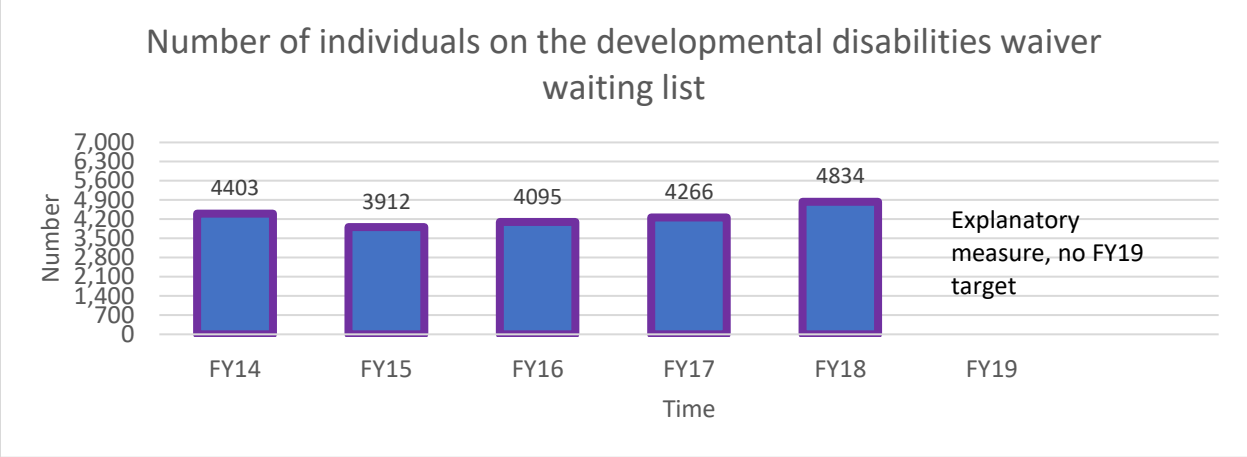
What More Needs to Be Done

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.

Performance Measure: **Number of Individuals on the Developmental Disabilities Waiver Waiting List**

Performance Data



Background

The wait time for Home and Community-Based Services (HCBS) Waivers varies widely by state. In New Mexico, the HCBS Waivers with a waiting list include the Developmental Disabilities (DD) and Mi Via Waivers. The current average wait time for waiver services is over 13 years. Individuals are offered waiver services as funding for allocation slots becomes available.

Persons that meet the requirements can receive standard Medicaid benefits and other services while on the waiting list.

As of April 1, 2019, there were 5,033 individuals on the waiting list for HCBS Waivers. These individuals have been determined to meet the definition of developmental disability. Of those individuals, 352 have placed their allocation on hold. This means these individuals were offered waiver services and have chosen to continue on the waiting list for now.

The number of individuals on the wait list increased from 4,987 at end of FY19-Q2 to 5,033 at the end of FY19-Q3. This increase reflects increased demand for DDW services. During FY19-Q3 the Central Registry Unit received 362 new registrations to apply for waiver services.

Per the FY19 appropriation, 80 new individuals were allocated to receive waiver services. By the end of FY19-Q3, 67 of those individuals were receiving waiver services.

Strategy

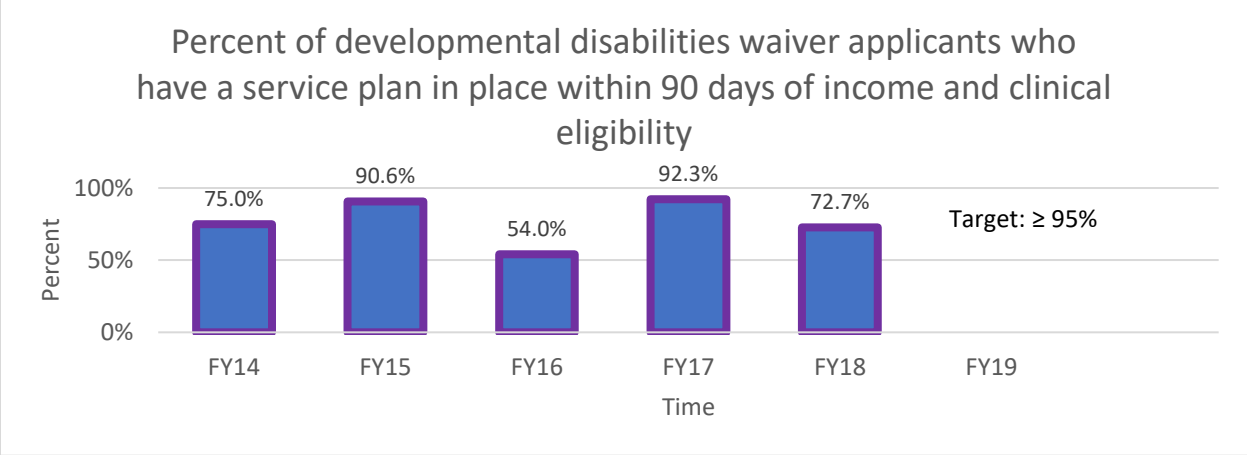
- The DD Waiver Program is designed to provide services to allow individuals with intellectual and developmental disabilities to live as independently as possible. The capacity of the program depends on the availability of state and federal funding.
- The DDSD closely monitors the number of individuals on the waiting list to efficiently allocate individuals as funding becomes available.

