Department of Health

FY14 Quarter 4

Performance Report

April 1, 2014 - June 30, 2014
End of Fiscal Year 2014 Report

New Mexico Department of Health
Retta Ward, Cabinet Secretary

NEW MEXICO DEPARTMENT OF HEALTH

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Office of Health Equity
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NEW MEXICO DEPARTMENT OF HEALTH

MISSION:
Promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico.

FY14 OPERATING BUDGET:

General Funds: 302,270.6

Federal Funds: 107,246.9

Other State Funds: 109,683.5

Other Transfers: 25,979.7

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Goal 1: Improve Health Outcomes for the People of New Mexico

PROGRAM AREA 2: Public Health

Purpose:

Public Health fulfills the Department of Health (DOH) mission by working with individuals, families, and communities in New Mexico to improve health status, eliminate disparities, and ensure timely access to quality, culturally competent health care. Public Health provides leadership by assessing the health status of the population; responding to outbreaks and health concerns in the population; developing sound public health policy; promoting healthy behaviors to prevent disease, injury, disability, and premature death; educating, empowering, and providing technical assistance to create healthy communities; mobilizing community partnerships to identify and solve health problems; assuring access to health care through recruitment and retention activities such as the J-1 Visa Program, licensing midwives, tax credits for rural health providers, as well as administering funding for rural primary health care providers serving populations in need throughout the state; and providing safety net clinical services.

FY14 OPERATING-BUDGET:

General Funds: 67,536.0

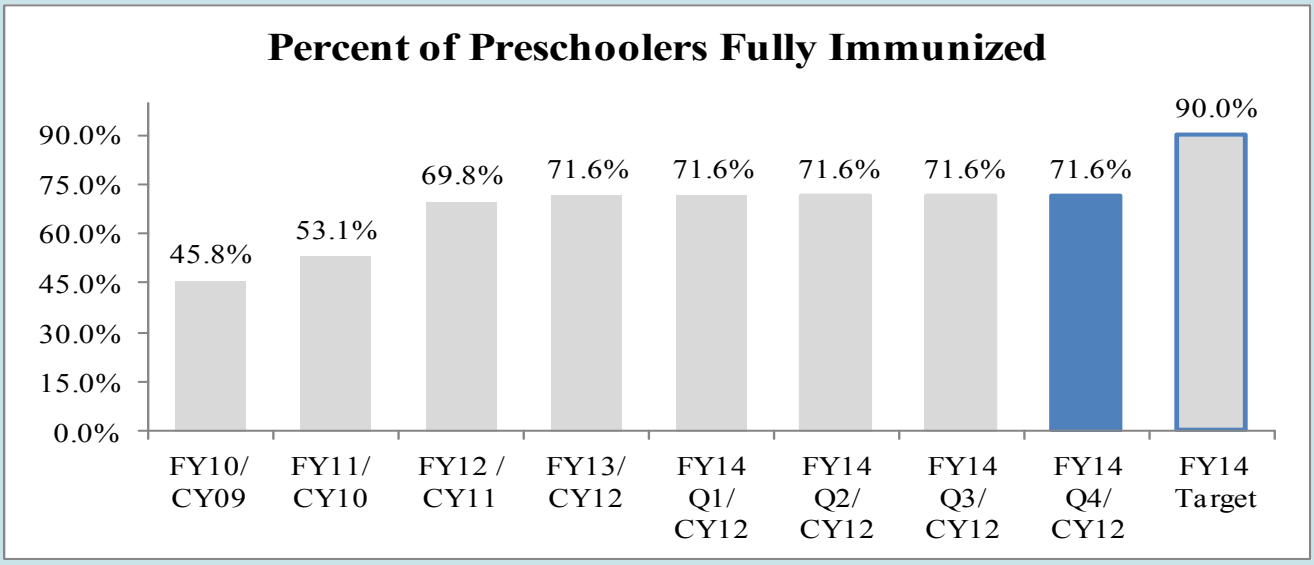
Federal Funds: 79,354.5

Other State Funds: 27,074.0

Other Transfers: 12,916.8

Results At-A-Glance

Program Area	Performance Measure	FY12	FY13	FY14 Q1	FY14 Q2	FY14 Q3	FY14 Q4	FY14 Target
Public Health	Percent of preschoolers (19 to 35 months) fully Immunized	CY11 69.8%	CY12 71.6%	CY12 71.6%				90%
Public Health	Number of teen births prevented among females ages 15-17 seen in Department of Health funded clinics	Measure didn't exist	797	350	401	452	344 FY14 Total: 1,547	850
Public Health	Percent of Quit Now enrollees who successfully quit using tobacco at 7-month follow-up	33.0%	33.0%	31.0%	35.0%	32.0%	30.0%	40.0%



Measure History

Data for this measure come from the National Immunization Survey (NIS) conducted by the Centers for Disease Control and Prevention (CDC). The NIS has been conducted annually since 1994 by the National Immunization Program and the National Center for Health Statistics (NCHS), and CDC. The NIS is a random digit dialing telephone survey of households with age-eligible children followed by a mail survey of the children's vaccination providers to validate immunization information. Given that New Mexico ultimately receives the data from the CDC, there is a lag in reporting; this lag results in the fact that Calendar Year 2012 (CY12) is the most current available dataset.

Immunization coverage surveys were conducted at offices of selected Vaccines for Children (VFC) providers. VFC is a national program administered through CDC to ensure that all children 0-18 years of age are eligible to receive recommended vaccines regardless of their family's ability to pay for them.

For this fiscal year, the immunization series includes: 4 DTaP, 3 Polio, 1 MMR, 3 or 4 Hib, 3 Hep B, 1 Varicella, and 4 Pneumococcal. In previous Quarterly Reports submitted to the LFC, the series was different. Therefore, the preschooler immunization data presented in this report should not be compared with data presented in Quarterly Reports from previous fiscal years.

Calendar Year 2012 (CY12) data indicate 71.6% of New Mexico preschoolers are fully immunized with the above-mentioned vaccine series. While not meeting the 90% target, relatively more New Mexico preschoolers are vaccinated relative to preschoolers throughout the U.S. (68.4%); see table below.

Percent of Preschoolers Fully Immunized: New Mexico and United States, FY10-14/CY09-12

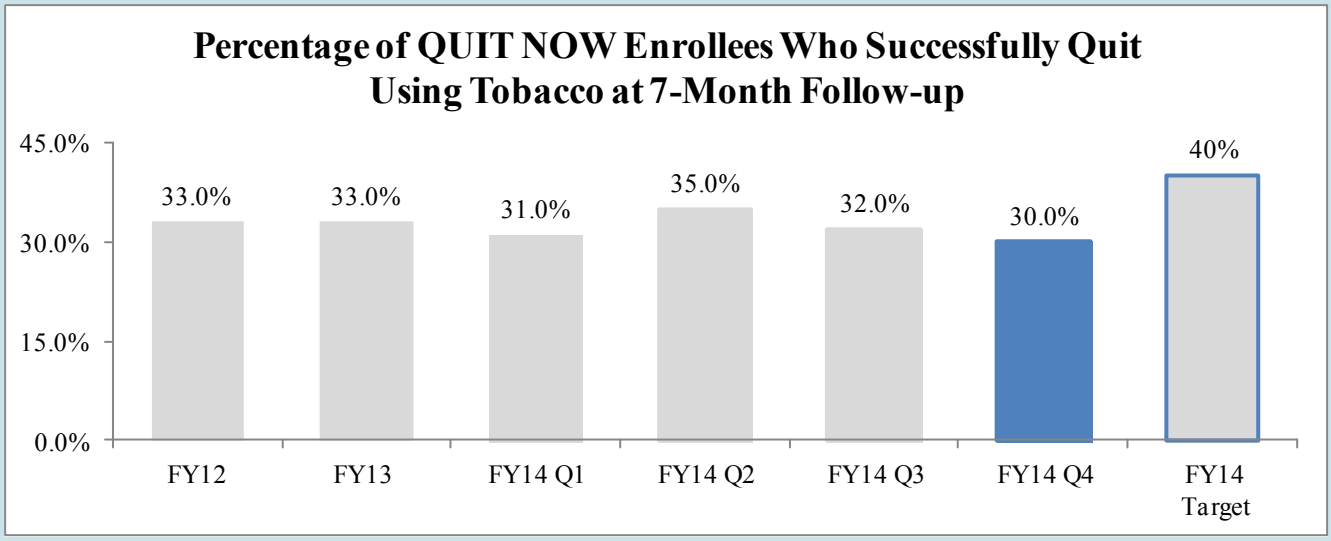
	FY10/ CY09	FY11/ CY10	FY12/ CY11	FY13/ CY12	FY14 Q1/ CY12	FY14 Q2/ CY12	FY14 Q3/ CY12	FY14 Q4/ CY12
United States	44.3%	56.6%	68.5%	68.4%	68.4%			
New Mexico	45.8%	53.1%	69.8%	71.6%	71.6%			

Activities

- Vaccine ordering continued through CDC's VTrcks system, initiated in New Mexico in May 2013.
- Mandatory recording of all immunizations delivered in New Mexico into NM Statewide Immunization Information System (NMSIIS) began in July 2013. Training was geared up to accommodate the surge of new NMSIIS users.
- Continued on-boarding new providers into the electronic data exchange process with NMSIIS.
- VFC quality assurance visits and coverage evaluation visits continued on track.
- Conducted three physician detailing visits to selected VFC provider offices to improve adolescent immunization rates.

