



FY19 Strategic Plan Progress Report

Quarter 4



Focus on Results...

Create Value

NMDOH FY19-Q4 Progress Report



The New Mexico Department of Health (NMDOH) FY19-Q4 Progress Report shows the movement we've made toward creating a Healthier New Mexico during the fourth quarter of fiscal year 2019.

Inside, you'll find an annual update 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.

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Performance at a Glance

Improved Health Status for New Mexicans	Actual Performance					Performance Target
Health Status Indicators	CY14	CY15	CY16	CY17	CY18	CY19
Rate of diabetes hospitalizations 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%	20.8%	≤ 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%	15.2%	≤ 18.5%
Number of births to teens aged 15-19 per 1,000 females	37.0	33.7	29.1	27.6	***	≤ 25.5
Rate of drug overdose deaths per 100,000 population*	26.8	24.7	24.8	24.6	***	≤ 25.9
Rate of alcohol-related deaths per 100,000 population*	59.6	65.7	66.0	66.8	***	≤ 58.5
Rate of fall-related deaths per 100,000 adults aged 65 years or older	93.8	104.5	92.3	87.9	***	≤ 96.1
Rate of heart disease and stroke (Cardiovascular disease) deaths per 100,000 population (ICD10: I00-I99)*	191.4	189.3	197.2	198.1	***	≤ 181.1
Rate of self-reported sexual assaults per 100,000 population	***	***	921.0	1306.0	***	≤ 475.0
Rate of suicides per 100,000 population*	21.1	23.4	22.2	23.2	***	≤ 20.7
Rate of pneumonia and Influenza deaths per 100,000 population*	16.2	13.5	14.4	13.5	***	≤ 15.0
<p><i>*Age-adjusted</i> <i>***Signifies no data and is also used for all the following tables in this report.</i></p>						

Annually reported population-based health indicators.

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

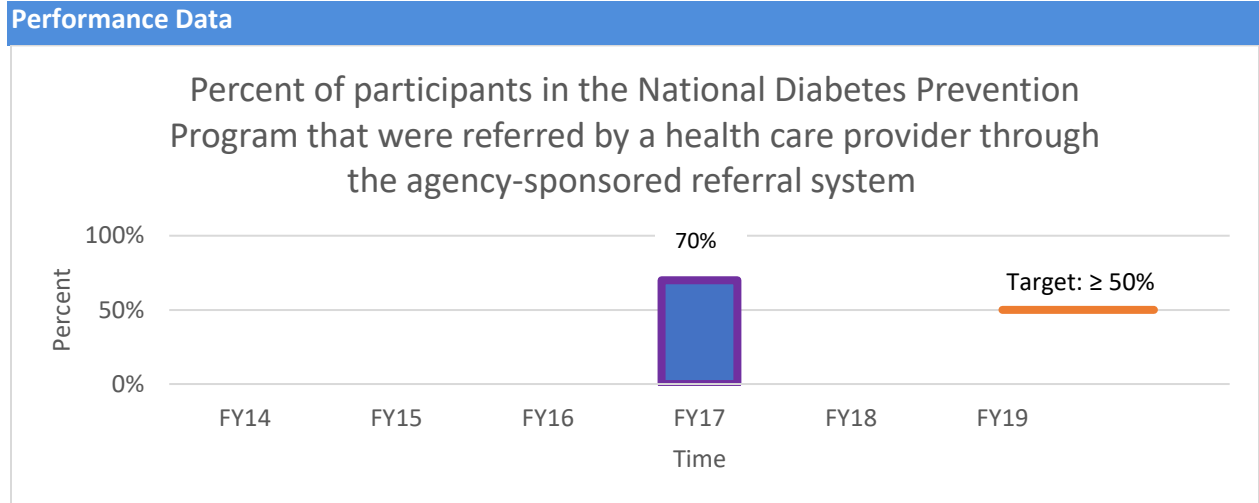
Public Health Division Performance at a Glance

Performance Measures	Actual Performance				Performance Target	Quarterly Performance			
	FY15	FY16	FY17	FY18	FY19	FY19 Q1	FY19 Q2	FY19 Q3	FY19 Q4
P002 Public Health Division									
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%	***	***	***	98.8%
Number of Women Infant & Children (WIC) clients participating in food tastings in WIC clinics with kitchens	***	***	***	986	≥ 1,232	11	169	393	224
Number of high school youth trained in the Evolvment youth engagement program to implement tobacco projects in their school/community	***	329	356	402	≥ 375	138	116	140	0
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%	34.2%
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%	2.7%
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%	70.8%

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
Number of teens that successfully complete teen pregnancy prevention programming	733	510	365	232	≥ 264	***	144	22	349
Percent of preschoolers fully immunized (NMSIIS data source), aged 19-25 months	***	***	***	61.8%	≥ 65%	63.3%	63.6%	65.5%	63.0%
Percent of NMDOH-funded school-based health centers that demonstrate improvement in their primary care or behavioral health care focus area	***	***	***	66.0%	≥ 95%	***	***	***	85.0%
Percent 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	.356	.310* *preliminary as of 7/16/19

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



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.

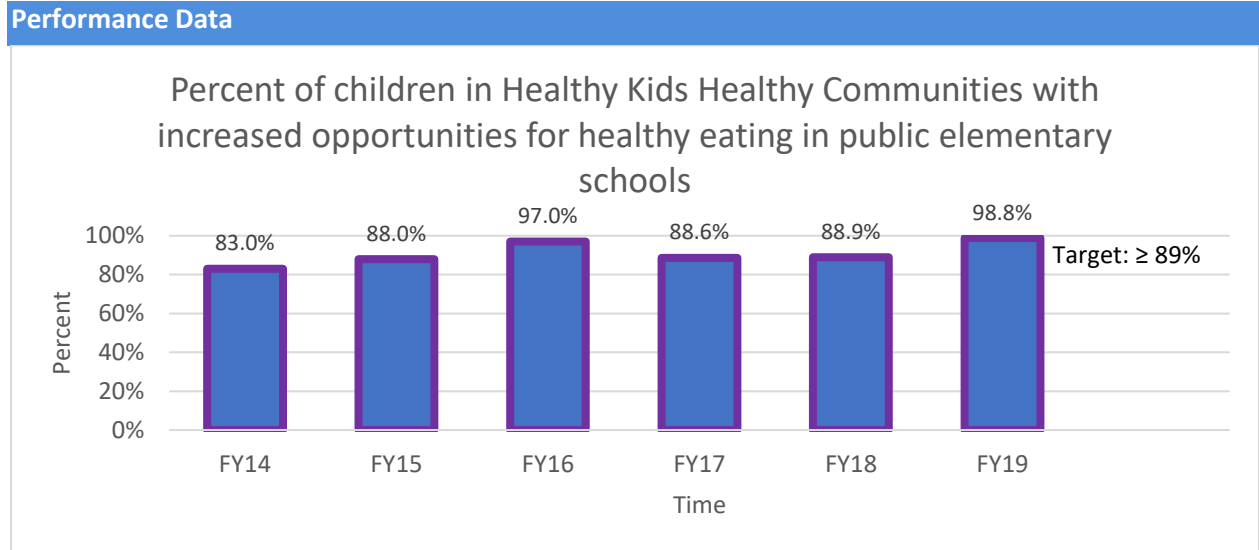
Strategy

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

Utilizing telehealth as a platform to deliver the NDPP would support increasing access, expanding the reach of the program, and making the best use of a limited supply of trained lifestyle coaches. Telehealth can also be a key component to being able to deliver the program in rural/frontier areas and facilitate better health outcomes for adults with prediabetes or at risk for type 2 diabetes. In addition, more training and awareness efforts need to be implemented among health care providers about the NDPP. Efforts will include conducting provider outreach and education activities to increase referrals from providers to NDPP, Continuing Medical Education presentations, professional development webinars, and ongoing trainings on Paths to Health NM and Workshop Wizard.

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



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

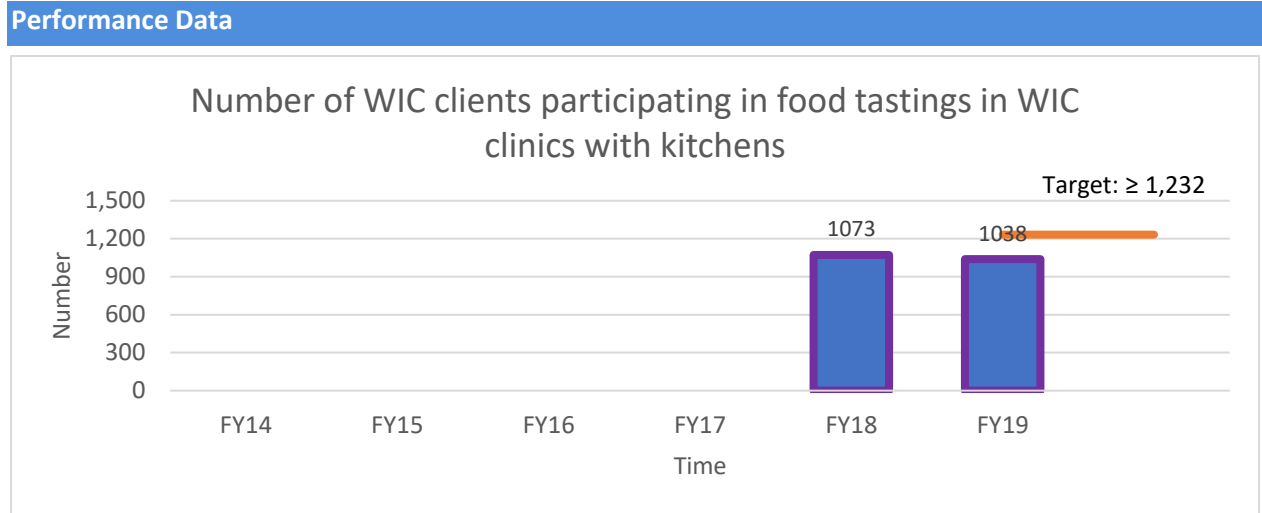
The Obesity, Nutrition, and Physical Activity Program works closely with local coordinators in 13 Healthy Kids Healthy Communities to:

- 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 5210 Challenge, classroom fruit and vegetable tastings, salad bars, healthy snacks, and edible gardens.

What More Needs to Be Done

In Q4, Healthy Kids Healthy Communities (HKHC) local coordinators worked with schools to establish and plant school gardens, apply for *New Mexico Grown* funding to purchase local food for school meals, and apply for the *Federal Fresh Fruit and Vegetable Program* for classroom fruit and vegetable tastings. In every school where HKHC coordinators actively work and nearly every elementary school in HKHC school districts implement at least one healthy eating initiative. While HKHC is effectively increasing opportunities for healthy eating in schools in 13 communities, more resources are needed to expand efforts into additional communities across the state to improve healthy lifestyle behaviors and increase the likelihood of childhood obesity prevalence rates trending downwards.

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



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.

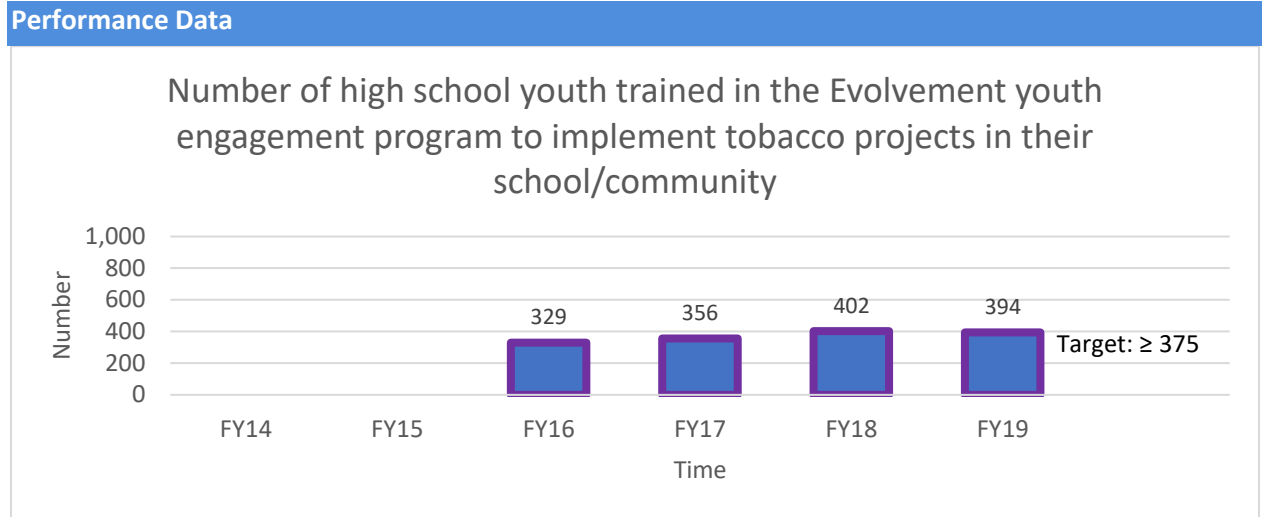
Strategy

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 quarter four, WIC recipient attendance at WIC clinic food demos declined because of NMSU staff vacancies in the southeast region. The Obesity, Nutrition, and Physical Activity program is working closely with WIC program leadership on ways to expand food demos in WIC clinics without kitchens to reach more WIC recipients. Supplies and equipment needed to conduct mobile food demos have been identified and both programs are exploring options for purchase because two additional WIC clinics without kitchens (Alamo Band of Navajo Nation in Socorro County and the Chaparral WIC clinic in Dona Ana County) began participating in food tastings in collaboration with NMSU. The WIC State Nutritionist has identified WIC staff interested in participating in training to conduct food tastings and cooking demos in WIC clinics without kitchens. WIC will identify a nutrition education curriculum that uses WIC foods. Once the curriculum is determined, training for WIC staff will begin.