What More Needs to Be Done

Increase applicant awareness of Medicaid, State General Fund, and community-based service options.

Performance Measure: **Percent of Developmental Disabilities Waiver Applicants Who Have a Service Plan in Place within 90 Days of Income and Clinical Eligibility**

Performance Data



Background

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 developmental 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-Q3, 81.8% or 18 out of 22 newly allocated individuals had a service plan in place within 90 days of income and clinical eligibility determination.

Strategy

- Conduct FY19 allocation plan activities through The Central Registry Unit (CRU), which includes an improved tracking system to help ensure individuals get into service more quickly. The plan includes coordination with other units within the division, HSD, case managers, consultants and other stakeholders to help address barriers that may slow the process.
- Review status reports regularly to determine if systemic or case-specific problems are encountered during the allocation process.
- Collaborate with providers, partners and DDSD regarding the allocation process and timelines. Track the progress of each allocation group and seek assistance when necessary to help address and eliminate barriers.

What More Needs to Be Done

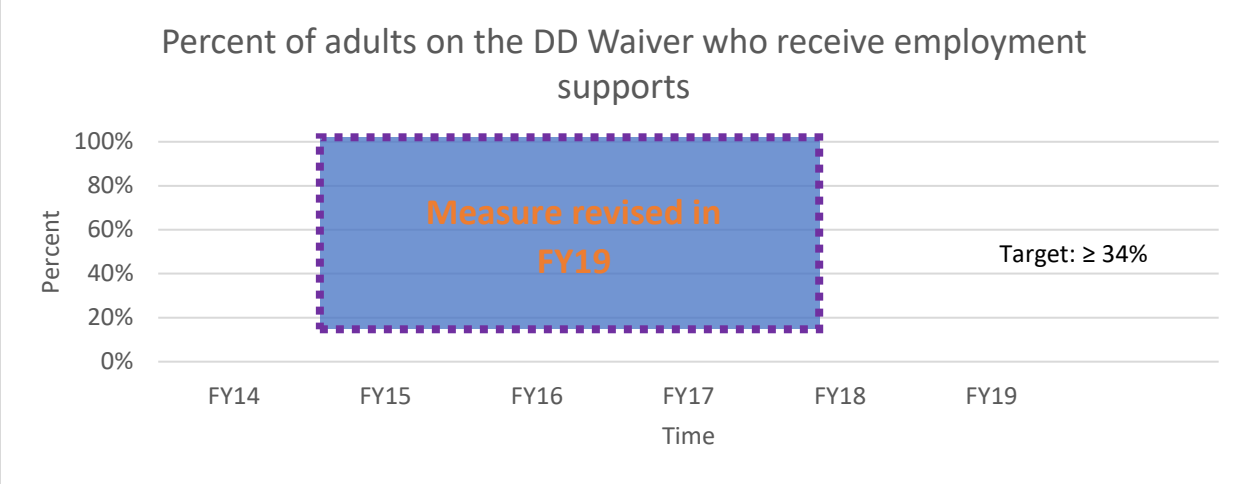
Continuously review the Central Registry status reports to determine if systemic or case-specific problems exist during the eligibility determination process.

Seek on-going communication with registrants/applicants to ensure contact information is current and accurate.

Increase applicant awareness of Medicaid, State General Fund, and community-based service options.