Action Plan

- Implement dose-level accountability of VFC vaccines as mandated by the CDC as of October 1, 2013.
- Deliver all pediatric vaccine (~1.2 million doses) to approximately 500 VCF providers statewide.
- Provide education, training and approval for use of NMSIIS. In addition to yielding reports and information for infectious disease control, NMSIIS will be accessed by providers to deliver needed immunizations on a timely basis, and to reduce over- or under-immunization of the population.
- Collaborate with healthcare providers and schools to conduct outreach immunization clinics (i.e. weekend and after-hours clinics, Tribal Health, school-located influenza immunizations).
- Provide oversight for protection of the state's vaccine supply through professional education (CHILI trainings), distribution of new vaccine storage thermometers to VFC providers, and consistent monitoring of vaccine storage and handling practices through site visits and vaccine storage temperature logs.
- Conduct annual quality assurance visits and provide consultation for improving rates of immunization among children 19-35 months of age and adolescent clients to VFC providers.
- Examine the risk that vaccine exemption poses to all children and develop strategies to reduce the rate of vaccine exemptions.
- Work to create the revenues to sustain vaccine purchases for all children including insured ones.



Measure History

- New Mexico's adult smoking prevalence declined significantly between 2001-2010, following similar national trends. Despite decreases in overall adult smoking in NM, rates are still significantly higher among adults who have lower education, lower income, are unemployed, or uninsured.
- Enhanced methodology for the BRFSS was introduced in 2011, which prevents comparison of 2011 and later data to 2010 and earlier data. However, even with the new methods, there appears to be a decline in adult smoking from 2011 (21.5%) to 2012 (19.3%).
- Cigarette and cigar smoking declined significantly among NM high school youth between 2003 and 2013. Use of smokeless tobacco remains steady, and hookah tobacco use now has the highest prevalence among tobacco products that are tracked. The use of electronic cigarettes and other vapor products is currently unknown, but there are plans to begin tracking this information among youth and adults starting in 2015.
- About 93% of New Mexicans are protected from secondhand smoke exposure by the 2007 Dee Johnson Clean Indoor Air Act; however, this law does not apply to tribal lands in the state.

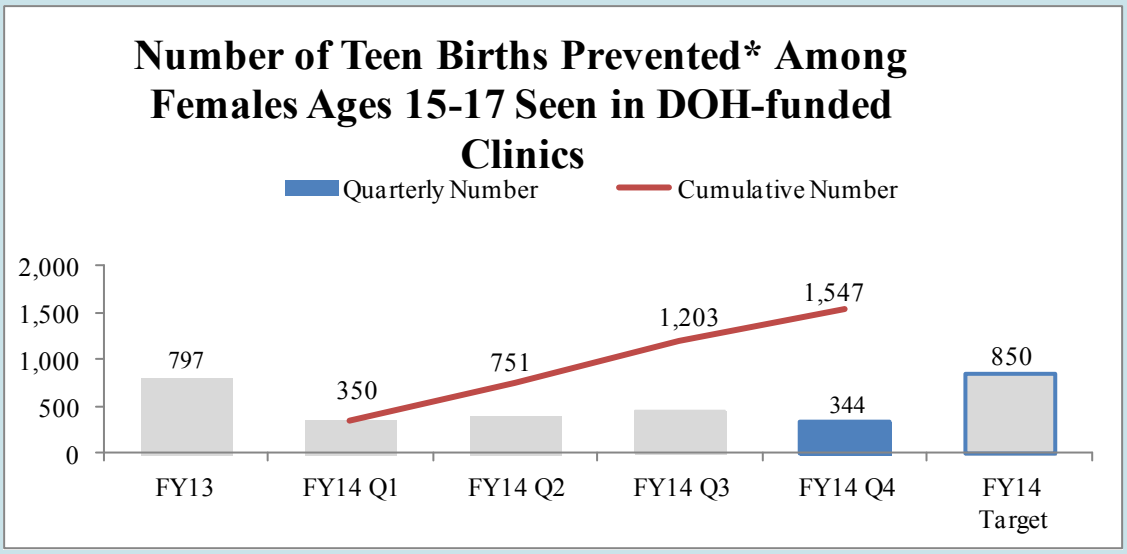
Activities

- The TUPAC Program, Alere Wellbeing,Inc. (AWI), and community stakeholders held a strategic planning and needs assessment session to develop a comprehensive healthcare provider training and outreach program, specifically to identify and eliminate tobacco-related disparities among population groups in New Mexico. A key piece of this work is to ensure collaboration in promoting and providing technical assistance around health system change, materials, and training in Federally Qualified Health Centers (FQHCs) and/or other health care provider centers in New Mexico. Community health centers like the FQHCs provide services to underserved communities, providing access to population groups facing tobacco-related and other health disparities. TUPAC hopes that these new partnerships will result in sustainable practices in these clinical settings that increase the identification of tobacco users, advice to quit, and referral to QUIT NOW or DEJELO YA Cessation Services.
- TUPAC, in coordination with McKee Wallwork and Company, started running television ads to promote anti-tobacco messages to adult tobacco users in the state. The ads were purchased from the Centers for Disease Control and Prevention's (CDC) highly successful "*Tips From Former Smokers"* campaign that include health communication messages concerning tobacco related illnesses like diabetes and heart disease. These CDC ads are intended to educate consumers about the dangers of tobacco use and to promote free resources to quit in NM through 1-800-QUIT NOW and 1-855-DEJELO YA.

- TUPAC contractors have finished work on the first-ever cessation services mass-media campaign for Spanish-speaking New Mexicans. The campaign is for the new 1-855 DEJELO YA Spanish cessation service, which will work to reduce tobacco-related disparities for the 29% of New Mexico's residents who speak Spanish as the primary language in the home.
- On May 6-7, 2014, TUPAC and the American Lung Association of New Mexico (NM) sponsored a two-day *Equity, Evidence and Policy Training* to strengthen the policy knowledge and increase the policy analysis skills across key organizations working on tobacco control in NM. The policy training focused on NM's tobacco control legislative achievements and continuing progress to address cigarette and other tobacco products use.
- TUPAC and the Women, Infants, and Children (WIC) Program completed their statewide training of WIC staff, which included topics on how to deliver brief tobacco interventions, provide referrals to QUIT NOW, and disseminating WIC population-specific materials and incentives. About 150 WIC staff members were trained across all five public health regions during the course of several months.
- In addition to ongoing smoke-free multi-unit housing activities, TUPAC engaged in another smoke-free initiative in conjunction with the Department of Health's Diabetes Prevention and Control Program and representatives from Isleta Pueblo Health Center. The *Have a Heart (HAH)* campaign is a joint tobacco and diabetes educational outreach project in which members of the Isleta Pueblo received heart-shaped pins attached to cards featuring artwork by a Native American artist from that community. The message in the card addresses the importance of clean indoor air for people living with diabetes. Isleta Pueblo represents the seventh Native American community engaged in these educational efforts.

Action Plan

- The final data for FY14 show that 32% of QUIT NOW Cessation Services enrollees reported being successfully quit from using tobacco at 7-month follow-up. This rate falls in line with previous-year quit rates, as well as what is seen in other states with comparable services. In retrospect, the FY14 target rate of 40% was too high for this measure. Quit rates from the past three fiscal years helps justify a target of 33% for FY15. The quit rate is also a function of the different types of support services accessed and utilized by participants, as well as each individual's motivation to quit. For example, we see higher quit rates among participants who enroll in the integrated web and phone program, but quit rates trend lower among participants who might be less motivated and only enroll in a web-based component of the program. Related measures also indicate high levels of satisfaction (94%) among QUIT NOW participants, as well as participants indicating that most or all of their needs have been met by the service (80%). Even participants who may not be fully quit from tobacco at follow-up are likely to reporting using less tobacco and continuing to make additional quit attempts.
- The TUPAC Program is implementing Continuous Quality Improvement (CQI) strategies both within cessation services as well as supportive activities including media and promotion to ensure that the services being offered remain of high quality, barrier-free (e.g., free nicotine patches/gum, Spanish language), and that outreach is culturally appropriate. Significant efforts with key stakeholders are underway to assess and plan for health systems changes that complement QUIT NOW and reach some of the populations in greatest need. There will be ongoing promotion of the online *Treating Nicotine Dependence in New Mexico* training to increase screening and brief interventions in health care settings and to increase referrals to free QUIT NOW services. TUPAC and its partners are also focusing on the challenges posed by the emergence of new tobacco products, such as electronic cigarettes, which can impact nicotine uptake and ongoing dependence among new and current tobacco users. Collection of emerging products data is a priority both to estimate prevalence of use of such products, but also to assess impact on cigarette use and quit rates.