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



Background

Training youth in the Evolvment 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 Evolvment 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.

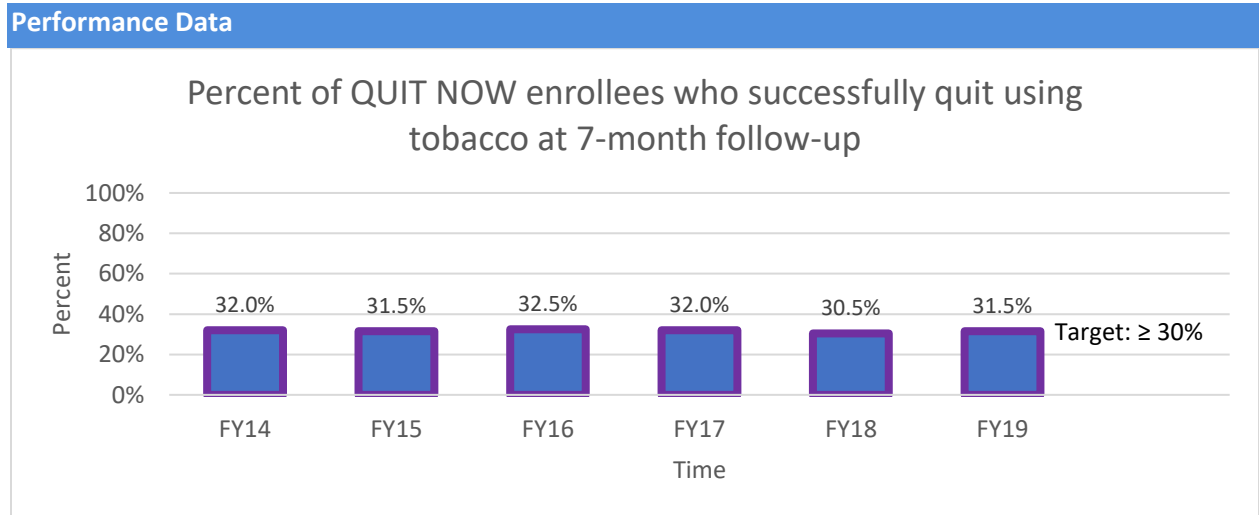
Strategy

The Tobacco Program implements a statewide youth engagement strategy, *Evolvment*, 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

A total of 394 youth were trained in the Evolvment youth engagement program in FY19, surpassing the target of 375 per fiscal year. All 394 youth were trained within Q1-Q3 because of the strong overlap in timeframe with the school year. Efforts in Q4 were primarily focused on review and evaluation of training efforts, along with preliminary recruitment activities for schools for FY20, as well as site visits to schools. FY19 training and educational efforts for Evolvment youth were diverse and included meetings with principals, school boards, policy makers, conferences, tobacco-specific events, and social media. By the end of Q4, 14 schools had applied to be part of the Evolvment program in FY20, and nine have already signed contracts. Youth trainings are expected to start soon after the school year gets underway in selected schools, and the trainings will be updated to reflect recent changes to the tobacco policy landscape in New Mexico (e.g., modernized Clean Indoor Air Act to include e-cigarettes).

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



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.

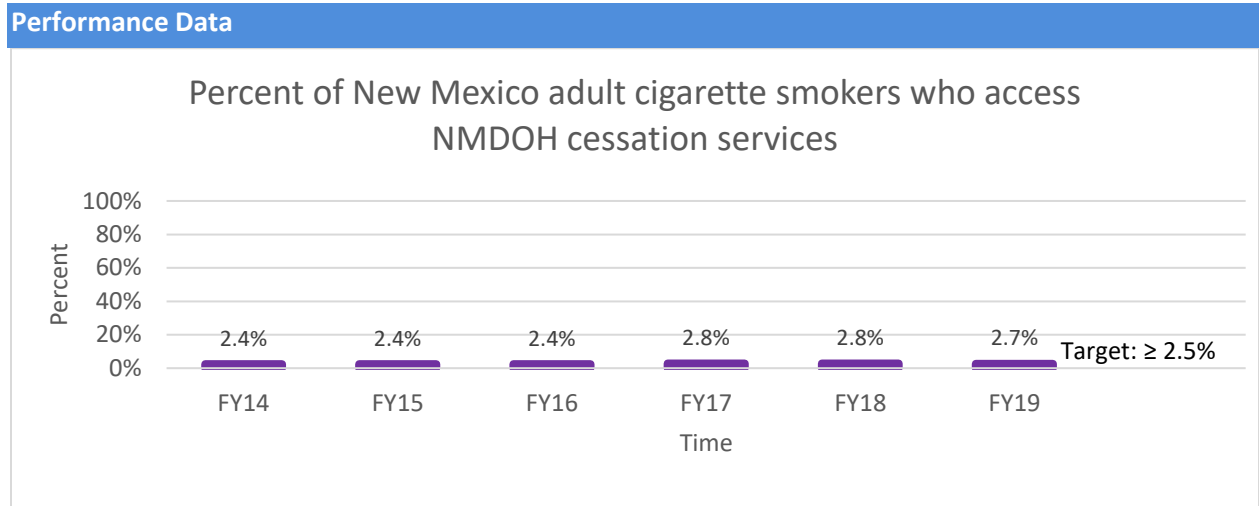
Strategy

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

The 7-month quit rate in Q4 for adult tobacco users enrolled in QUIT NOW was 34.2%, bringing the annual average for FY19 to 31.5% and surpassing the target of 30%. New Mexico’s 7-month quit rate for QUIT NOW enrollees continues to track slightly above the 28.7% seen across 37 other state quitlines in the U.S. The Tobacco Program will continue to train health care providers and health centers on tobacco use screening and referral to quitting services. Online trainings and in-person outreach to providers continues to be an effective way of increasing awareness, and the trainings continue to be updated to reflect the current tobacco landscape for nicotine addiction (i.e., e-cigarette use). Additional evaluation efforts of QUIT NOW components will provide insight regarding differences in quitting or satisfaction among users.

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



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

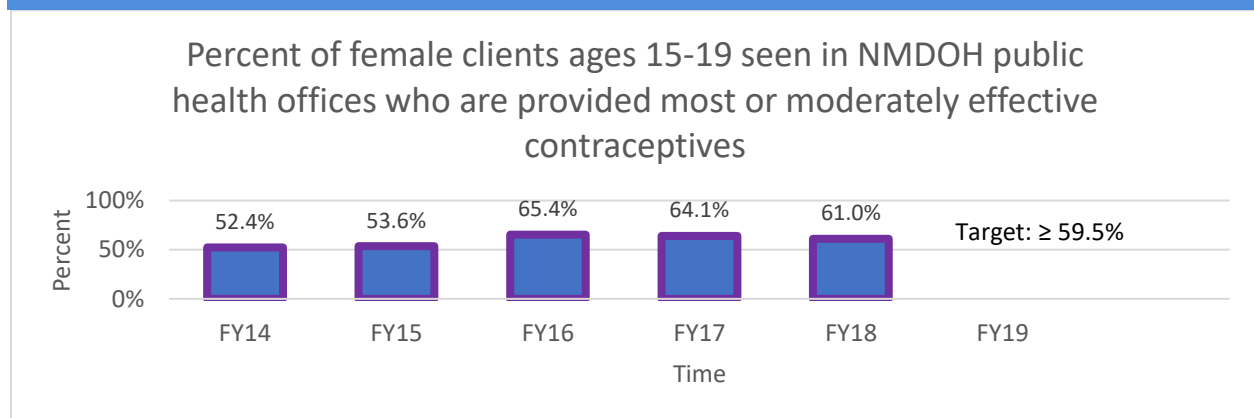
The Tobacco Program implements a Health Systems Change Training and Outreach Program for Tobacco Use with community health centers, as well as other providers, to increase their ability to identify tobacco users, advise them to quit, and refer them to treatment resources such as QUIT NOW. The Tobacco 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

The Tobacco Program’s QUIT NOW services served 0.7% of the adult smokers in the state in Q4, bringing the cumulative percentage served to 2.7% for FY19 (surpassing the target of 2.5%). Because the funding and capacity for QUIT NOW have remained stable for a number of years, there is a limit on the number of tobacco users that can be served annually. With an estimated 246,000 adult cigarette smokers in the state and with over two-thirds interested in quitting, there continues to be a great need for access to quitting services. The Tobacco Program is working closely with new leadership in the Human Services Department to ensure that the Medicaid health plans offer and promote the most comprehensive tobacco cessation services to their members. Since Medicaid-enrolled adults smoke at high rates, there is an opportunity to make a significant positive impact by linking them to available quitting resources within their existing health plans.

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.

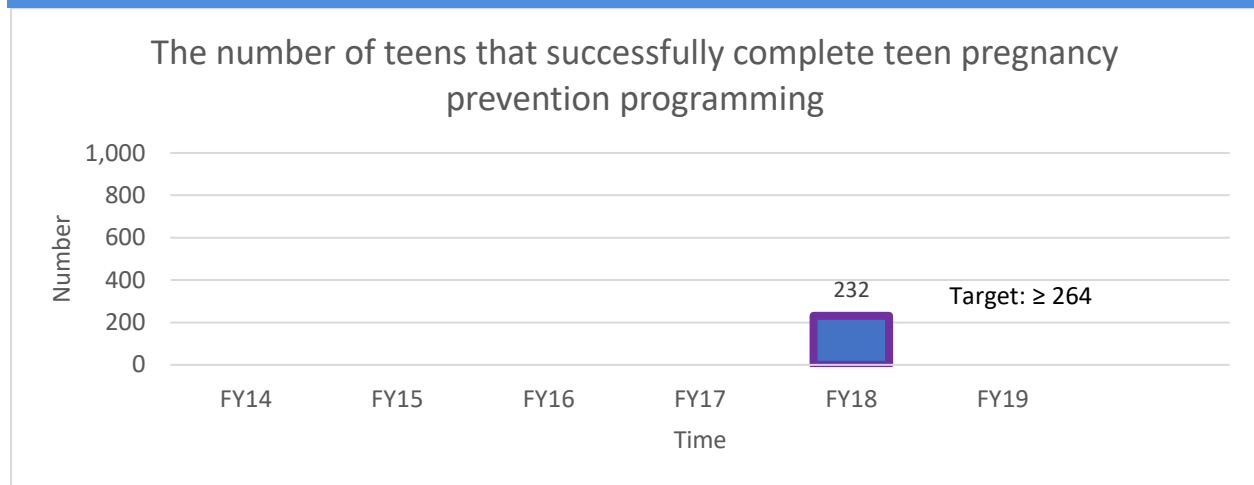
- NM FPP continues to collaborate with the PHD Medical Director and the Family Health Bureau Medical Director to support the provision of family planning clinical services. NM FPP is dedicated to continuing the provision of family planning clinical and telemedicine services for reproductive health.
- 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

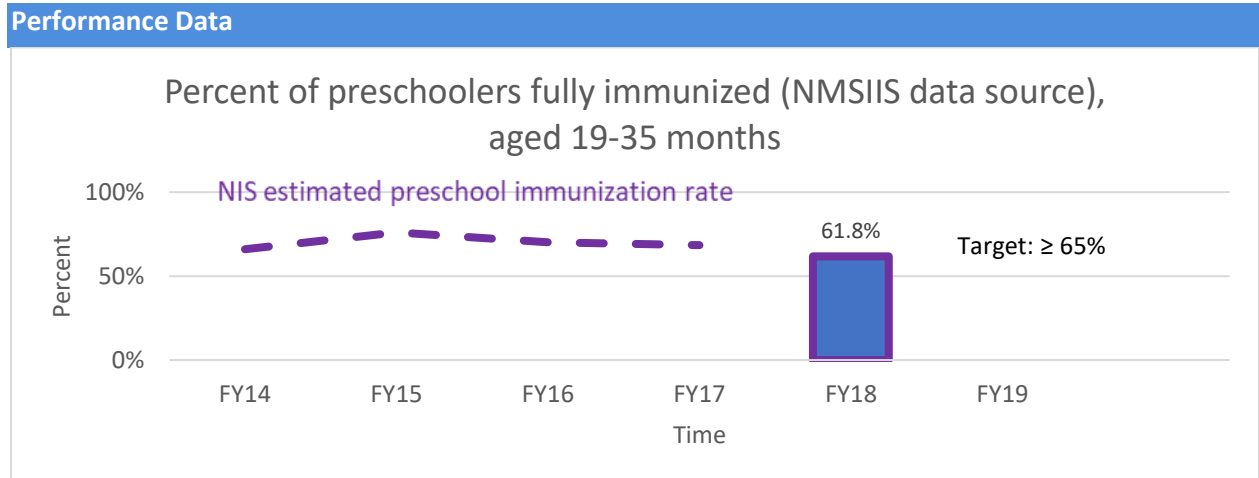
NM Family Planning Program's (FPP) educational programming is provided throughout the year.