Performance Measure: **Percent of Adults on the DD Waiver Who Receive Employment supports**

Performance Data



Background

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-Q3, 28.3% of eligible adults received employment services.

Strategy

- Throughout FY17, FY18 and continuing in FY19, the Developmental Disabilities Supports Division (DDSD) conducted presentations for Employment First (E1st), which was incorporated into the DD Waiver Standards in March 2018. 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 has conducted 95 presentations, including two train-the-trainer sessions to approximately 1379 people.

What More Needs to Be Done

DDSD also continues to offer an E1st webinar to sustain on-going training opportunities. DDSD is collaborating with Partners for Employment, http://cdd.unm.edu/PFE/index.html to provide the College of Employment Services (CES) training statewide. CES has been offered in 8 different locations across New Mexico. There have been 9 cohorts. The training was held twice in Albuquerque and once in Alamogordo, Clovis, Farmington, Gallup, Las Cruces, Roswell and Taos. CES is a nationally recognized Association for Rehabilitation Educators (ACRE) certified training that teaches best practice in supported employment and follows a 13-week curriculum that includes both web based and face to face sessions. In FY19, 143 professionals in NM have registered for this training.

Division of Health Improvement Performance at a Glance

Performance Measures	Actual Performance				Performance Target	Quarterly Performance			
P008: Division of Health Improvement	**FY15**	**FY16**	**FY17**	**FY18**	**FY19**	**FY19 Q1**	**FY19 Q2**	**FY19 Q3**	**FY19 Q4**
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	***	***	***	

PROGRAM AREA P008: Division of Health Improvement

The Division of Health Improvement (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. DHI works closely with key stakeholders to promote and protect the health, safety, and quality of life of New Mexicans. 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.

ACCOMPLISHMENTS:

- DHI recognizes the excellent work by our employees through the "High Five" award. Employees are nominated by their peers for the award, by recognizing a peer who has made a significant contribution to the work of the Division. Employee recognition is another action step toward retaining good employees.

Caregiver Criminal History Screening Accomplishments:

- CCHSP processed 9,755 criminal history screenings (background checks) during FY19-Q3. The average number of days for processing a background check was one day.

Health Facility Licensing and Certification Accomplishments:

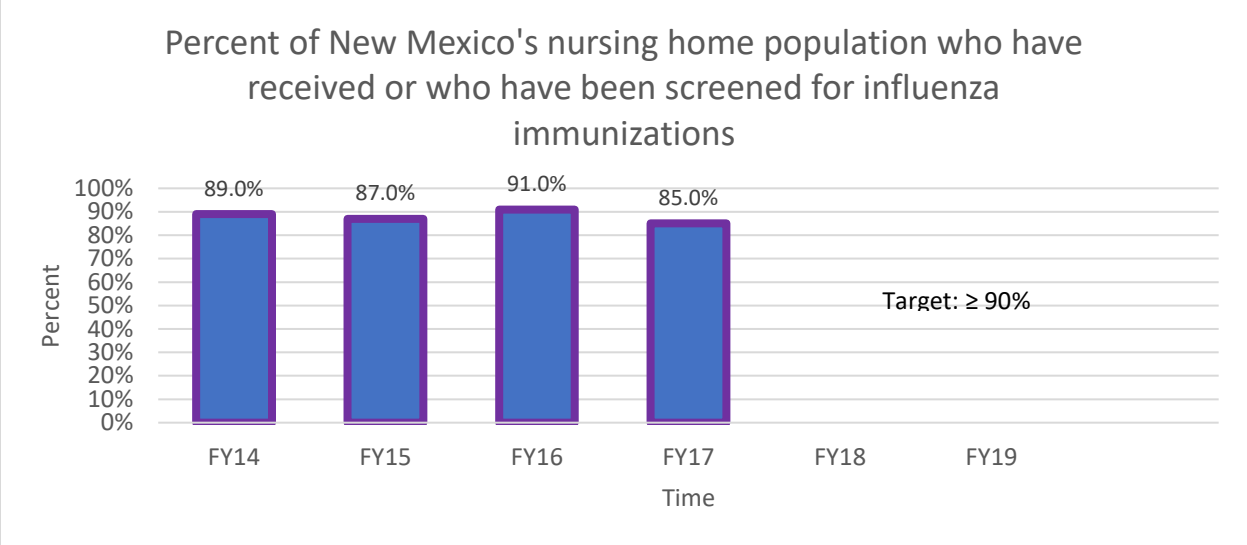
- District Operations Bureau: State Performance Standards Review Report (FY18): Long Term Care met all requirements.
- Program Operations Bureau: State Agency Performance Report (CLIA- Clinical Laboratory Improvement Amendments program) successfully passed.
- Healthcare Management Solutions consults will provide technical assistance to Non-Long Term Care Program for one year, starting in May 2019.