*The Family Planning Program (FPP) methodology uses pregnancies prevented among female teens (ages 15-17) who were seen in DOH FPP-funded clinics for this measure.

Measure History

Since 1998, the teen birth rate in New Mexico for 15-to-17 year olds has declined by 51%, which is comparable to national data. Yet, while rates are declining, Hispanic teens have the highest birth rates both in New Mexico and nationally, so there is still work to be done. Factors in the high teen pregnancy rates include: poverty, education, rural living, and access to services.

In 2012, New Mexico ranked 2nd (tied with Arkansas) in percentage of children living in poverty, one of the most important contributing factors to teenage pregnancy. Teens who have dropped out of school are more likely to become pregnant and have a child than their peers who stay in school. The NM high school dropout rate in 2012 was 29.6%, compared to 24.5% nationally.

The Family Planning Program (FPP) promotes and provides comprehensive family planning services, including clinic-based services and community education and outreach, to promote health and reproductive responsibility. Family planning is an integral component of the DOH's efforts to reduce teen pregnancy, prevent unintended pregnancies and STDs, reduce infant mortality and morbidity, and improve the health of women and men of all ages. Confidential reproductive health services are provided at low or no cost at local Public Health Offices, and some community health centers and school-based health centers. In 2013, 2,800 females aged 15-17 years received comprehensive family planning services.

The FPP also funds community education programs focusing on service learning, adult-teen communication and comprehensive sex education. Service learning programs engage youth in constructive activities to build on their strengths and interests, and increase their motivation to delay childbearing by providing positive alternatives and leadership opportunities. The FPP implemented the Teen Outreach Program (TOP), a nine-month program that aims to decrease teen pregnancy and increase school success with curriculum guided activities and a community based service learning component to high risk teens during after school hours. Completing the TOP program with fidelity means that participants must: consent to participate; complete the pre- and post-survey; attend weekly curricula; complete at minimum 20 hours of community service learning; and attend the program for the full nine months. The FPP's goal is to annually serve 500 youth statewide with fidelity in TOP. During FY14, 506 youth in New Mexico participated in TOP.

Community organizations funded by the FPP also implement *Raíces y Alas*, a two-hour workshop for parents of adolescents. The workshop is designed to increase parents' confidence to talk with their children about sex and sexuality and to help parents give their children solid foundations of knowledge to make healthy decisions regarding their health and relationships. Each TOP must complete two *Raíces y Alas* workshops in their local community.

The FPP promotes the *BrdzNBz* text messaging service to help teens and parents to get accurate sexual health information and to encourage parents to talk with their teens about sexual health and to communicate their values to help their child develop responsible attitudes and healthy behaviors.

Activities

During FY13 Q1, the FPP launched the *BrdzNBz* text messaging service. *BrdsNBz New Mexico* offers teens and parents free, confidential, and accurate answers to sexual health questions via text message in either English or Spanish. A teen or parent texts a question and a trained educator responds within 24 hours with an average time of 6 to 8 hours. Teens text "NMTeen" to 66746 and parents text "NMParent" to 66746. Through the text line parents receive recommendations on ways they can increase their skills in talking to their teen about sexual health.

Action Plan

- The FPP funded clinics will continue to provide confidential, family planning services to teen clients aged 15-17 at over 100 sites in Public Health Offices, Primary Care Clinics & School Based Health Centers (SBHC).
- Continue with population-based strategies (service learning, adult-teen communication and comprehensive sex education) working in concert with the clinical family planning direct services to prevent teen pregnancy.
- Provide ¡Cuídate! and TOP training for community based educational providers.
- Work with the University of New Mexico to implement an adaptation of the ¡Cuídate! Program for Native American youth.
- Develop new promotional materials to promote *BrdsNBz* at Public Health Offices statewide.

Goal 1: Improve Health Outcomes for the People of New Mexico

PROGRAM AREA 3: Epidemiology and Response Division

Purpose:

Epidemiology and Response fulfills the DOH mission by monitoring health, providing health information, preventing disease and injury, promoting health and healthy behaviors, responding to public health events, preparing for health emergencies, and providing emergency medical, trauma, vital registration, and sexual assault-related services to New Mexicans.

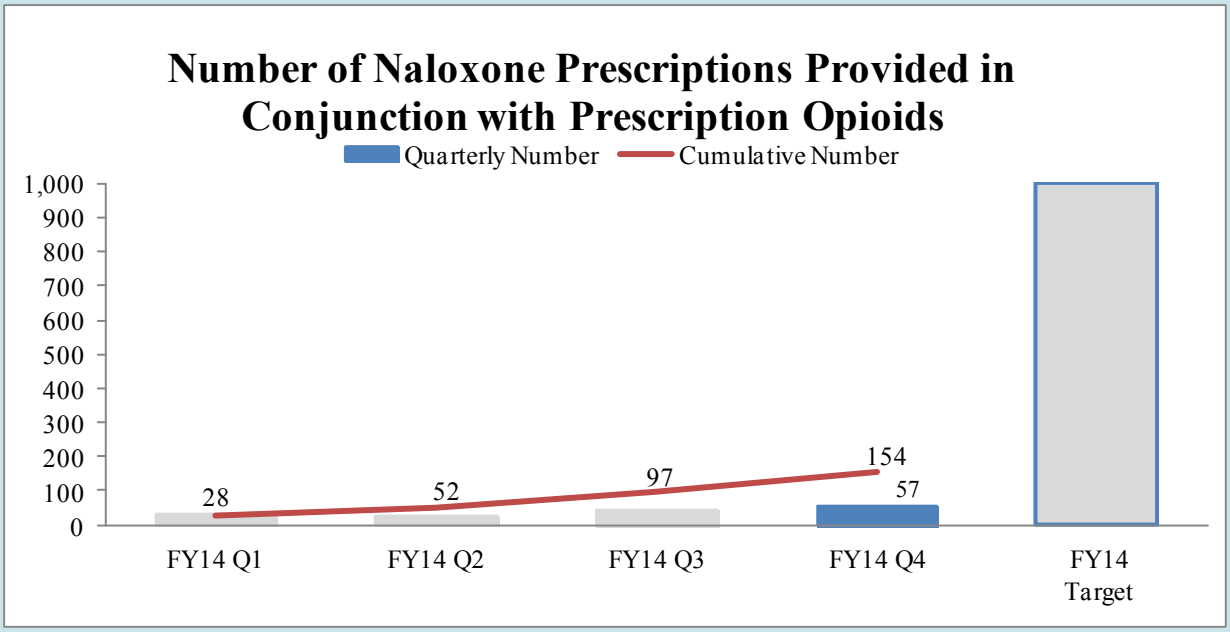
FY14 OPERATING BUDGET:

General Funds: 8,352.6

Federal Funds: 14,645.1

Other State Funds: 1,048.3

Other Transfers: 160.6



Measure History

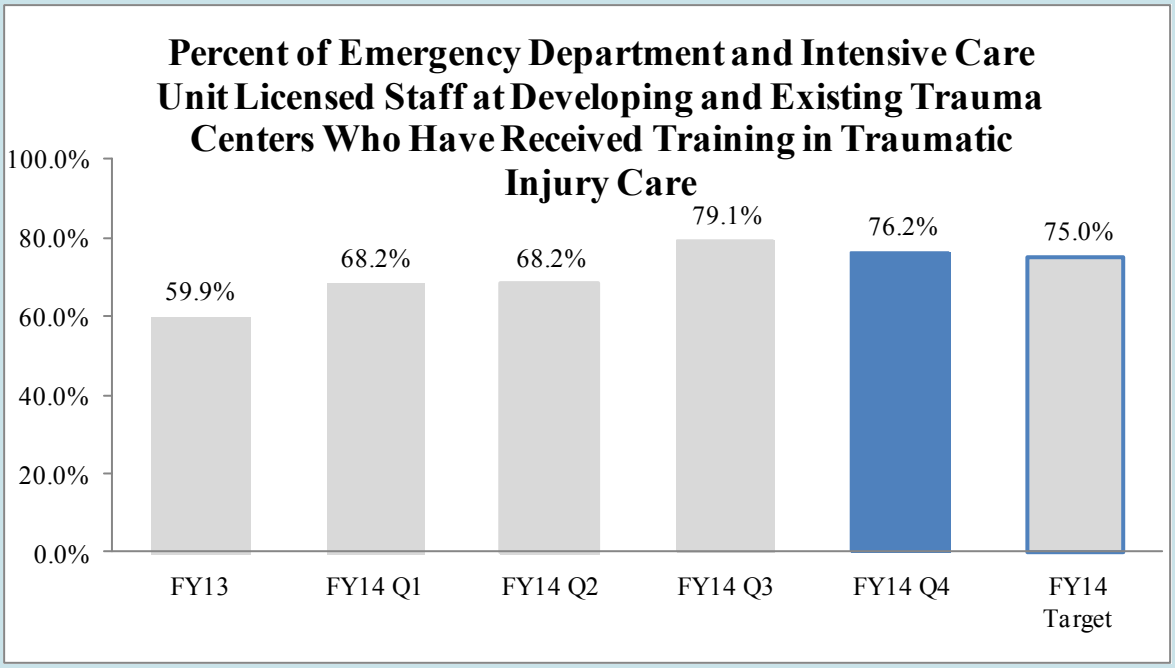
- In 2012, New Mexico's drug overdose death rate was 24.2 per 100,000 persons. That year, 486 New Mexicans died of drug overdose.
- In 2010, the Centers for Disease Control and Prevention reported that New Mexico had the second highest drug overdose death rate in the nation, and nearly double the U.S. rate.
- Since 2001, New Mexico's drug overdose death rate has increased by 80%.
- Drug overdose death surpassed motor vehicle injury death as the leading cause of unintentional injury death in New Mexico in 2007.
- There have been more prescription drug overdose deaths than illicit drug overdose deaths in New Mexico since 2007.
- Unintentional overdose, or poisoning, accounts for 80 to 85% of drug-induced deaths in New Mexico.
- The consequences of opioid addiction continue to burden NM communities, with high rates of overdose death, crime, violence, homelessness, loss of productivity and spread of blood-borne disease.
- Naloxone reverses drug overdoses.