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



*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, 1 MMR, 3 HepB, 3 HIB, 1 Varicella, and 4 Pneumococcal) series is the nationally-accepted 'gold standard' for childhood immunization coverage.

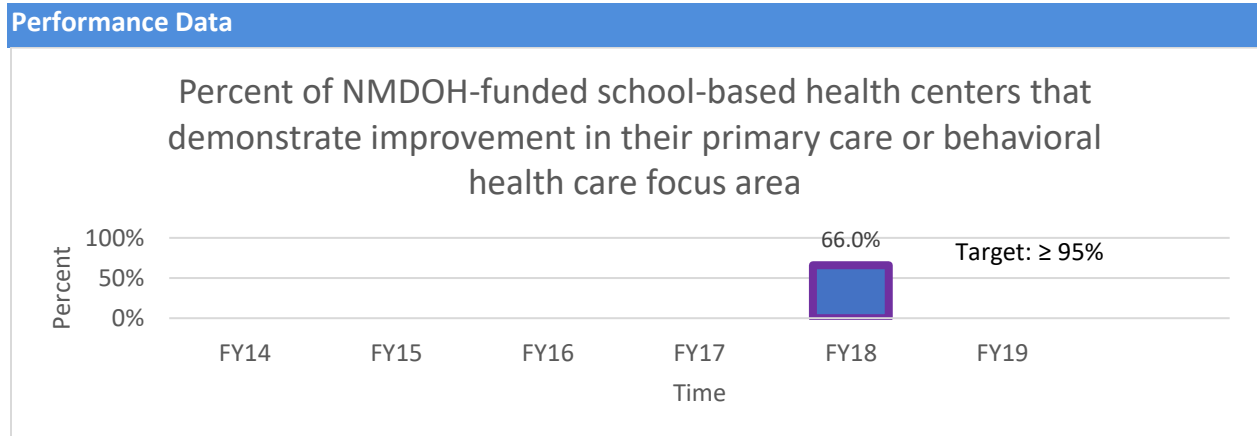
Strategy

- Issuing 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

- Track data to determine if the reminder recall strategy is having an impact on the immunization rates
- Follow up with providers to determine if the tools and resources provided to aid them in increasing their clinics’ immunization coverage levels are meeting their needs

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



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.

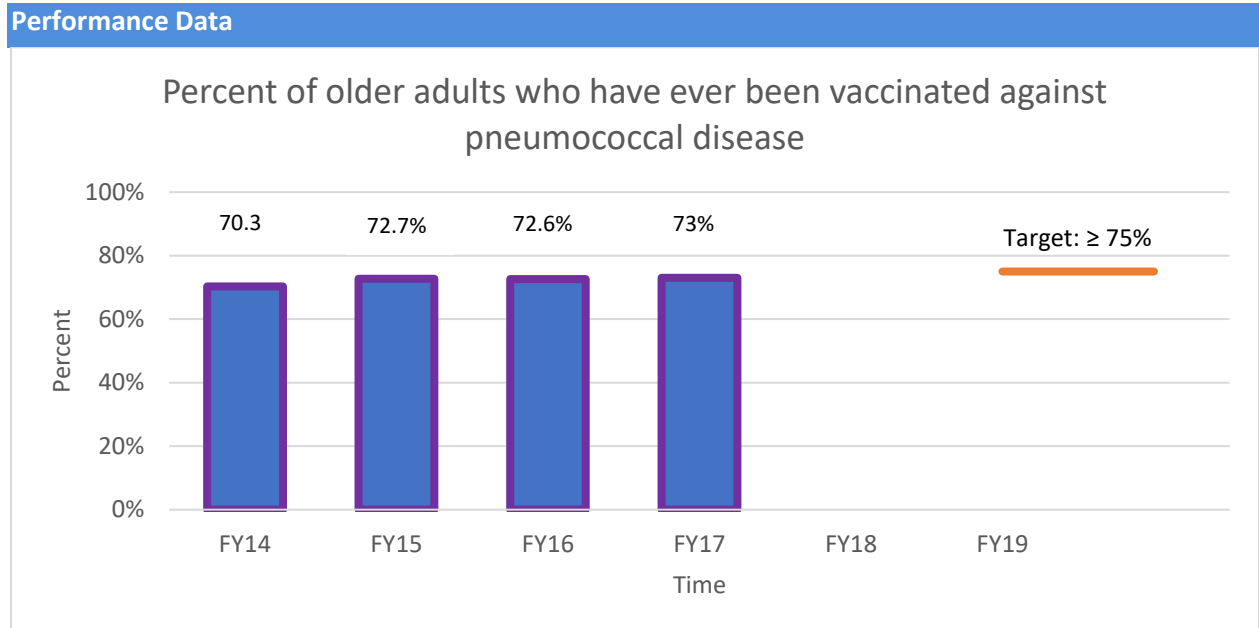
Strategy

- 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

Eighty-five percent of SBHCs made improvements in the Quality Improvement (QI) measures in FY 2019. Challenges faced by SBHCs to meet the 95% target include: provider shortages, school policies and requests to limit the amount of time students are out of class for a SBHC visit, and inability to easily pull data from electronic health records to report on measures. OSAH can provide technical assistance on SBHC workflow and collaboration with schools to improve scheduling efforts. OSAH is also initiating "data digs" to work individually with SBHCs to troubleshoot their data challenges and discrepancies to simplify data reporting and reduce inaccuracies.

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



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 initiative, which included postcard remind/recall notices to older adults about their annual Medicare wellness visit and to ask about immunization.

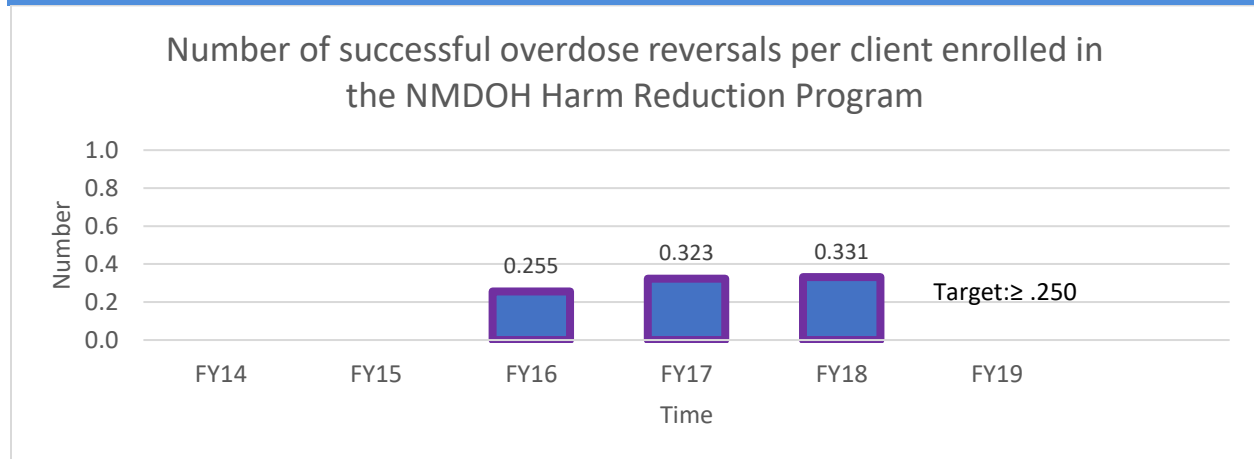
Community Health Representative (CHR) tribal training on immunizations as part of the American Indian Project also began in 2018.

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 importantly 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. As of July 16th, 2019, data submitted shows an overall .329 comparison ratio for FY19, with some data still to be reported for the Fourth Quarter.

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

- Continue to train in overdose prevention and provide the opioid antagonist naloxone.
- Continue to partner with local Public Health Offices and community-based organization to increase the number of educational sessions with individuals in these populations.
- Provide technical support to ensure the approved overdose prevention education curriculum is fully utilized.

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

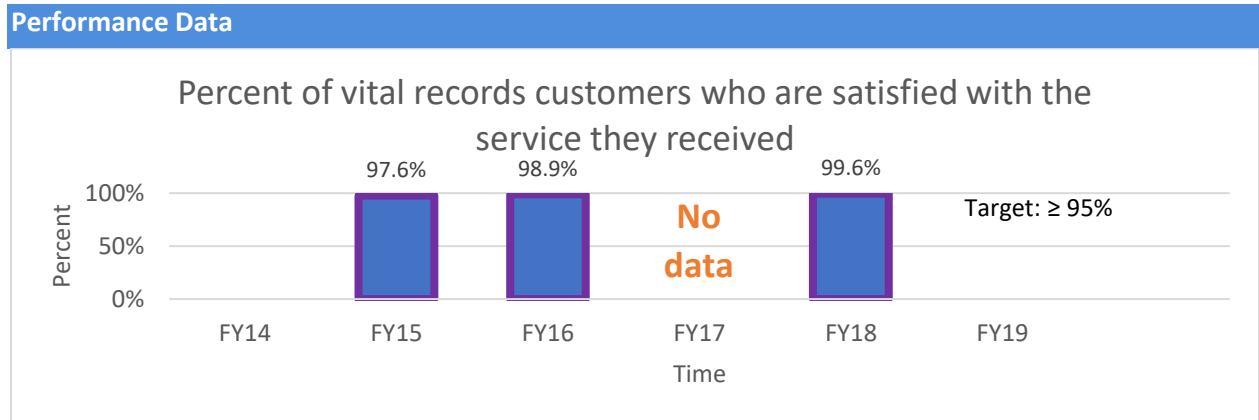
Epidemiology and Response Division Performance at a Glance

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%	99.8%
Percent of retail pharmacies that dispense naloxone	7.5%	26.5%	60.9%	72.6%	≥ 80%	60.7%	58.8%	63.4%	76.2%
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%	17.95%
Number of health care providers who have received training in the use of the STEADI fall prevention toolkit	64	73	406	190	≥ 175	-	-	48	88
Percent of NM hospitals certified for stroke care	9.3%	9.3%	14.0%	16.2%	≥ 20%	16.2%	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	2,143
Number of community members trained in evidence-based suicide prevention practices	***	30	52	222	≥ 70	75	61	68	318
Percent 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%	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%	11.1%	***

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



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.

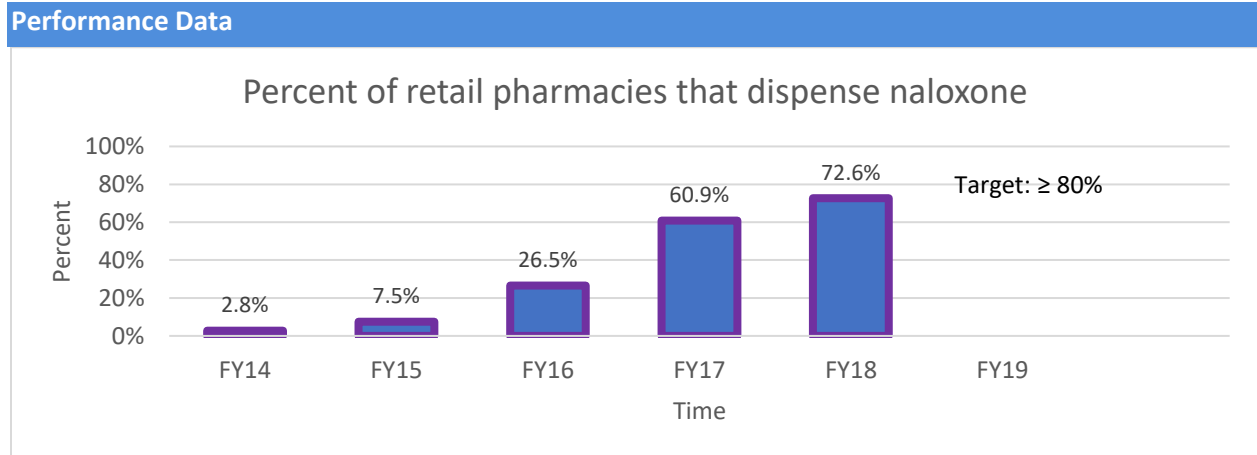
What More Needs to Be Done

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. *Completed* - Customer satisfaction continues to exceed the expected goal of 95%. Of the 396 surveys that were completed during the quarter, 395 customers ranked our service as either excellent or good (382= excellent, 13= good). There was only one survey that said that our service was fair. This equates to a satisfaction rating of 99.8%. Vital Records is still assessing the different electronic customer satisfaction survey systems to see which to purchase for the new Vital Records building.