Community Program Accomplishments:

- Incident Management Bureau (IMB) contracted with the Columbus Organization to assist with the "backlog" of several investigations. By April 5, 2019, the Columbus Organization will have closed 100 investigations and will continue to stay on board until the backlog is cleared and IMB's newer employees are fully trained and able to manage their own caseloads effectively.
- IMB is participating in rapid hire events throughout the state in an effort to fill critical positions. Additionally, IMB has been approved to hire 5 additional investigator positions (3 in the Metro region, 1 in SE and 1 in SW) to assist IMB in having the necessary resources to conduct timely and quality investigations.
- IMB has engaged in employee retention efforts by conducting "stay" interviews to ensure new staff are receiving the training and acknowledgement they need to become proficient in their work, and to foster a more supported work environment for new employees.
- Quality Management Bureau has completed 43 Medicaid waiver provider surveys to date this year, conducted 145 home visits with 440 individuals being reviewed in the sample, and 2,147 personnel records reviewed resulting in 536 tags being issued.

Performance Measure: **Percent of New Mexico's Nursing Home Population Who Have Received or Who Have Been Screened for Influenza Immunizations**

Performance Data



Background

Nursing home residents are at high risk due to their health, medical status, age, and other factors 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.

Strategy

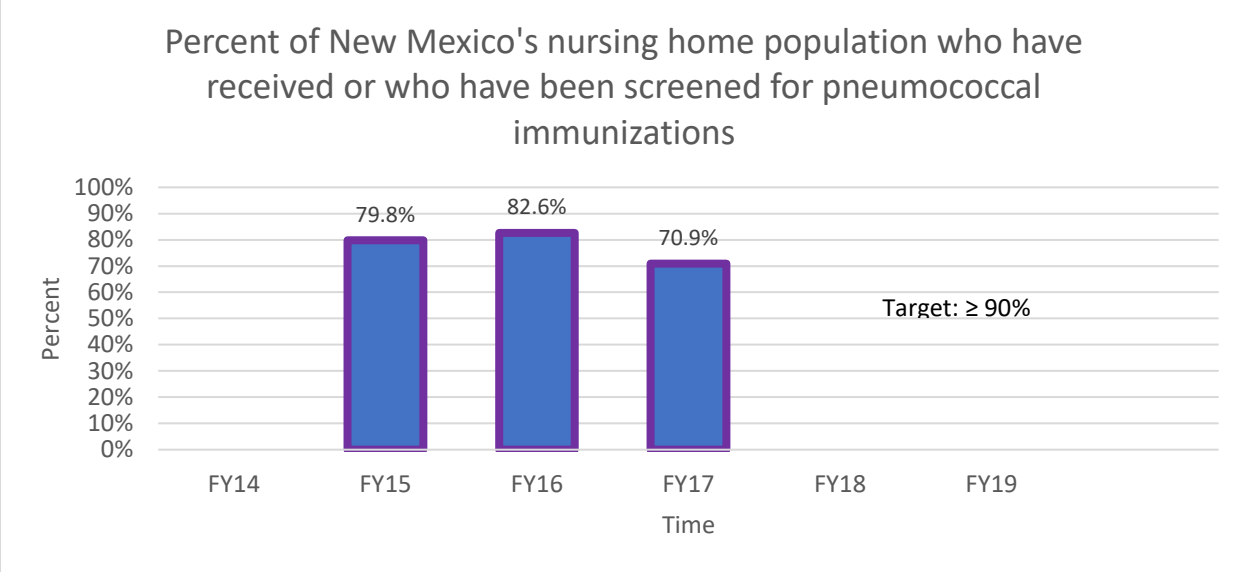
- Emphasize the importance of getting immunized, in partnership with the NMDOH Immunization Program.
- Collaborate with NMDOH Epidemiology and Response Division, Public Health Division, HealthInsight, and the New Mexico Health Care Association (NMHCA) to identify and implement strategies to support nursing homes to encourage residents to get immunized.
- Direct communication with NMDOH facility administrators.