Activities

- Continued collaboration with the Santa Fe co-prescription pilot in collaboration with La Familia Medical Center and Medicap Pharmacy.
- Roswell co-prescription pilot continued with three participating provider sites.
- Continued the Taos co-prescription pilot with six provider sites participating.
- Created an Opioid Safety webpage on the NMDOH Internet site featuring patient, medical provider, and pharmacist educational materials on safe opioid prescription/use and overdose prevention with naloxone.
- Provided technical assistance and expertise to the Human Services Department Medical Assistance Division on the development of guidelines to the managed care organizations regarding pharmacy provider reimbursement for naloxone rescue kit dispensing and accompanying patient training for Centennial-enrolled clients.
- Collaborated with the New Mexico Pharmacy Association and UNM Project ECHO on educational outreach and training to pharmacists on dispensing of naloxone and patient training.
- Created an Opioid Safety webpage on the NMDOH Internet site - featuring patient, medical provider, and pharmacist educational materials on safe opioid prescription/use and overdose prevention with naloxone.
- Provided staff training and tools development for co-prescription pilot with UNM Chronic Pain Clinic.
- Planning with and staff training for Southwest Care Center, as expansion to the Santa Fe Co-prescription Pilot.
- Planning with Department of Public Safety for cross-agency coordination on naloxone carry and administer policy for state police.

Action Plan

- Increase access to overdose prevention education and naloxone in clinical settings for persons at risk of misuse or overdose with prescription opioids by: (i) expanding existing pilots in Taos, Santa Fe and Roswell by adding medical provider sites in each community; and (ii) establishing naloxone co-prescription pilots in other communities (Espanola, Albuquerque).
- Collaborate with Walgreen's Corporate Office on pilots with six identified Walgreens stores for dispensing of naloxone rescue kits, under prescription, to Medicaid/Centennial Care eligible patients.
- Collaborate with the Bernalillo County Health Council Narcan Implementation Team expanding access to naloxone in Bernalillo Count (including community-based pharmacies, community health clinics, and public safety).
- Collaborate with Human Services Department Medical Assistance Division, managed care organizations, and Medicaid providers on the co-prescription of naloxone rescue kits, reimbursable under 9/27/2013 Medicaid Letter of Direction.
- Expand professional education to healthcare providers on the role of overdose prevention education and naloxone for high-risk patients receiving opioid pain medication..
- Launch the co-prescription pilot with UNM Chronic Pain Clinic in August 2014.
- Expansion of Santa Fe co-prescription pilot set to launch in August/September 2014.
- Initiate planning with UNM Hospital Community Clinics to expand co-prescription pilot.



Measure History

Trauma is an injury caused by external force applied to the body. Car crashes, violent acts such as shootings and stabbings, and falls are common mechanisms of injury. Major trauma is life-threatening or potentially life-threatening and is the leading cause of death and disability for people less than 45 years of age. Every year patients suffering from injuries due to motor vehicle crashes, falls, knife or gunshot wounds, burns, or sport and recreational accidents are transported to trauma centers. The time from the injury to highly specialized trauma hospital care is critical in saving lives and decreasing disabilities. Trauma centers provide the level of care that can make the difference between life and death.

The 2006 House Memorial 20 Task Force issued a report titled the *New Mexico Trauma Care Crisis*, stating that only 60% of the state's population lived within 90 miles of a trauma center. As a result of this report, legislative funding was allocated to support existing trauma centers, developing trauma centers, and trauma system development. In 2006 there were three designated trauma centers; one level I trauma center in Albuquerque (University of NM Hospital), and two Level II trauma centers, Farmington (San Juan Regional Medical Center) and Santa Fe (CHRISTUS-St. Vincent Regional Medical Center). As a result of education, funding and dedication to the timely treatment of patients with major trauma, the State now has 14 designated trauma centers with a majority of the population within 90 miles of a trauma center.

It is expected that each trauma center participate in performance improvement activities to continuously monitor trauma care delivered at their facilities. The goal is to make trauma care improvements throughout the continuity of care for the trauma patient, and to provide high level education (required per NMAC 7.27.7) to all providers caring for the traumatically injured patient. Training includes Trauma Nursing Core Course (TNCC) and six hours of continuing education (CEs) in trauma for nurses and Advanced Trauma Life Support and six continuing medical education (CMEs) units of trauma education for physicians. No requirements are specified for paramedics working in a hospital setting; however, training is strongly encouraged.

Activities

- EMS Quarterly meetings (e.g., Trauma Nurse Coordinator Forum/Trauma Registry Workgroup (TNCF/TRW)) are held for all trauma system stakeholders. Trauma program managers focus on consistency of trauma care, receive guidance from the Emergency Medical Services (EMS) Bureau Trauma Program, and share educational opportunities.
- The Trauma Advisory and System Stakeholder Committee (TASSC) meets quarterly and regional reports are given by the EMS Regional offices. Reports are given by each facility participating in statewide trauma care, and changes in physician coverage, general issues of trauma care, and specific success stories are brought forth for consideration and discussion.
- Regional Trauma Advisory Committee (ReTrAC's) meetings are held quarterly in each of the three EMS Regions and focus on issues related to trauma care in each region.
- The Trauma System Fund Authority (TSFA), whose members are appointed by the Governor, meets quarterly. The TSFA's main mission is to administer the Trauma Fund. Updates on pending TSFA awards for designated trauma centers, developing trauma centers, and trauma system development are presented by the EMS Bureau Trauma Program. This meeting is attended by representatives from the trauma system, including pre-hospital personnel and hospitals from all over the state. The requirements for reporting the education are in each existing and developing trauma center's Memorandum of Agreement, as awarded by the TSFA.
- EMS Bureau/Trauma Program staff visited Roosevelt General Hospital for a verification site survey for Level IV trauma center designation. At this time, the EMSB/trauma program staff went over documentation of education for their medical/nursing and other licensed staff.
- The TNCF/TRW and TASSC met on May 20th. At these meetings discussions occurred on how the new performance measure would be calculated by the EMSB/Trauma Program which indicates the percent of licensed personnel at existing and developing trauma centers have trauma education, utilizing the educational requirements of NMAC 7.27.7. Continued use of the reporting format as developed by the EMSB/Trauma Program was encouraged, and detailed training for this reporting was done by the State Trauma Coordinator.
- At the TASSC meeting on April 1, 2014, education opportunities from each facility and each regional office were shared and all facilities were encouraged to contact each other for openings of trauma related courses to continue to meet and/or exceed the trauma education requirements.

Action Plan

- Traumatic injury care education requirements for staff throughout the trauma care system will be communicated to all facilities to ensure the availability of high quality educational opportunities for emergency department and pre-hospital staff.
- The EMS Bureau Trauma Program State Trauma Coordinator and staff will continue to provide updates and training to increase the accessibility and quality of training across all clinical specialties.
- The EMSB/Trauma Program is also seeking out CE certification for licensed personnel who attend the quarterly educational meetings for case presentation. This should be implemented by August 2014.