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

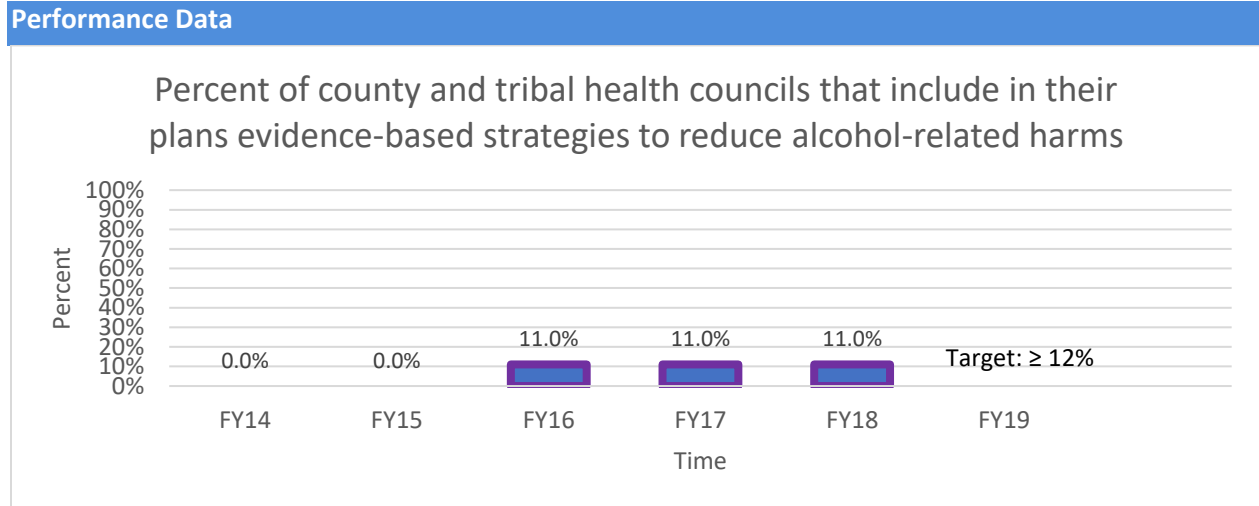
Q1: Identify pharmacies that are not submitting Medicaid claims for naloxone and develop plan to contact. *Incomplete* - Identified that 234 of the 369 known pharmacies (63%) submitted Medicaid claims for naloxone. Contact plan being drafted.

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. *Completed* – 19 pharmacies were identified, and complete list was forwarded to UNM College of Pharmacy for pharmacy training.

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



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.

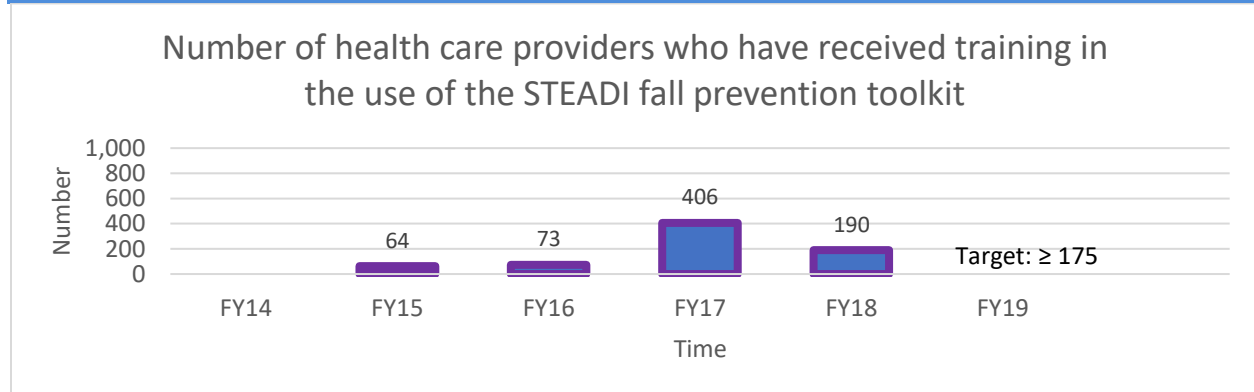
Q2: Contact a minimum of 2 councils where alcohol-related harm strategies have not been employed to encourage the adoption of strategies related to addressing excessive alcohol use. *Incomplete* – four councils will be contacted in Q3.

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. *Completed* – 3 councils were contacted (Santa Clara Pueblo, Union County and Sierra County).

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.

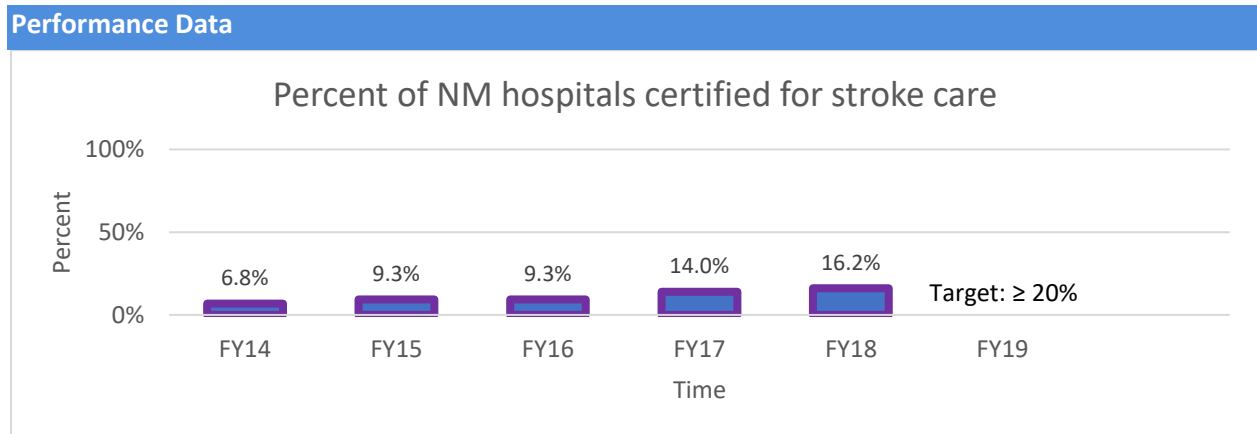
What More Needs to Be Done

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. *Incomplete* – 48 tribal professionals were trained in the use of the STEADI fall s prevention toolkit.

Q4: Two scheduled trainings for 30 health care professionals. *Completed* – 88 professionals were trained in the use of the STEADI falls prevention toolkit.

Performance Measure: **Percent of NM Hospitals Certified for Stroke Care****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's Emergency Medical Services (EMS) Bureau's Stroke Program will work with 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.

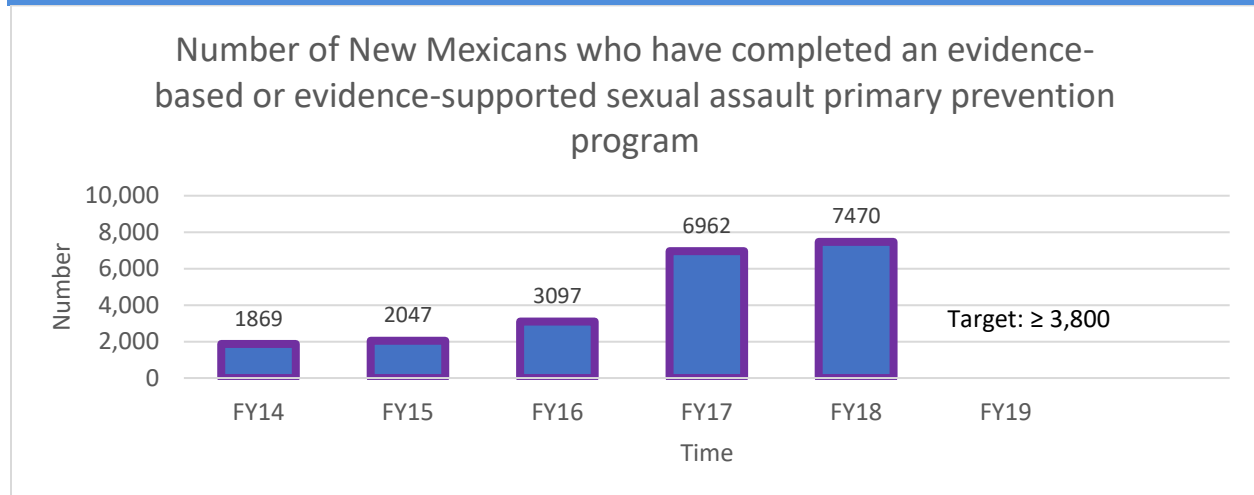
Q2: Implement the Stroke Care Card with EMS agencies across New Mexico. *Incomplete* - Final draft of Stroke Care Card needs approval from NM Stroke Care Committee for implementation.

Q3: Confirm each hospital's entry into the appropriate American Heart Association's 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. *Completed* - Confirmed each hospital's data registry entry and certification/accreditation status.

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.

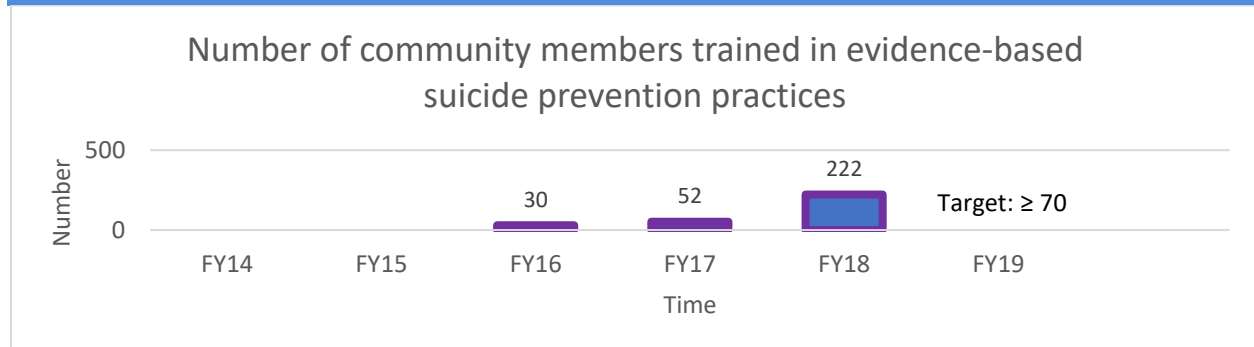
Q2: Deliver evidence-based primary prevention programming to at least 1,200 youth in New Mexico. Provide state wide technical assistance to partners working on environmental-level strategies for sexual violence prevention. *Completed* - The program and contractors exceeded the target by reaching 2,683 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. *Completed* - 2,143 youth completed the primary prevention program this quarter.

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.*

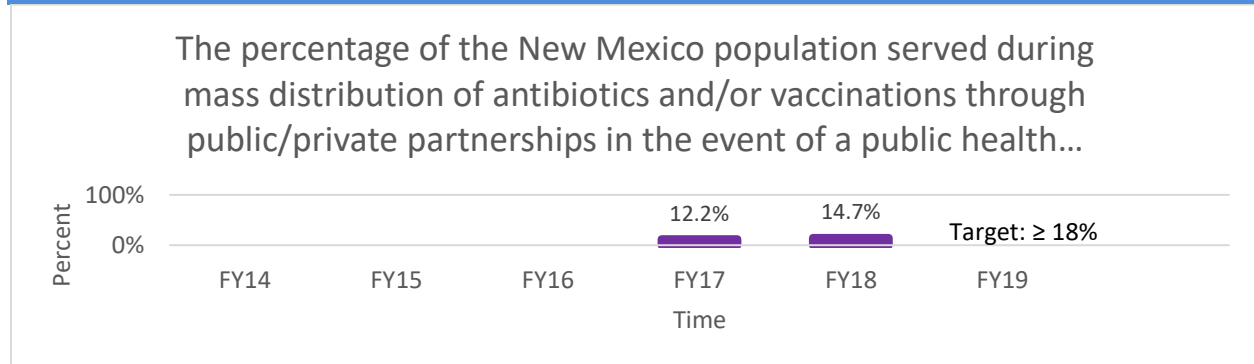
Q2: Train 18 community members in an evidence-based suicide prevention program and provide one county-based suicide and suicidal behaviors data presentation in an identified at-risk community. Train 18 community members in an evidence-based suicide prevention program. *Completed.*

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. *Completed.*

Performance Measure: Percent 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.