What More Needs to Be Done

- Continue tracking and monitoring effectiveness of the action plan and reporting results to NMHCA and partners.
- Report immunization data to Nursing Home Association at statewide meeting.
- Recruit a new Minimum Data Set (MDS) coordinator. The MDS designee will continue to be available to healthcare facilities, regarding accurate MDS coding related to immunizations.

Performance Measure: **Percent of New Mexico's Nursing Home Population Who Have Received or Who Have Been Screened for Pneumococcal Immunizations**

Performance Data



Background

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.

Strategy

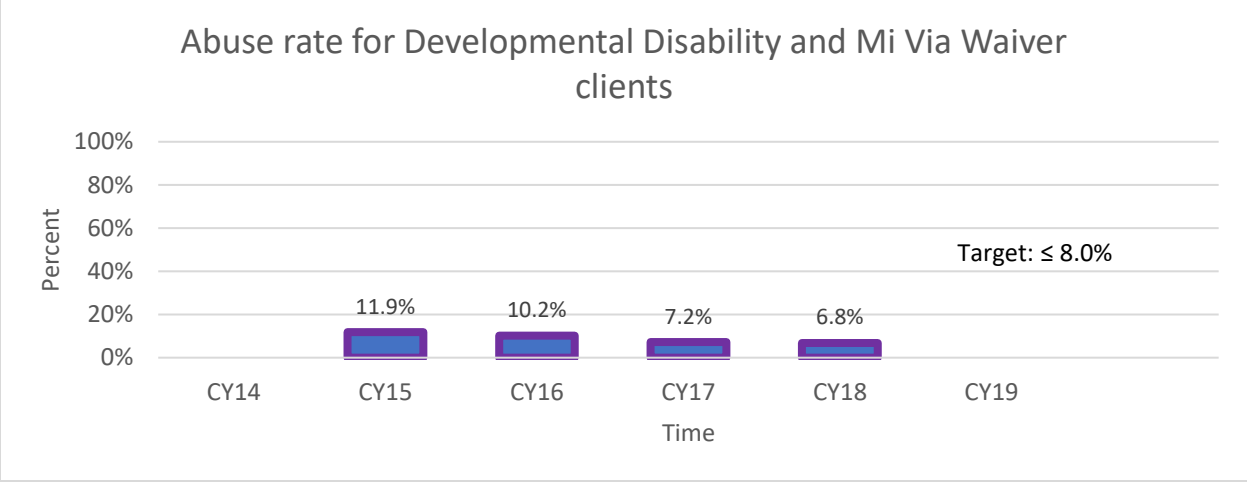
- Collaborate with NMDOH Epidemiology and Response Division, NMDOH Public Health Division, HealthInsight, and the New Mexico Health Care Association (NMHCA) to identify and implement strategies to support nursing homes to encourage residents to get immunized.
- Direct communication with NMDOH facility administrators.
- Collect, track, and analyze data, identifying trends and sharing concerns with NMHCA and nursing homes.

What More Needs to Be Done

- Continue tracking and monitoring effectiveness of the action plan and reporting results to NMHCA and partners.
- Report immunization data to Nursing Home Association at statewide meeting.
- Recruit a new Minimum Data Set (MDS) coordinator. The MDS designee will continue to be available to healthcare facilities, regarding accurate MDS coding related to immunizations.
- 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.

Performance Measure: **Abuse rate for Developmental Disability Waiver and Mi Via Waiver Clients (Calendar Year Data Reported)**

Performance Data



Background

Abuse, neglect, and exploitation (ANE) of individuals with intellectual/developmental disabilities (I/DD) has a direct impact on their quality of life.

In calendar year 2018, there were 313 substantiated cases of ANE with an average Waiver population of 4,619 individuals, indicating an Abuse Rate of 6.8%. This represents an overall decrease from 2017 of .04%. As a result of reducing the backlog of cases Incident Management Bureau is anticipating an increase in substantiated cases of ANE as cases are not counted until the case is closed, a higher percentage of closed cases results in a higher number of substantiated cases.