Goal 5: Ensure that Technology Supports Timely, Data-Driven Decisions; Public Information and Education; and, Improves Business Operations

Purpose:

Laboratory Services fulfills the DOH mission by providing laboratory analysis and scientific expertise for public health policy development, environment and toxicology programs in New Mexico. The laboratory 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. The laboratory also performs drug testing and provides expert witness testimony for forensic investigations of DWI/DUID and cause of death from drugs and infectious disease. The laboratory is the primacy bioterrorism and chemical terrorism response laboratory for the state and provides training for clinical laboratories throughout New Mexico. New Mexico statute dictates that the Scientific Laboratory Division (SLD) is the primacy laboratory for the New Mexico Department of Health, the New Mexico Office of the Medical Investigator, the New Mexico Environment Department, and the New Mexico Department of Agriculture.

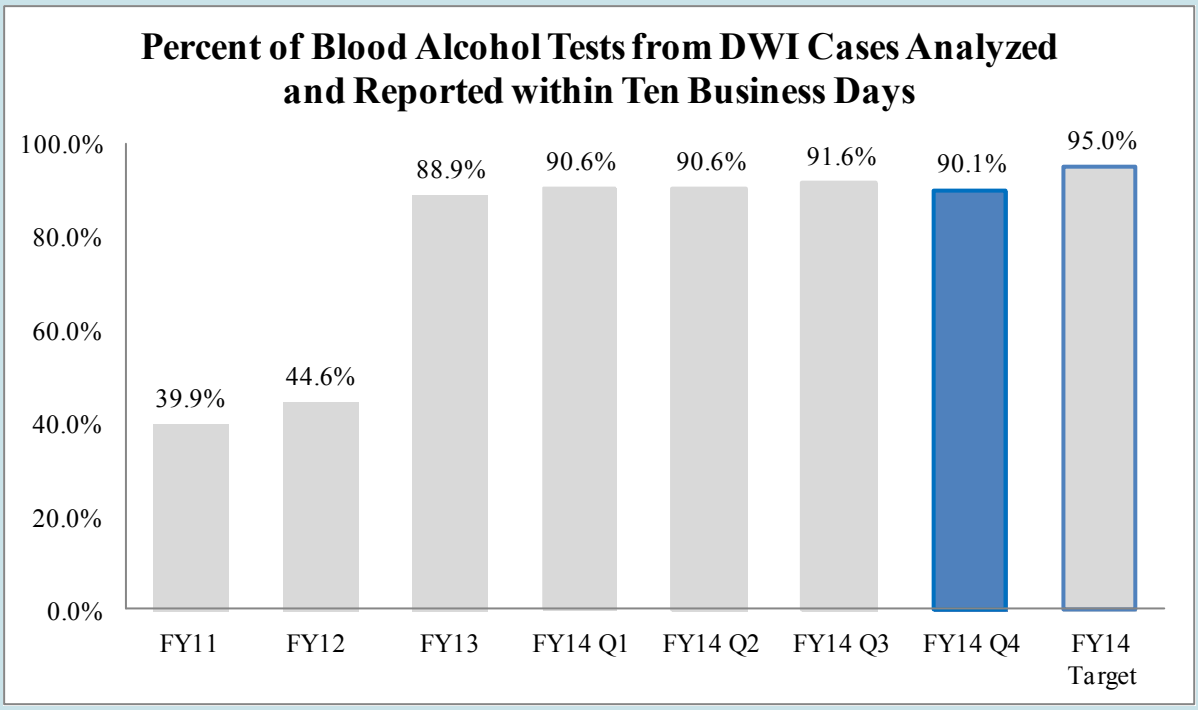
FY14 OPERATING BUDGET:

General Funds: 7,606.1

Federal Funds: 2,138.7

Other State Funds: 2,837.5

Other Transfers: 0



Measure History

For cases involving impaired drivers, blood alcohol (BA) testing is the first test completed. If the BA level is $\geq$ 0.08, no further testing for drugs is conducted because the minimum statutory level has been demonstrated. However, if the BA level is < 0.08, additional drug screening is conducted to determine cause of impairment. If the drug screens are positive, then drug confirmation testing is completed. The Drug Screening Section is responsible for the BA testing and accompanying court testimony, as well as the drug screening. And, BA testing is not only done on impaired driving cases, but also cause-of-death cases; the same analysts run both impaired driving and cause-of-death testing. These cause-of-death tests are intensive, with more quality controls and case reviews than traditional clinical and environmental testing. Even though ten days business days comprises the measure, 30 days is within the time frame that the judicial system needs the information to adjudicate cases and would allow the SLD to accommodate periods of heavy demands for court testimony and still maintain turn-around times.

Overall, the percent of blood alcohol samples reported within ten business days improved from 44.6% in FY12 to 88.9% in FY13, and further improved to over 90% in FY14. In addition, in FY14, over 99% of blood alcohol tests from DWI cases were analyzed and reported within 15 days.

Activities

- In 2013, the Toxicology Bureau agreed to increase the number of samples accepted from the Office of the Medical Investigator by 20%. At the end of FY 13, the overall average time to complete and report the results for a drug case by the Toxicology Bureau was 23 days (19 days for DWI cases and 29 days for autopsy investigations). This was 30% faster than the previous quarter and reflects the positive impact of increased staffing and assessment and revision of lab work flow processes using LEAN strategies.
- During the last quarterly meeting between the NM Environment Department (NMED) Drinking Water Bureau (DWB) and the Scientific Laboratory Division Chemistry Bureau, DWB requested a reduction in their sample turn-around time from 98% of samples completed within 90 days to 98% of samples completed within 60 days . While this is a deviation from the NMED-SLD MOA, the Chemistry Bureau was willing to accommodate this request, and able to meet this new, shorter result turnaround time requirement with 99.2% of all DWB samples reported out in less than 60 days.
- Progress has been made toward the utilization of 'Independent Experts' to testify before the court rather than requiring the in-person attendance of multiple laboratory analysts. The availability of 'Independent Experts' to review BA testing data for the court obviates the need for each scientist who analyzed the sample to appear in court. This increases laboratory productivity for those scientists.

Action Plan

- ***Monitor and maintain equipment***. SLD last received dedicated legislative funding for capital equipment replacement in FY09. As a result, a growing number of analytical instruments are failing, and these instruments are in constant use. However, capital equipment funding was restored in FY15 which will facilitate equipment replacement.
- ***Continue method development***. Evaluation and validation of new methods is critical to develop better turn-around times and efficient usage of available staff.
- ***Continue staff training***. It takes from six months to one year for employees to become proficient in analysis of samples, depending on the type of testing.

Goal 2: Improve Healthcare Quality

Program Area 7: Developmental Disabilities Support

Purpose:

Developmental Disabilities Supports Division (DDSD) fulfills the DOH mission by effectively administering a system of person-centered community supports and services that promotes positive outcomes for all stakeholders with a primary focus on assisting individuals with developmental disabilities and their families to exercise their right to make choices, grow and contribute to their community.

FY14 OPERATING BUDGET:

General Funds: 137,676.5

Federal Funds: 2,805.2

Other State Funds: 1,200.0

Other Transfers: 8.066.4

PROGRAM AREA 8: Health Certification, Licensing and Oversight

Purpose:

The Health Certification, Licensing and Oversight program provides health facility licensing and certification surveys, community-based oversight and contract compliance surveys and a statewide incident management system, so that people in New Mexico have access to quality health care and that vulnerable populations are safe from abuse, neglect and exploitation.

FY14 OPERATING BUDGET:

General Funds: 4,462.2

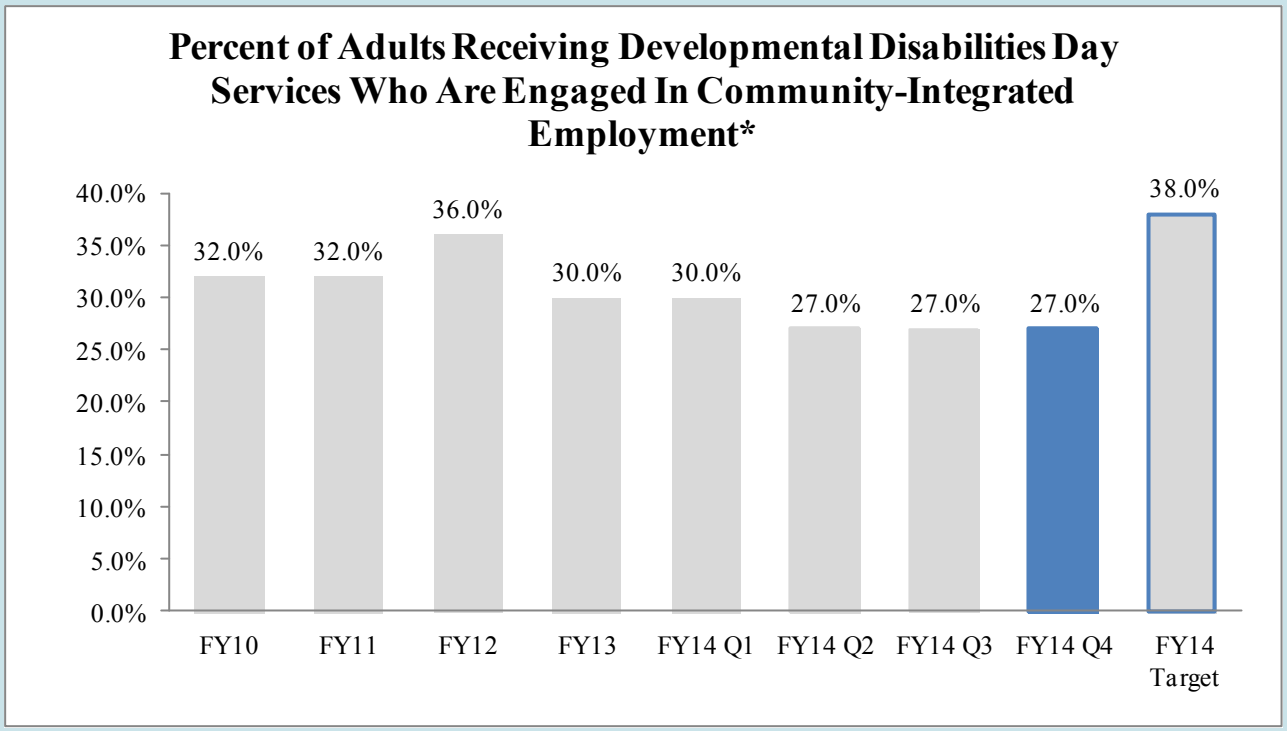
Federal Funds: 2,967.0

Other State Funds: 2,800.0

Other Transfers: 3,444.9

Results At-A-Glance

Program Area	Performance Measure	FY12	FY13	FY14 Q1	FY14 Q2	FY14 Q3	FY14 Q4	FY14 Target
Developmental Disabilities Support	Percent of adults receiving developmental disabilities day services who are engaged in community-integrated Employment	36.0%	30.0%	30.0%	27.0%	27.0%	27.0%	38.0%
Developmental Disabilities Support	Percent of developmental disabilities waiver applicants who have a service plan in place within 90 days of income and clinical eligibility	98.3%	84.0%	88.0%	78.0%	74.0%	75%	100.0%
Developmental Disabilities Support	Number of individuals on the developmental disabilities waiver waiting list	5,911	6,248	6,292	6,236	6,223	6,133	6,330
Developmental Disabilities Support	Number of individuals on the developmental disabilities waiver receiving services	3,888	3,829	3,752	4,193	4,299	4,403	4,000
Health Certification, Licensing and Oversight	Percent of developmental disabilities, medically fragile, behavioral health and family, infant toddler providers receiving a survey by the quality management bureau	71.0%	100.0%	81.0%	81.0%	79.0%	76.0%	100.0%



*Due to a delay in data availability, quarterly estimates reflect program performance during the preceding quarter.

Measure History

Individuals with developmental disabilities (IDD) experience greater levels of unemployment, underemployment, low wages, and poverty compared to those without disabilities. There remains a significant gap in national employment rates between people with and without disabilities. In 2010, individuals with disabilities ages 18 to 64 had an employment rate of 33.4%, compared with an employment rate of 72.8% for those without disabilities (American Community Survey 2010, Stats RRTC 2011). Labor force statistics estimate that 18% of working-age adults (ages 16 and over) with disabilities are employed compared with 64% of those without disabilities (Bureau of Labor Statistics 2011).

Although nationwide resources and priorities have not realigned to expand employment, there is substantial evidence that states are increasing efforts around community employment and focusing on outcomes. NM has made steady progress in increasing outcomes and performs above the national average but strives to be included in the group of states exhibiting increased successful employment outcomes.

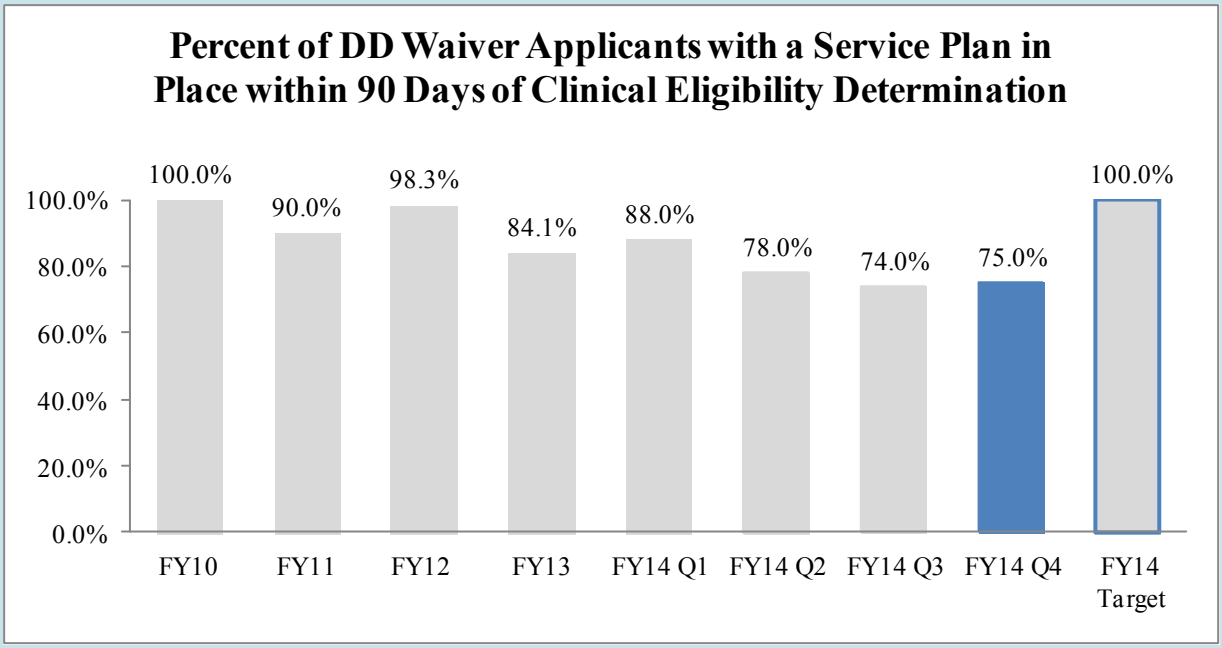
These data are obtained from an administrative data system that requires 90 days from the end of each quarter before it can be finalized. Therefore, each quarterly data point reflects program performance achieved during the previous quarter. For example data reported during the fourth quarter of FY14 reflect program activity that occurred during the third quarter of FY14.

Activities

DOH is making significant efforts to increase employment for IDD. Eligibility workers from the Division of Vocational Rehabilitation (DVR) across the state process applications within timelines. Eligibility workers also process promptly case closures and other changes. Status reports are reviewed to determine if systemic or case-specific problems are encountered during the process of eligibility determination. Accomplishing these activities helps ensure that the data reported are current. Processing applications,

Action Plan

- DDSD initiated a pilot in FY14 to improve data collection utilizing an electronic health records system. This pilot was successful and in FY15 the process will be mandatory for all DD Waiver supported employment agencies.
- Continue to utilize consultants, DVR, and regional community inclusion leads/coordinators in areas of job development and technical assistance to train and assist providers.
- Assist providers and interdisciplinary teams (IDT) to plan effectively using new service standards and service options.
- Continue and enhance monitoring provider performance data and provide assistance or intervention as needed.
- Contract with NM Partners in Employment to build sustainable system expertise and local networks to support employment.
- Continue to work closely with the Supported Employment Leadership Network of which we are a member.



Measure History

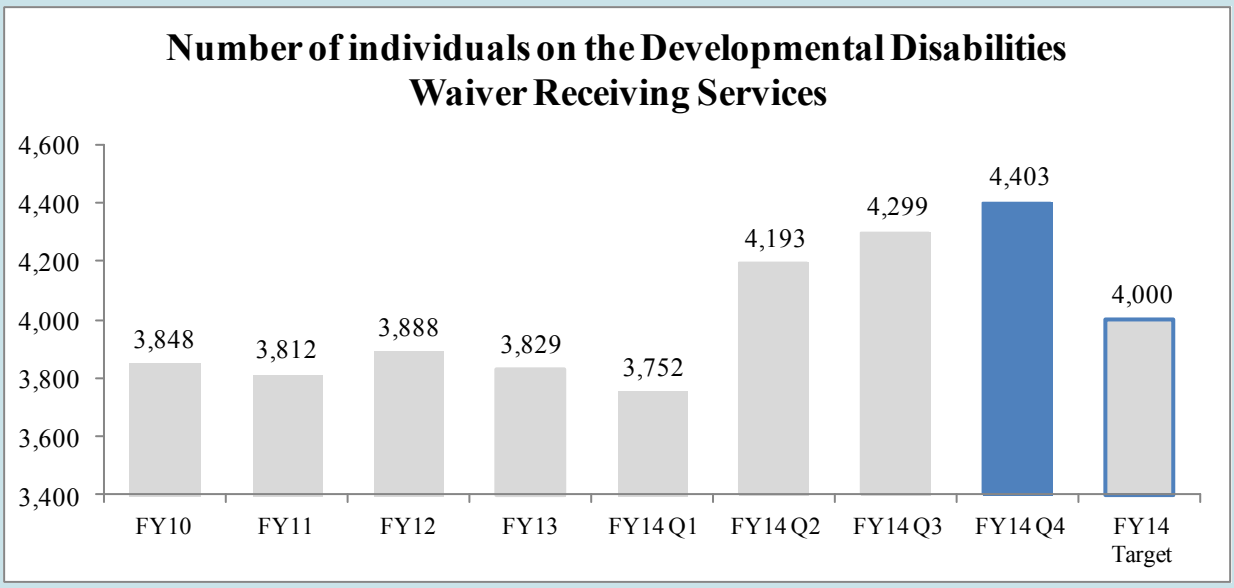
The Developmental Disabilities Supports Division (DDSD) is the primary state agency that funds community services and supports for people with developmental disabilities and their families in New Mexico. The Developmental Disabilities (DD) Waiver program serves as an alternative to institutional care and is designed to provide services and support to allow eligible individuals with developmental disabilities (IDD) to participate as active members of their community.