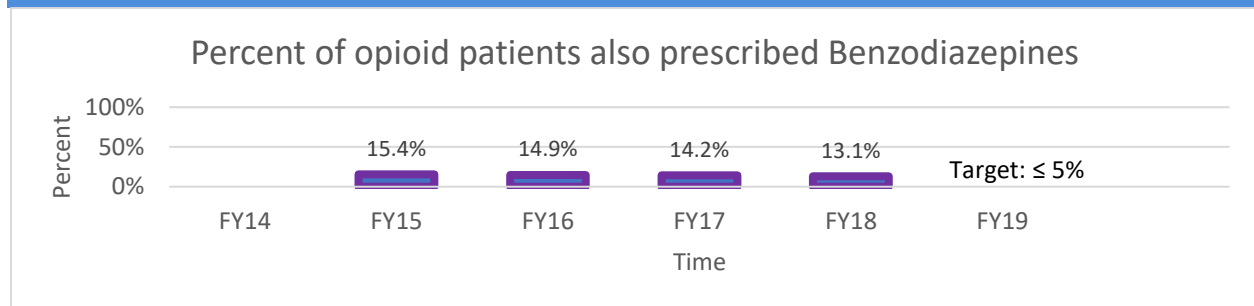
Q2: Meet with at least one additional state agency not included in the original meeting about having a closed POD. *Incomplete* - while unable to meet with an additional state agency we were able to meet with multiple correctional facilities and provide assistance for their preparedness plans for closed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

Q3: Meet with at least two additional state agencies not included in the original meeting about having a closed POD. *Completed* – Met with the Department of Game and Fish, Department of Military Affairs, Department of Homeland Security and Emergency Management, the State Defense Force and the Behavioral Health Institute Las Vegas.

Q4: Meet with at least one additional state agency not included in the original meeting about having a closed POD. *Completed* – Met and began training with the State Defense Force and National Guard.

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. 11.1% of opioid patients also prescribed benzodiazepines.

Q4: Quarterly Report for FY19-Q2 will be produced and sent to the Board of Pharmacy for delivery to the licensing boards. *Completed* – Q2 report was completed and sent to NMBOP. FY19 Q3 data will not be available until August of 2019. Benzodiazepine prescribing guidelines sent to licensing boards.

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.

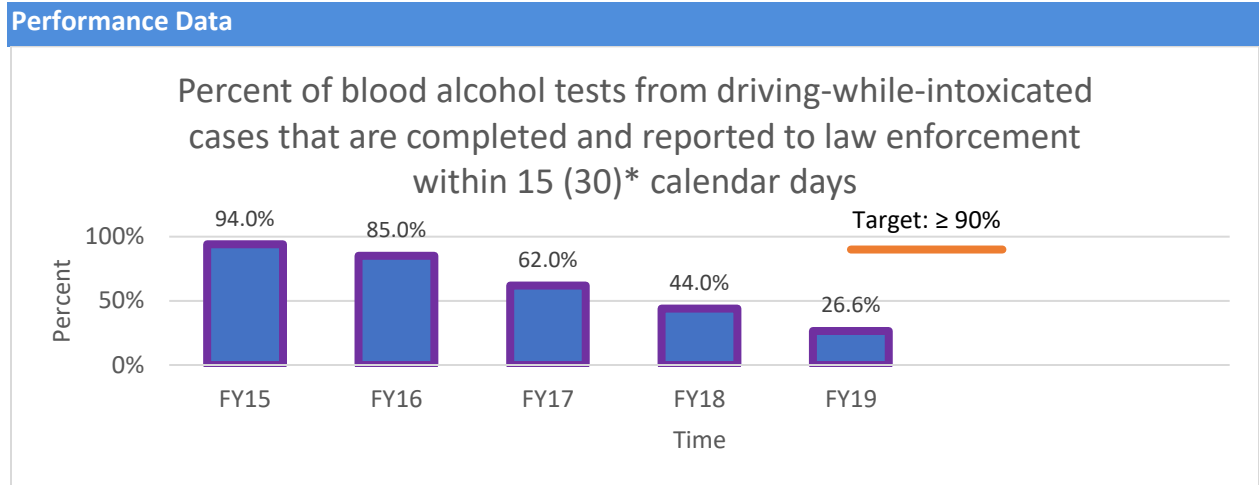
Performance Measure Partners

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

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 30 calendar days	94.0%	85.0%	62.0%	44.0%	≥ 90%	0%	22.98%	13.15%	55.25%

Performance Measure: Percent of Blood Alcohol Tests from Driving-While-Intoxicated Cases that Are Completed and Reported to Law Enforcement within 30 Calendar Days



Background

SLD’s Toxicology Bureau (TB) staff analyze blood alcohol concentration (BAC) for impaired driving cases. SLD bureau staff also serve as witnesses in court cases across the state where alcohol or drugs are involved. In FY19-Q4, SLD reported 55.25% of BAC testing results within the new target of 30 calendar days. Although the overall goal of 90% was not met, the previous strategies were successful in eliminating the older cases and allowed the testing to become compliant within the 30-day turnaround by the end of FY19-Q4. This quarter’s reporting shows significant improvement over the previous three quarters of FY19 (Q1-0%, Q2-22.98%, and Q3-13.15%). As of this report, BAC testing is within the 30-day turn-around time frame.

*The turn-around time for reporting cases was increased to 30 days in FY19-Q4.

Strategy

- Train more staff in blood alcohol administrative and technical review of cases to continue to improve this vital statistic.

What More Needs to Be Done

- Continue to decrease the vacancy rate in the bureau, with 2 new hires starting in FY20-Q1 and only 2 more positions to fill in the Drug Screening section.
- Increase the number of approved personnel cross-trained in case review.

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.

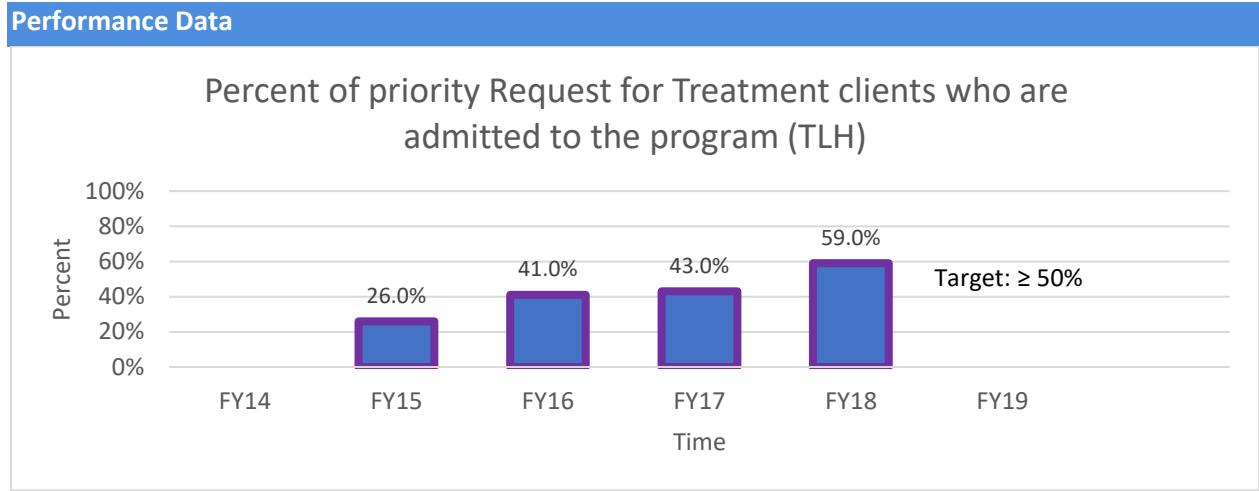
Partners

- 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

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%	69.6%
Number of significant medication errors per 100 patients	***	***	***	***	≤ 2.0	.4	1.0	.6	.4
Percent of residents who are successfully discharged	***	***	***	***	≥ 80%	76.2%	69.2%	73.7%	90.5%
Percent of long-term care residents experiencing one or more falls with major injury	***	***	***	3.9%	≤ 0.5%	4.9%	3.9%	4.0%	2.8%
Rate of Turquoise Lodge Hospital detox occupancy	48.0%	72.0%	85.0%	86.0%	≥ 85%	88.1%	84.1%	83.6%	76.6%
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%	76.3%

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



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.

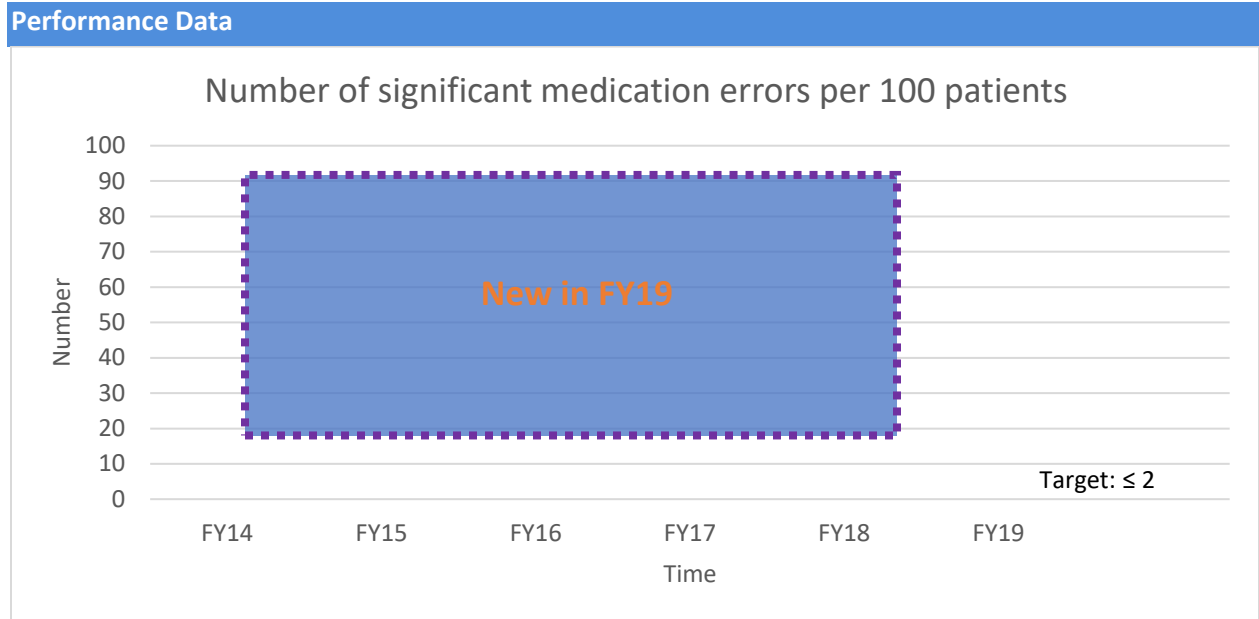
Strategy

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

Implement action as necessary based on monitoring from Q1, Q2, and Q3. We have far exceeded our expected goals for FY19-Q4, with a 69.6% of Priority 1 Requests admitted to the program. *Completed*

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



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.