Strategy

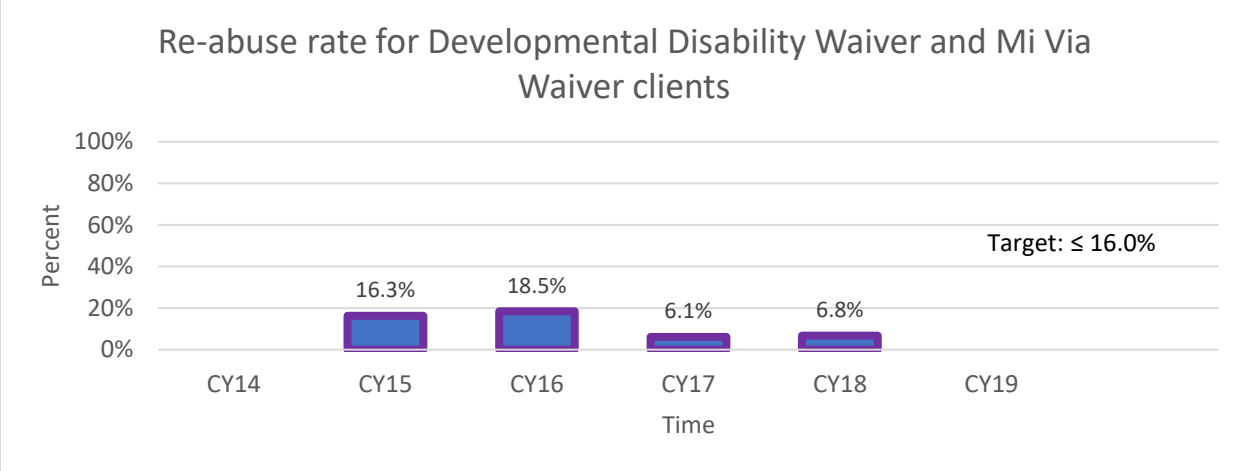
- Have clear, simple, and accessible processes for reporting suspected abuse.
- Require new ANE training, utilizing the ANE Train-the-Trainer project.
- Meet with community-based provider organizations to review trends, issues, and concerns.
- Meet statutory 45-day ANE investigation timelines.
- Do rapid response to serious allegations of abuse (priority levels).
- Provide adequate immediate safety and action plans.

What More Needs to Be Done

- Conduct ongoing implementation of FY16 action items to complete investigations within 45 days. *Completed*
- 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.
- Continue quarterly training for IMB investigators to continue to develop the Investigators' skills.

Performance Measure: **Re-abuse Rate for Developmental Disability Waiver and Mi Via Waiver Clients (Calendar Year Data Reported)**

Performance Data



Background

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. 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 6.0%. Re-abuse is counted as an individual with more than one substantiated case in a 12-month period. The re-abuse rate declined by 0.1%. In calendar year 2018, 19 individuals were the victim of a second or subsequent incident of ANE, out of a total Waiver population of 4,613.

Strategy

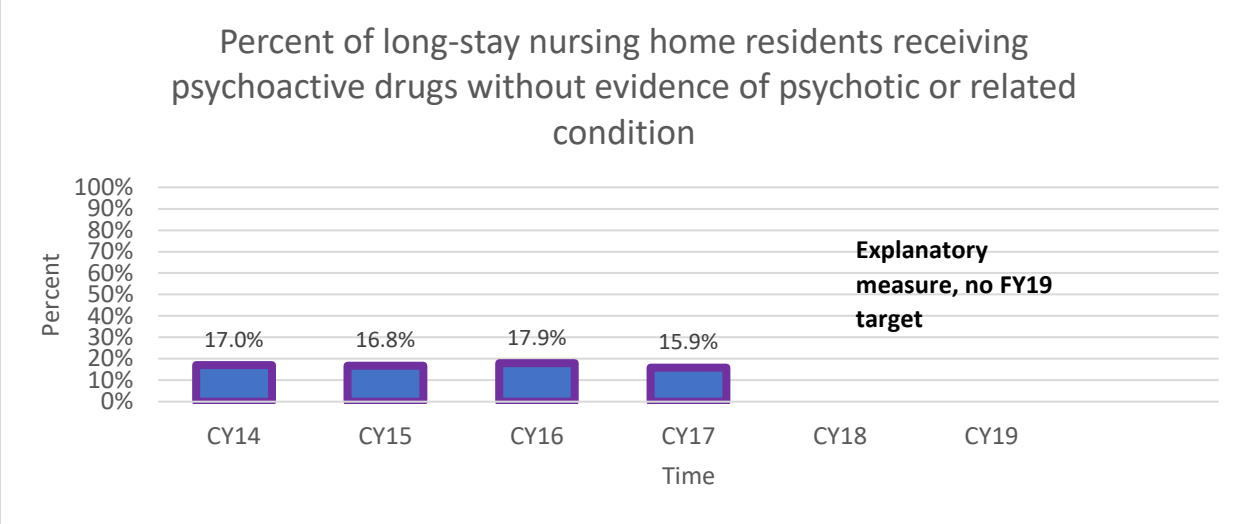
- Have clear, simple, and accessible processes for reporting suspected abuse.
- Provide adequate Immediate Safety and Action Plans.
- Do rapid Response to Serious Allegations of Abuse (priority levels).
- Meet statutory 45-day ANE Investigation timelines.
- Meet with community-based provider organizations to review trends, issues, and concerns.
- Require new ANE training, utilizing the ANE Train-the-Trainer project.