Activities

- Eligibility workers receive biweekly status reports from Case Managers (or from applicants, if the applicant chose the *Mi Via* waiver), and process case closures and other changes promptly. Subsequently, information obtained from status reports is provided to appropriate DDSD personnel. The number of days for a status report review is calculated by subtracting the date of income and clinical eligibility determination from Individual Support Plan (ISP) initiation. Status reports are reviewed to determine if systemic or case-specific problems are encountered during the process of eligibility determination.
- In addition, an internal DDSD Allocation Meeting occurs monthly to maintain the momentum of moving individuals through the allocation process and ensure we are meeting our timelines.

Action Plan

- DDSD is in the process of researching the 67 individuals in the last two quarters who have not received services within the 90 day timeline.
- DDSD will conduct an analysis to determine the cause of the delay and an action plan will be designed and implemented based on the results of the analysis.



Measure History

The Developmental Disabilities Supports Division (DDSD) provides information and referral services to people with disabilities and their families. DDSD also oversees various Medicaid home and community-based waiver programs (DD Waiver services) so that people with disabilities can live as independently as possible. The Developmental Disabilities Waiver (DDW) program is designed to provide services to allow eligible individuals with developmental disabilities to participate as active community members. The DDW is one of several waiver programs available, and the DDW program serves as an alternative to institutional care, providing an array of residential, habilitation, employment, therapeutic and family support services.

Action Plan

DDSD has made vast improvements to our allocation process, after the FY14 allocations proved to be remedial. For FY14, DDSD has charged reforms on our allocation process to ensure facilitation of an efficient, smooth, and timely determination of eligibility and entrance into DD Waiver services. DDSD has collaborated with the Medical Assistance Division (MAD), the Income Support Division (ISD) and Molina, our Third Party Assessor, to articulate and outline the entire allocation process. Collectively we identified the roles and responsibilities of each party involved, including the individuals/guardians. DDSD has revised our Allocation Tracking Form to incorporate all pertinent information necessary to inform the division when key benchmarks are accomplished and identify any delays. DDSD has communicated to all providers that allocating individuals to the waiver is a priority and has provided training, in conjunction with MAD and Molina, to case managers and DDSD staff on the allocation process on numerous occasions.

The number of people choosing the Mi Via Waiver has been increasing significantly as follows: FY10: 145 participants; FY11: 174 participants; FY12: 192 participants; FY13: 320 participants; FY14 (August 2013): 409 participants; projected number by Dec. 2013: 600 participants.

Allocation Process Improvements

Background:

DDSD experienced several barriers with the FY14 allocations; these barriers justified the need for improvements to the allocation process:

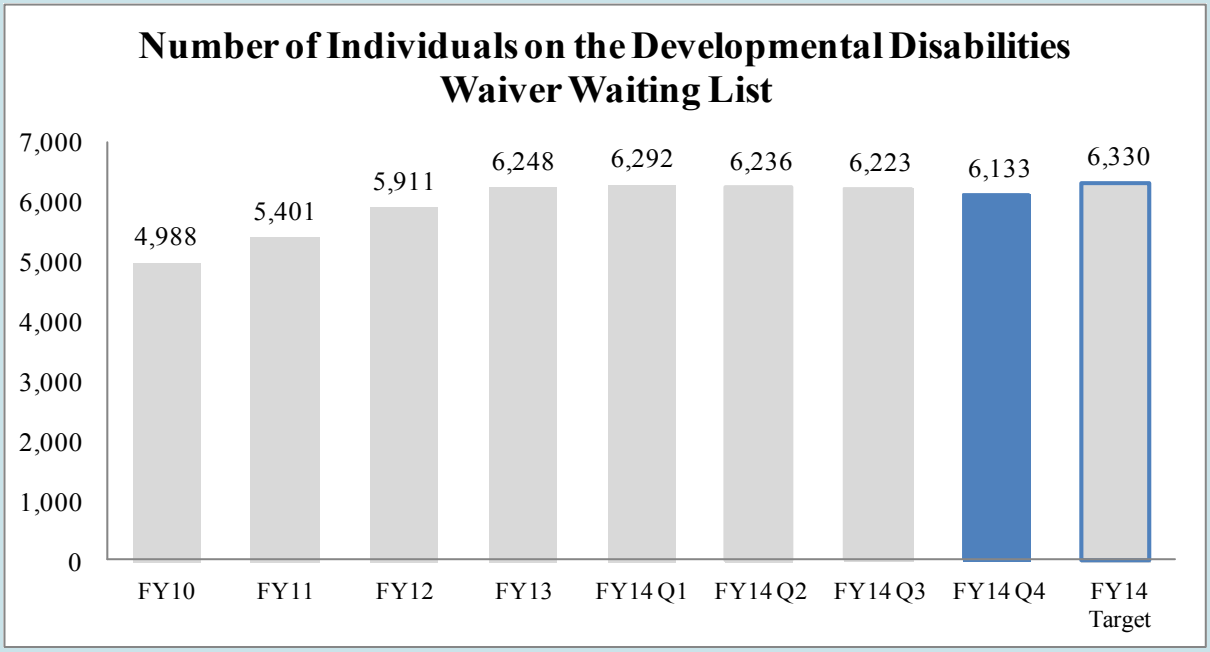
- 30% of the past two allocation groups are either closed due to lack of response or ask for allocation on-hold status.
- Entry into services was historically more rapid. Addition of SIS Assessments and changes in ISD procedures have added to timeframes between receipt of Primary Freedom of Choice and Confirmation of Eligibility and then ISP approval.
- When individuals pick *Mi Via*, Individual/Family is responsible to obtain LOC from physician and complete service planning process fairly independently—leading to longer timeframes for this group.

Recent Improvements:

- To better outline the entire allocation process, DDSD now collaborates with the Medical Assistance Division (MAD), the Income Support Division (ISD) and Molina. Collectively, we identified roles and responsibilities of each party, including individuals/guardians.
- DDSD revised the Allocation Tracking Form to incorporate all pertinent information necessary regarding when key benchmarks are accomplished and to identify delays.
- An internal DDSD Allocation Meeting occurs monthly to maintain momentum and ensure we are meeting our planned timelines.
- DDSD communicated to all providers that allocating individuals to the waiver is a priority. Also, DDSD has provided training on the allocation process, in conjunction with MAD and Molina, to case managers and DDSD staff .
- For FY13 allocations, we sent letters of interest on May 10th in order to maximize the number of individuals who enter and receive services for the majority of the fiscal year. In projecting the number of new allocations that DDSD could afford for FY14, we included projected attrition during the year and included those in the May 10th group solicitation.
- DDSD alerted the American Association on Intellectual and Developmental Disabilities (AAIDD) to expand their capacity to conduct Supports Intensity Scale (SIS)® assessments for new allocations between July and October 2013.

Future Improvement Opportunities:

- DDSD is working with ITSD to build a more up-to-date and robust Central Registry database.
- Streamline *Mi Via* to make it easier for individuals and their families to complete the allocation process more independently.
- Reinstitute annual "keeping in touch" mailings to maintain current contact info and find out when people move out-of-state, die, or decide they are no longer interested in services.
- Automatic crosswalk with Vital Statistics to identify deaths (exploratory conversations with Vital Statistics are underway).



Measure History

Each year approximately 1,000 people apply for services through the Developmental Disabilities (DD) Waiver Program. On average, about 300 of these applicants are determined to be eligible and are added to the waiting list (also known as the Central Registry) for services. Eligible applicants are placed on the waiting list in order by the date they applied for services. People for whom DD Waiver Program services are provided are selected from this list based of their date of application and / or emergency needs.