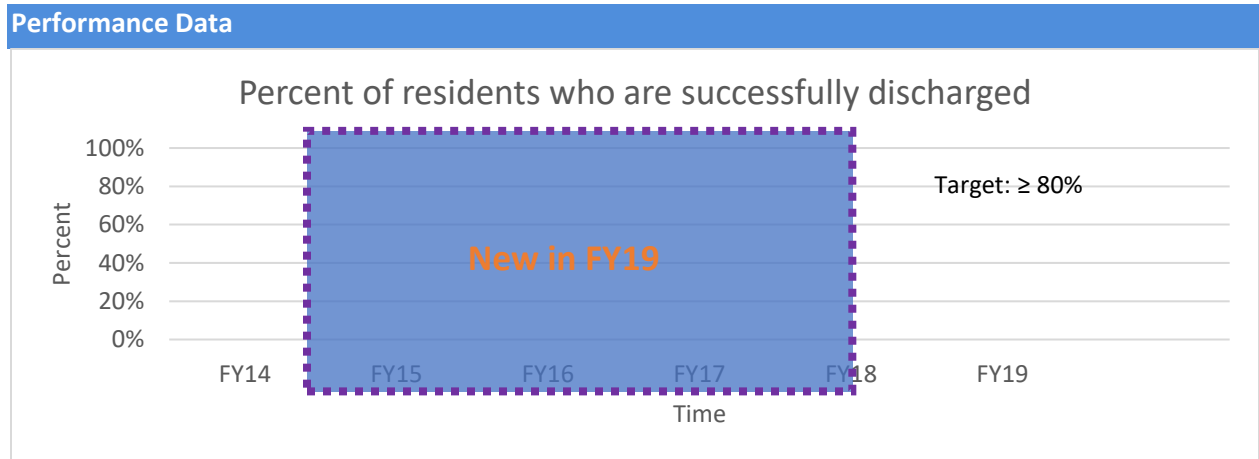
What More Needs to Be Done

The FY19 results:

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

The target of ≤ 2.0 was met in Q4. 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**



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

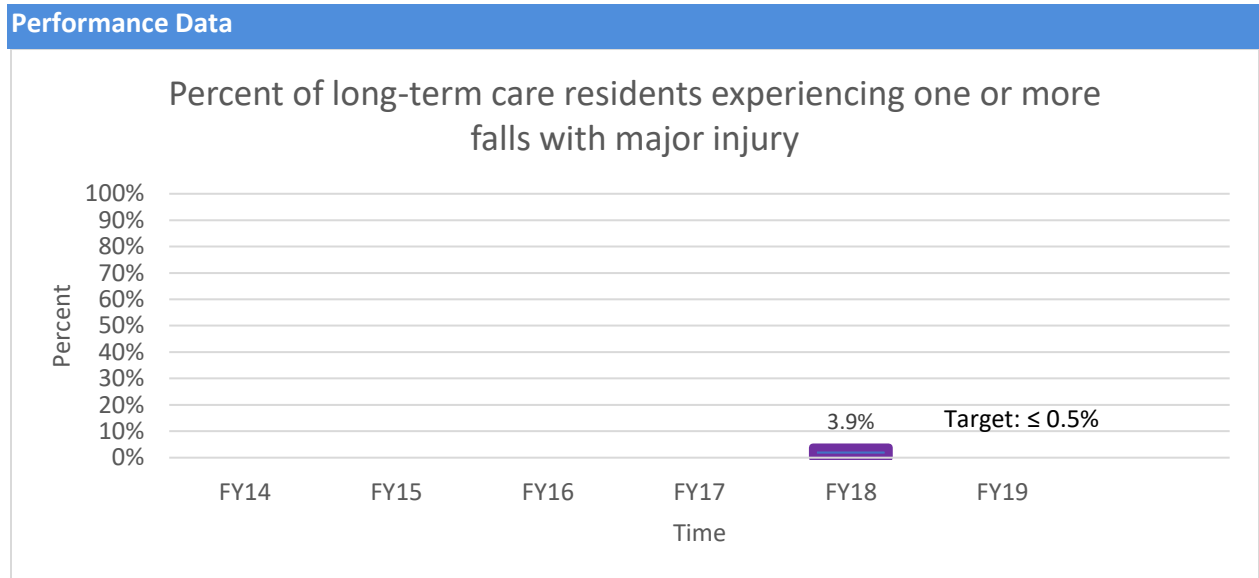
The FY19 percent of residents successfully discharged results:

Q1: 76.2% **Q2: 69.2%** **Q3: 73.7%** **Q4: 90.5%**

The target of 80% was not met in Q4.

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



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:

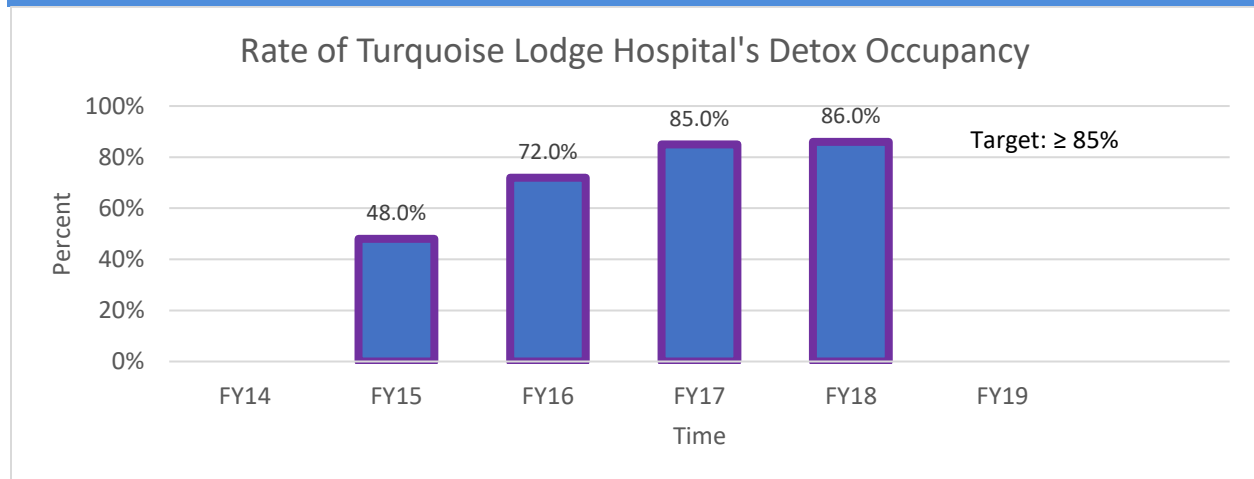
1. Education of employees, residents, and family members;
2. Close observation;
3. Therapy services that focus on strengthening and improving balance and mobility;
4. Individualized resident treatment planning following a fall; and
5. Active Falls Prevention Committee, which analyzes, tracks and reports 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%** **Q4: 2.8%**

The target of .5% was not met in Q4. This target is overly ambitious, 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: **Rate of Turquoise Lodge Hospital's Detox Occupancy****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%.

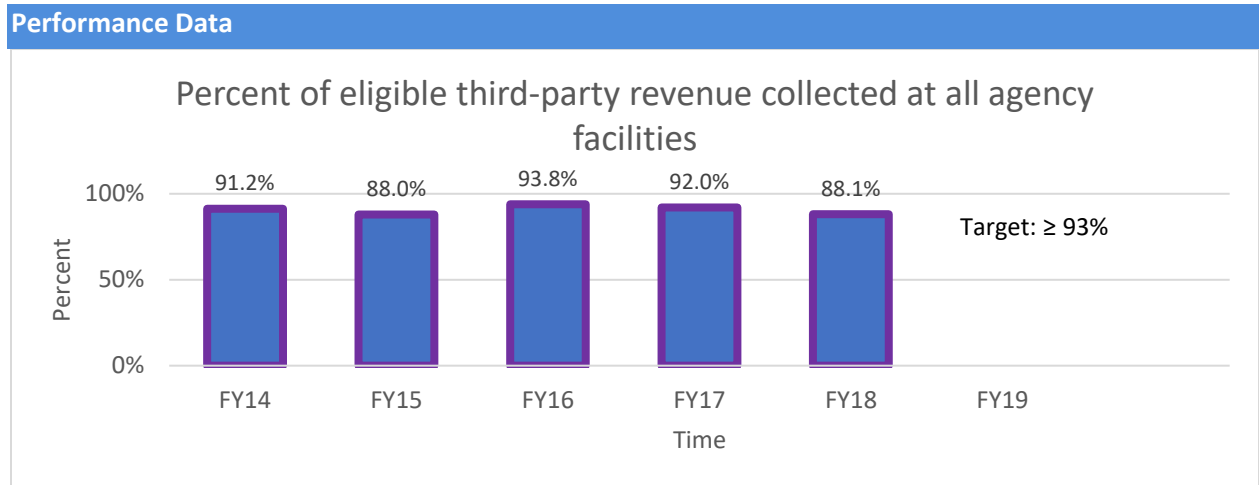
Strategy

- 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

Analyze Detox Occupancy Rate against workflow of Access Department, staffing patterns and scheduling patterns. During FY19-Q4 the occupancy rate fell to 76.6%. We moved our entire facility to a new location to better meet our facility and patient needs. Admissions were slowed during this transition. *Incomplete*

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



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. Filling 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%** **Q4: 76.3%**

The target of 93% was not met in Q4.

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.

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.

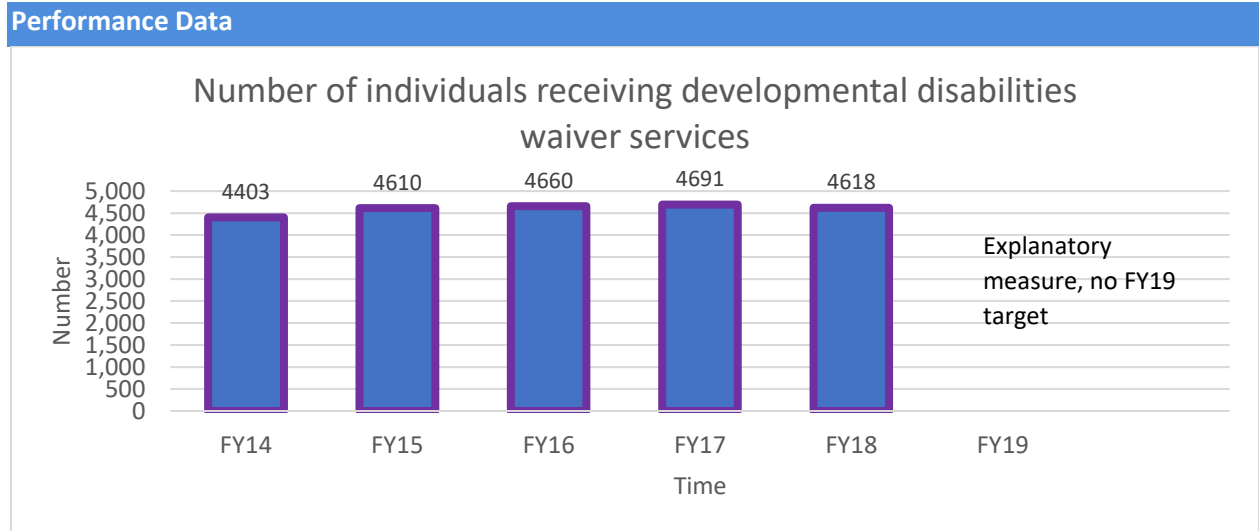
Partners

- 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

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	4,638
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	5,066
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%	94.4%
Percent of adults on the DD Waiver who receive employment supports	***	***	***	***	≥ 34%	29.1%	27.8%	28.3%	22.7%

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



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-Q4, the Developmental Disabilities Supports Division (DDSD) had 4,638 (Human Services Department 06/13/19 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. The 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.

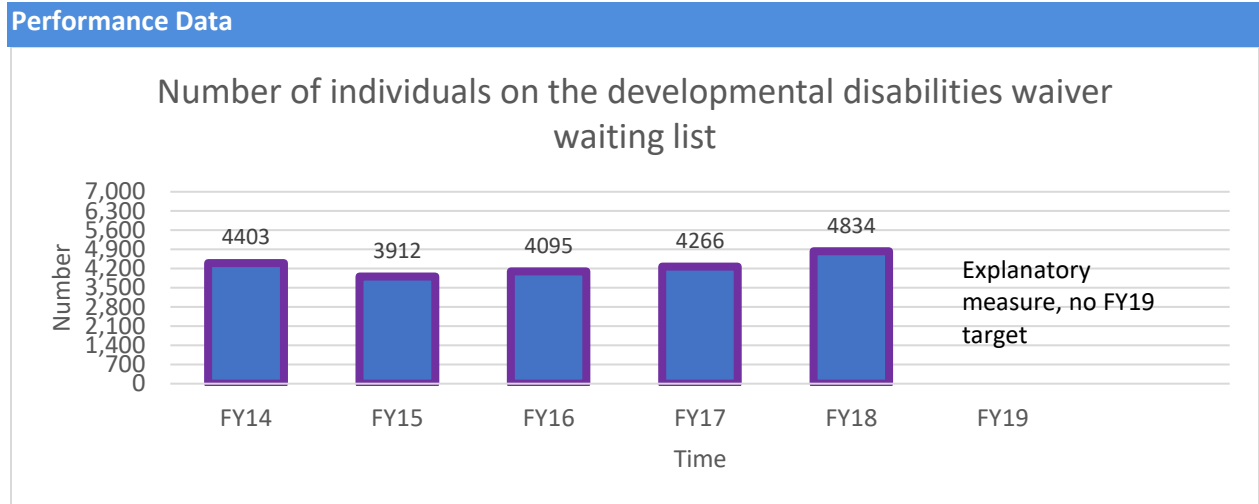
Strategy

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

What More Needs to Be Done

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**



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 July 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, 390 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 5,033 at end of FY19-Q3 to 5,066 at the end of FY19-Q4. This increase reflects increased demand for DDW services. During FY19-Q3 the Central Registry Unit received 420 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-Q4, 68 of those individuals were receiving waiver services.