What More Needs to Be Done

- Continue to work toward eliminating the Incident Management Bureau (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.
- Continue quarterly training for IMB investigators to continue to develop the Investigators' skills.

Performance Measure: **Percent of Long-Stay Nursing Home Residents Receiving Psychoactive Drugs without Evidence of Psychotic or Related Conditions (Calendar Year Reported)**

Performance Data



Background

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.
This measure is explanatory.

Strategy

- 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.
- Nursing home data on the use of antipsychotics is publicly reported and increases public awareness of the importance of reducing the use of antipsychotics.

What More Needs to Be Done

- Continue to explore use of Civil Monetary Penalty (CMP) funds to implement strategies to do education and outreach to decrease use of antipsychotic medications.
- Fill the MDS coordinator position. The Coordinator will educate surveyors of statewide Dementia Partnership initiatives and provided ongoing training opportunities.
- Schedule Dementia Partnership facility specific data and regulatory updates training for surveyors.
- Send out a statewide email to provide guidance on accurate data reporting and ideas on ways to reduce antipsychotic drug use.

Medical Cannabis Program Performance at a Glance

Performance Measures	Actual Performance				Performance Target	Quarterly Performance			
P787: Medical Cannabis Program	**FY15**	**FY16**	**FY17**	**FY18**	**FY19**	**FY19 Q1**	**FY19 Q2**	**FY19 Q3**	**FY19 Q4**
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%	99%	99%	99%	
Percent of registry ID cards issued within five business days of application approval	***	***	98.5%	99.5%	≥ 95%	99.5%	99%	99%	

PROGRAM AREA P787: Medical Cannabis Program

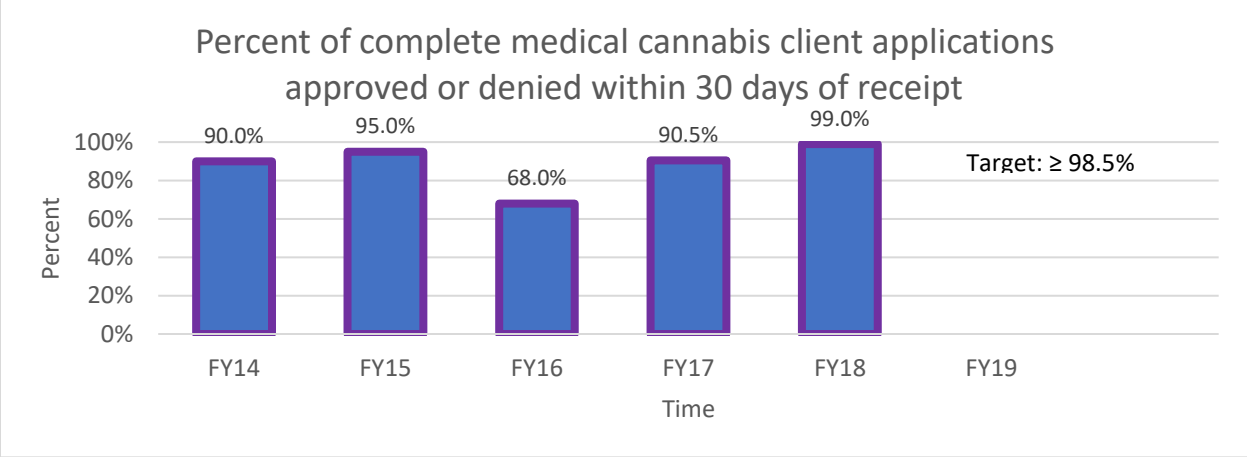
The Medical Cannabis Program (MCP) was created in 2007 under the Lynn and Erin Compassionate Use Act (the Act). The purpose of this Act is to allow the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions. The Program enables the provision of compassionate care for people that have certain illnesses who prefer to use cannabis to alleviate symptoms related to their diagnosis. The Program serves New Mexicans with qualifying medical conditions diagnosed by a health care provider. There are currently 22 qualifying medical conditions:

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

Performance Measure: **Percent of Complete Medical Cannabis Client Applications Approved or Denied within 30 Calendar Days of Receipt**

Performance Data



Background

Proccessing applications in a timely manner helps ensure medical cannabis patients have safe access to safe medicine and protections offered under the Lynn and Erin Compassionate Use Act. In FY19-Q3, 99 percent of completed patient applications were processed in 30-days. The average processing time was 20 days in FY19-Q3.

Strategy

As enrollment in the Medical Cannabis Program accelerates, the Program has worked to streamline patient applications by making forms clearer and easier to read, implementing operational changes, and revising letters for deficient applications. Three key vacancies related to processing patient applications were filled in the third quarter as well.

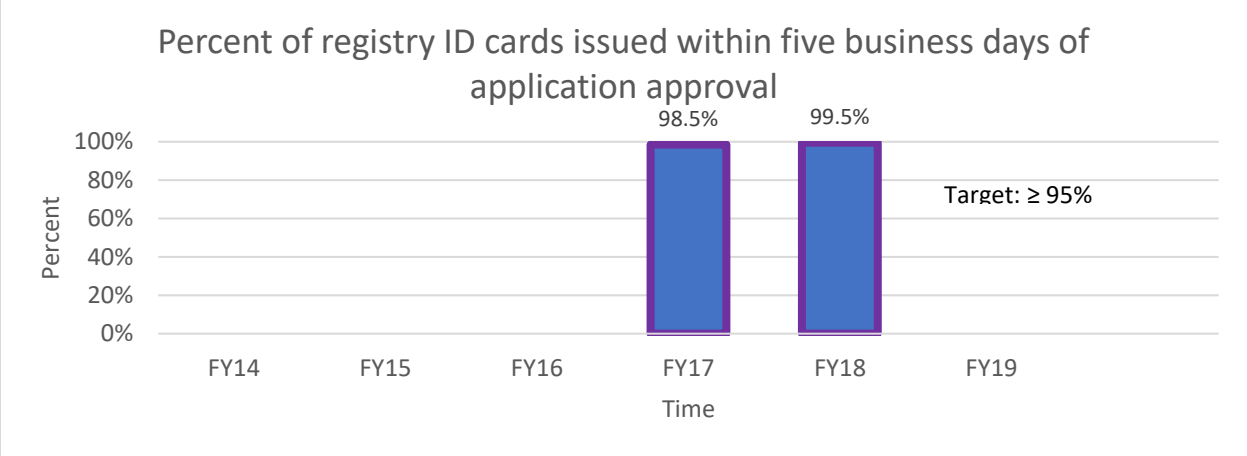
What More Needs to Be Done

The Medical Cannabis Program will need to invest in technology to allow patients to submit applications electronically.

- Re-issue Request For Proposal for a software system that allows patients to submit applications electronically.
- Assess operation to look for redundancies in current workflow.

Performance Measure: **Percent of Registry ID cards Issued within Five Business Days of Application Approval**

Performance Data



Background

Mailing patient registry ID cards in a timely manner helps ensure medical cannabis patients have access to safe medicine and protections offered under the Lynn and Erin Compassionate Use Act. In FY19-Q3, the Medical Cannabis Program exceeded its target by printing and mailing 99 percent of patient registry ID cards within 5-days of application approval.

Strategy

As enrollment in the Medical Cannabis Program accelerates, the Program has worked to streamline patient applications by making forms clearer and easier to read, implementing operational changes, and revising letters for deficient applications. Three key vacancies related to processing patient applications were also filled in the third quarter.

What More Needs to Be Done

The Medical Cannabis Program will need to invest in technology to allow patients to submit applications electronically.

- Re-issue Request For Proposal for a software system that allows patients to submit applications electronically.
- Assess operation to look for redundancies in current workflow.