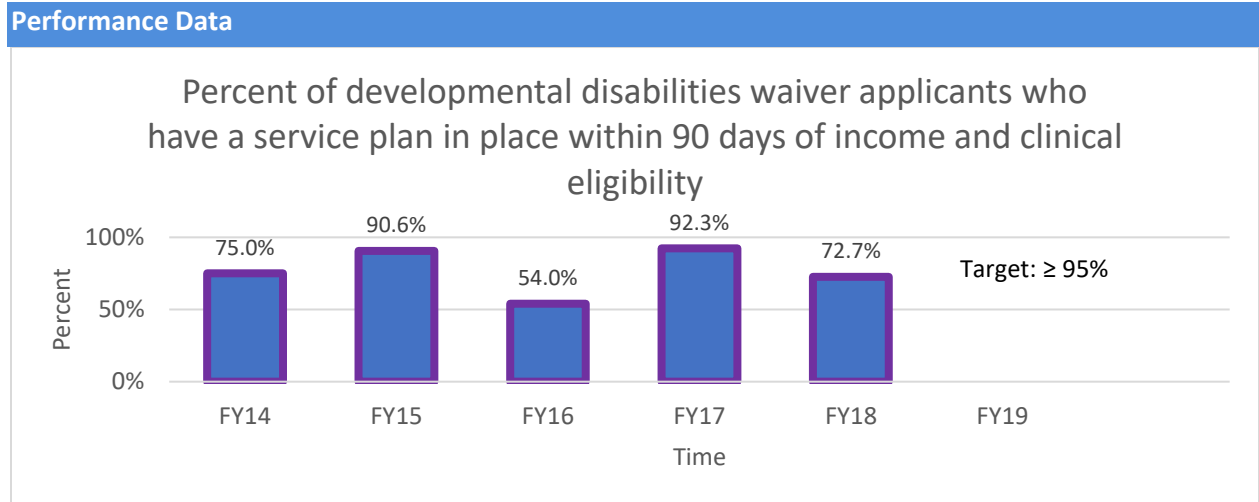
Strategy

- 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



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-Q4, 94.4% or 17 out of 18 newly allocated individuals had a service plan in place within 90 days of income and clinical eligibility determination.

Strategy

- The Central Registry Unit (CRU) developed an allocation plan for the FY19 allocations, which includes an improved tracking system to help ensure individuals get into service 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, regularly, the status reports 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.

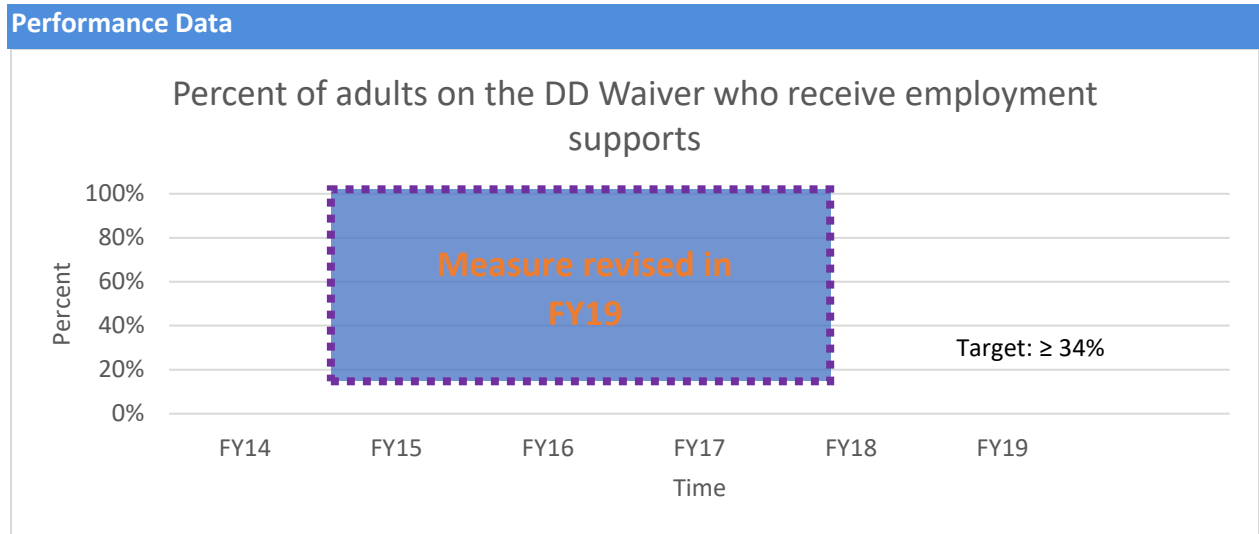
What More Needs to Be Done

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

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



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- Q4, 22.7% 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 99 presentations, including two train-the-trainer sessions to approximately 1432 people.

What More Needs to Be Done

Partners for Employment (PFE), a collaborative effort between DDSD, NM Division of Vocational Rehabilitation (DVR) and the University of New Mexico/Center for Development and Disability (UNM/CDD) held its Second Annual, Meet at the Mountain- Leadership Summit in Bernalillo, NM on June 25-26, 2019 which was attended by 64 professionals including, Job Coaches, Job Developers, Self-Advocates, Directors, Managers, Supervisors, Educators and Case Managers. The focus of the Summit was how to recruit, train and retain talented staff to deliver community-based services. NM State Government was represented at the summit by staff from DDSD, DVR, Department of Workforce Solutions and Los Lunas Community Program. PFE will also continue to offer the College of Employment Services training to help increase knowledge of national best practices in Supported Employment through FY20.

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 has developed and implemented new internal performance measures for each program and administrative area focusing on process improvement through data driven decision making.

Caregiver Criminal History Screening (CCHSP) Accomplishments:

CCHSP processed 11,379 criminal history screenings (background checks) during FY19-Q4, for an FY19 total of 41,878. The average number of days for processing a background check was one day.

Health Facility Licensing and Certification Accomplishments:

The Program Operations Bureau had their FY18 Human Services Division Audit. The Human Services Division Audit is comprised of: Certification of Health Care Facilities, Nurse Aide Training and Competency, Evaluation Program and Home Health Agency Surveys through the Department of Health, Division of Health Improvement. The FY18 HSD Audit was successfully passed at 100%.

CMS hired a private consulting agency, Healthcare Management Solutions LLC (HMS), to work with DHI to review operations and assist with identification and implementation of process improvements. CMS has acknowledged the positive changes within the last year from DHI and wanted to aid with continued improvement and success for citizens of New Mexico.

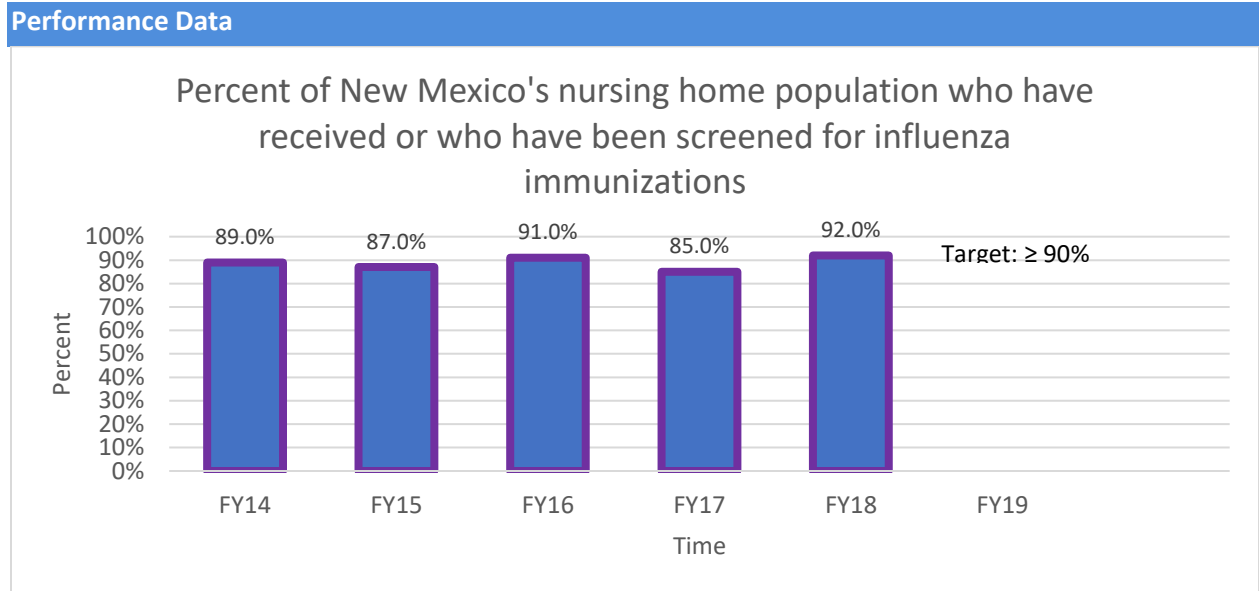
Community Program Accomplishments:

- Incident Management Bureau (IMB) contracted with the Columbus Organization and other independent contractors to assist with the “backlog” of investigations. All backlog investigations are on target to be completed by October 1st, 2019.
- IMB was authorized to fill all vacancies and was given an additional 5 investigators and 2 additional Supervisors to ensure adequate resources moving forward in order to avoid any future backlog of cases.
- IMB Supervisors meet weekly with each of their investigators to ensure they are on target to complete current cases within required timeframes per IMB policy.
- The “increase” in the DD Waiver abuse rate is directly related to the elimination of the IMB backlog. These cases would normally have been completed during the fiscal year. But, because they were backlogged, the cases are just now being closed, which artificially increases the abuse rate.
- Quality Management Bureau has filled 95% of surveyor positions and is in the process of filling remaining vacancies. During the quarter 34 Medicaid waiver providers received a QMB compliance survey. In which 194 citations were issued. 276 individuals receiving services as well as 686 agency personnel were reviewed.

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%	***	***	***	***
Rate of Abuse for Developmental Disability Waiver and Mi Via Waiver clients (calendar year data reported)	11.9%	10.2%	7.2%	6.8%	≤ 8%	4.4%	6.8%	8.4%	10.6%
Rate of Re-abuse for Developmental Disability Waiver and Mi Via Waiver clients (calendar year data reported)	16.3%	18.5%	6.1%	6.8%	≤ 16%	***	***	***	7.3%
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	***	***	***	***

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



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.

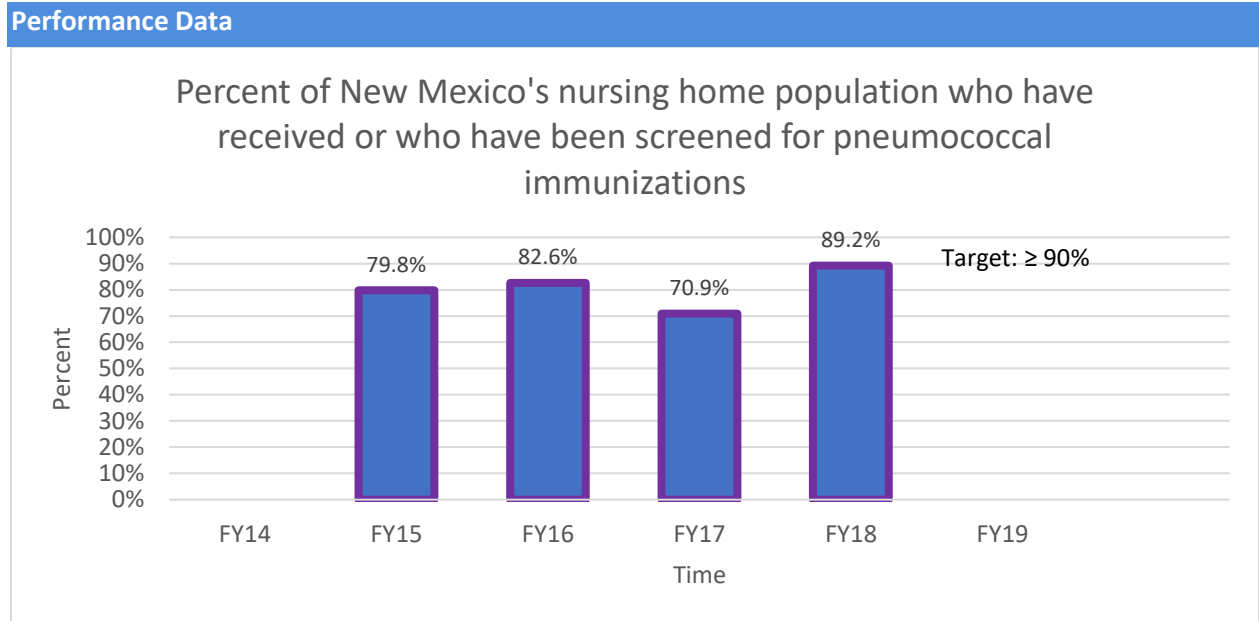
Strategy

- 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

Health Facilities shall continue to remain in compliance with the Centers for Medicare and Medicaid Services on immunization standards.

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



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

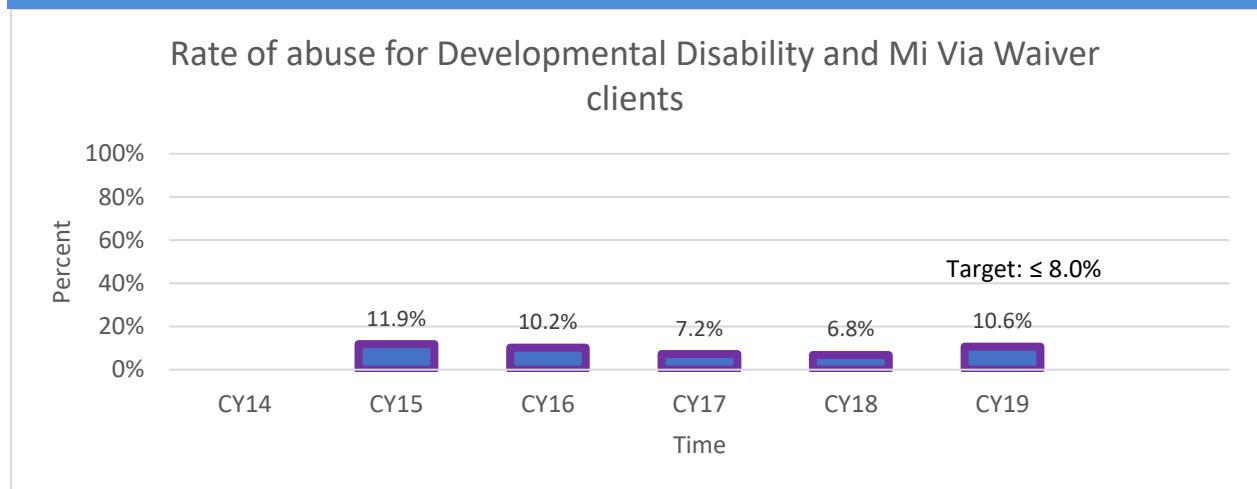
- Collaborate with NMDOH Epidemiology and Response Division, NMDOH Public Health Division, HealthInsight, and the New Mexico Health Care Association (NMHCA) to identify and implement strategies to support nursing homes to encourage residents to get immunized.
- Direct communication with NMDOH facility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

What More Needs to Be Done

Health Facilities shall continue to remain in compliance with the Centers for Medicare and Medicaid Services on immunization standards.

Performance Measure: **Rate of Abuse 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.

The FY19 “increase” in the DD Waiver abuse rate is directly related to the elimination of the IMB backlog. These cases would normally have been completed during the fiscal year. But, because they were backlogged, the cases are just now being closed, which artificially increases the abuse rate. IMB investigators are now currently on target to complete current cases within required timeframes.

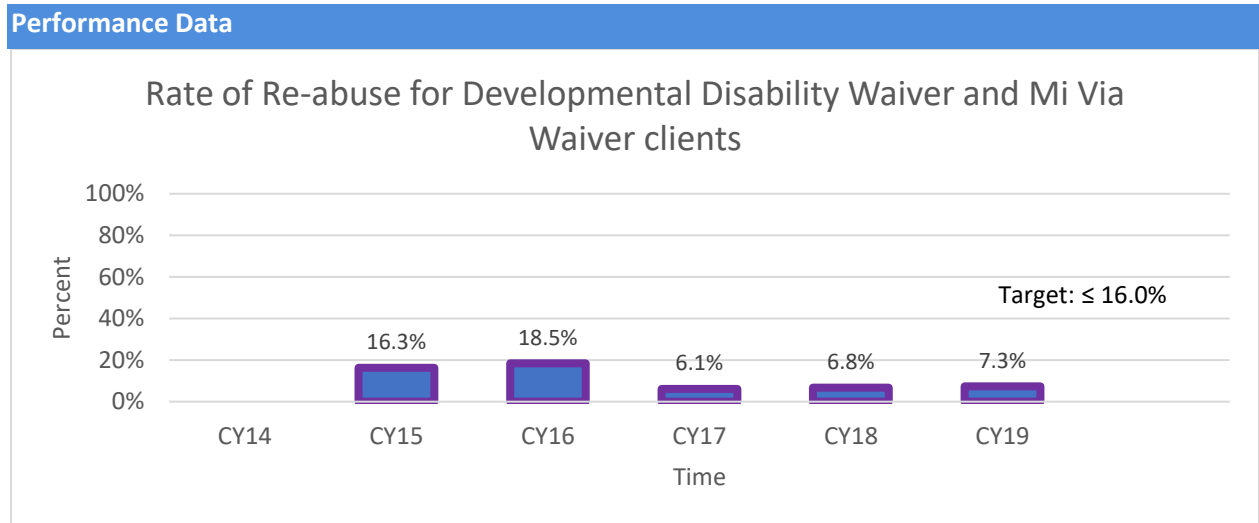
Strategy

- 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

- On-going enforcement of training and reporting requirements.
- IMB continues to progress in completing the backlog of cases with over 50% of backlog cases completed. As these cases are completed they create an artificial increase in the abuse rate. IMB needs to continue with current strategy to eliminate the backlog.

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



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

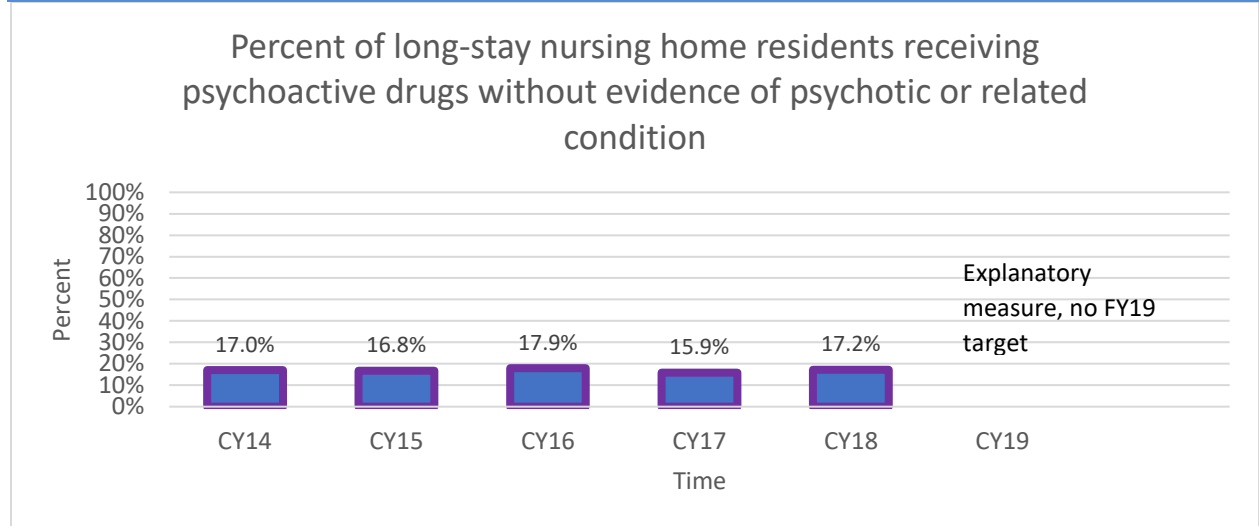
- Have clear, simple, and accessible processes for reporting suspected abuse.
- Provide adequate Immediate Safety and Action Plans.
- Do rapid Response to Serious Allegations of Abuse (priority levels).
- Meet statutory 45-day ANE Investigation timelines.
- Meet with community-based provider organizations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

What More Needs to Be Done

On-going enforcement of training and reporting requirements.

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

Health Facilities shall continue to remain in compliance with the Centers for Medicare and Medicaid Services on immunization standards.

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 28 qualifying medical conditions:

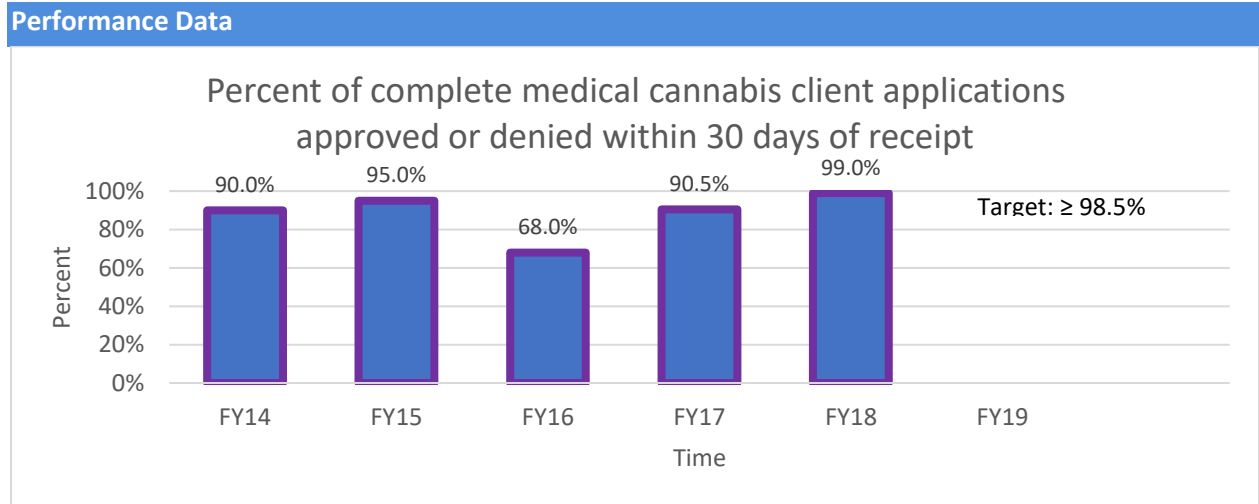
Partners

- 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

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%	99%
Percent of registry ID cards issued within five business days of application approval	***	***	98.5%	99.5%	≥ 95%	99.5%	99%	99%	99%

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



Background

Processing 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-Q4.

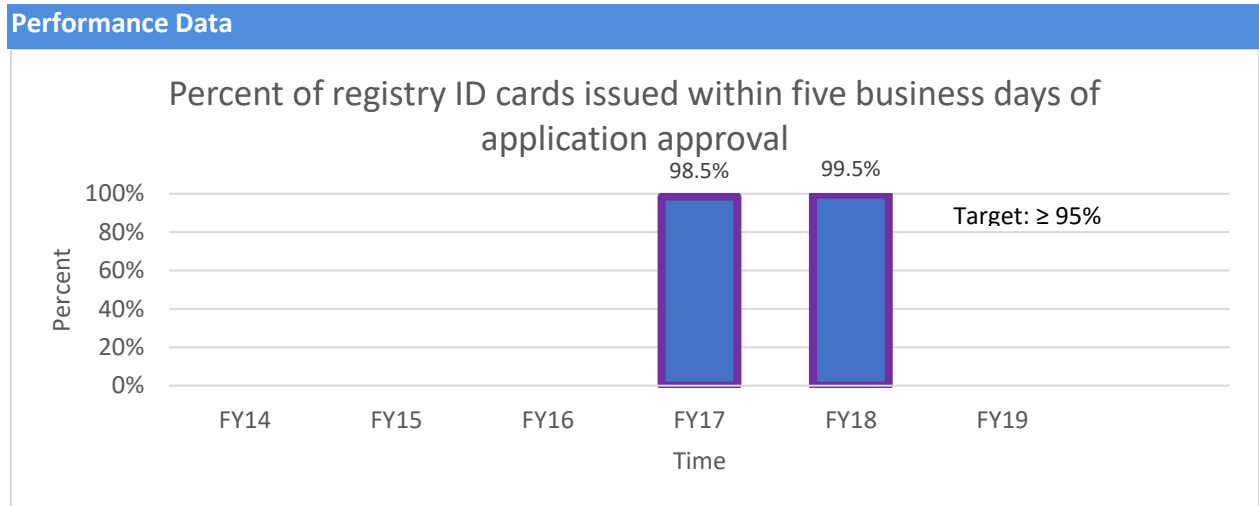
Strategy

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.

What More Needs to Be Done

The Medical Cannabis Program is working on a request for proposals (RFP) for a software system that will enable patients to submit applications electronically. The Program is working to fill vacancies directly related to administrative approval of patient registry ID cards.

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



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-Q4, 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.

What More Needs to Be Done

The Medical Cannabis Program is working on a request for proposals (RFP) for a software system that will enable patients to submit applications electronically. The Program is working to fill vacancies directly related to administrative approval of patient registry ID cards.