Central Registry Status Categories

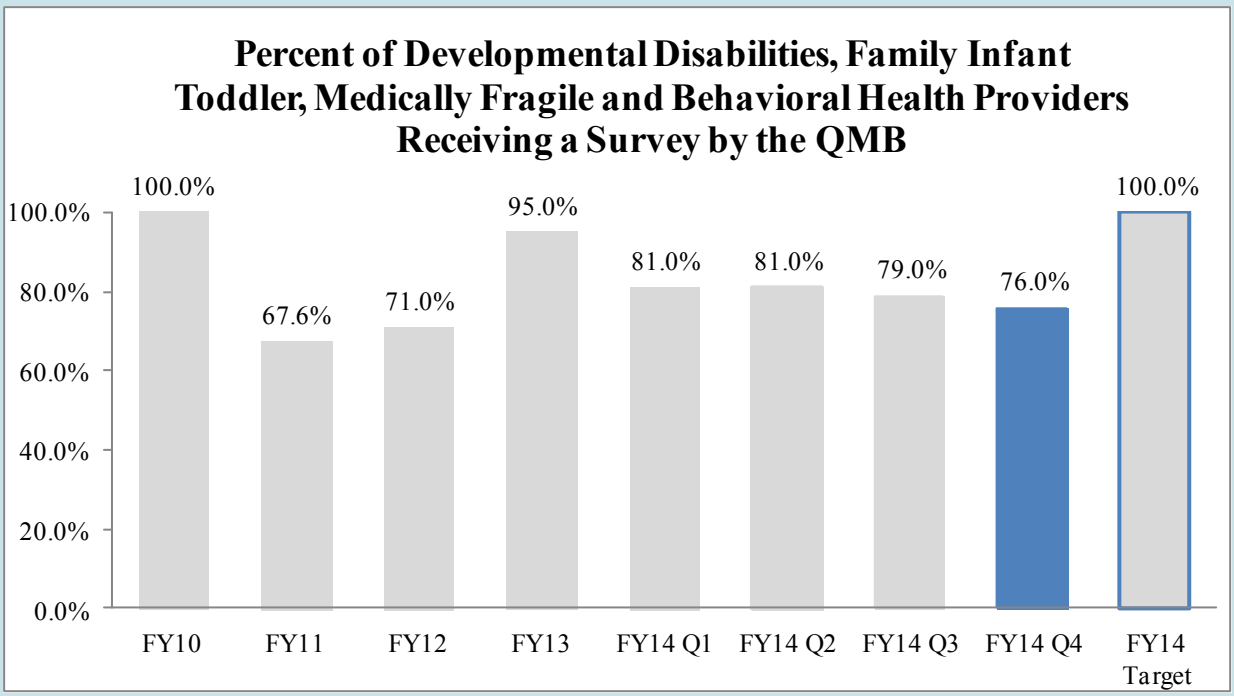
The Central Registry (CR) contains several status categories reflecting the applicant's progress in the application/allocation process. Cases in these status categories comprise the total reported as the CR "Wait List." A brief description of CR status categories is presented below:

Start Status: An applicant has submitted an application for DD waiver services but verification of intellectual/development disability (I/DD) has not been completed. Historically, about two-thirds of applicants in this category will be later determined to not match the definition of I/DD, be moved to pending status, or be closed due to lack of response to requests for documentation of I/DD.

Pending Status: This status is reserved for applications of children younger than age eight who have a confirmed specific related condition but do not have documentation of substantial functional limitations in three or more areas of life activities. An undetermined percentage of applicants in this category will be later determined to not match the definition.

Completed Status: Applicants who have completed the application process, are determined to match the definition of intellectual/developmental disability, and are waiting for allocation.

Allocation on Hold: This status is for persons who have been offered allocation to the DD waiver and have chosen to not accept an allocation currently. Persons in this status keep an original registration date but are not identified for an allocation offer until they request status change from "Allocation on Hold" back to "Completed Status."



Measure History

The purpose of community provider surveys is to monitor compliance with state and federal regulations, statues, requirements, standards, and policies in order to protect the health and safety of people served.

Activities

- The Division of Health Improvement's (DHI) Quality Management Bureau (QMB) conducts compliance surveys of community based providers for the following services: Developmental Disabilities Waiver (DDW); Medically Fragile Waiver (MFW); Family Infant Toddler (FIT) program; Behavioral Health Services (BHS); Community Mental Health Centers (CMHC); Comprehensive Community Support Services (CCSS).

Action Plan

- The frequency of provider surveys is based on historical and current performance or service type. For example, the DDW, MFW, and FIT providers are surveyed based on the previous determination of compliance, Compliance with Conditions of Participation (3 years), Partial compliance with Conditions of Participation (2 years), and Noncompliance with Conditions of Participation (1 year). The BHS surveys are conducted on an 18-24 month review cycle for each service, CMHC and CCSS.
- Providers must develop and implement a Corrective Action Plan for all citations of noncompliance. This Corrective Action Plan is verified by the QMB.

Goal 6: Improve Fiscal Accountability

PROGRAM AREA 1: Administration

Purpose:

The Administration Program fulfills the DOH mission by providing: leadership, policy development, information technology, and administrative and legal support, so that we achieve a high level of accountability and excellence in services provided to the people of New Mexico.

FY14 OPERATING BUDGET:

General Funds: 12,163.8

Federal Funds: 5,335.5

Other State Funds: 50.6

Other Transfers: 675.0

Program Area 6: Facilities Management

Purpose:

Facilities Management fulfills the DOH mission by overseeing six health care facilities and one community program; the safety net services provided throughout New Mexico include programs in mental health, substance abuse, long term care, and physical rehabilitation in both facility and community-based settings. Facility staff care for both New Mexico adult and adolescent residents who need continuous care 24 hours-a-day, 365 days-a-year. Most individuals served by DOH 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 remanded to DOH facilities by court order.

FY14 OPERATING BUDGET:

General Funds: 64,473.4

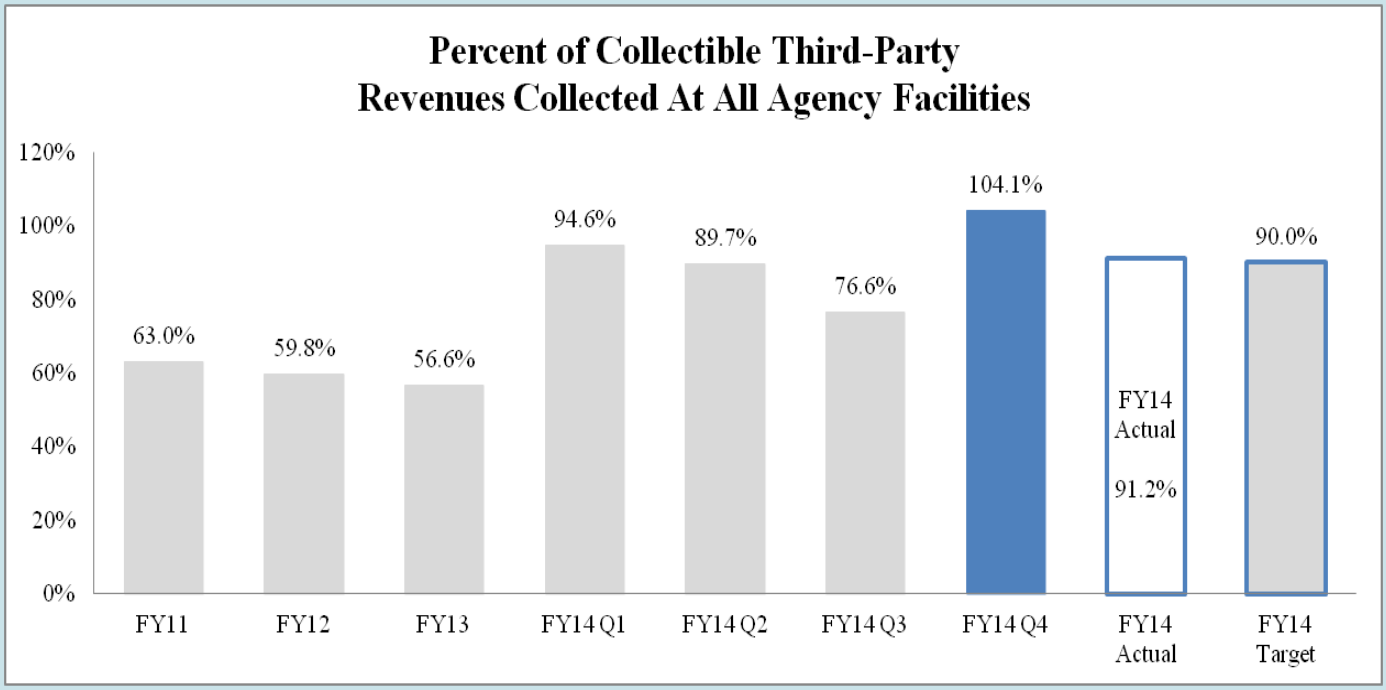
Federal Funds:

Other State Funds: 73,893.1

Other Transfers: 716.0

Results At-A-Glance

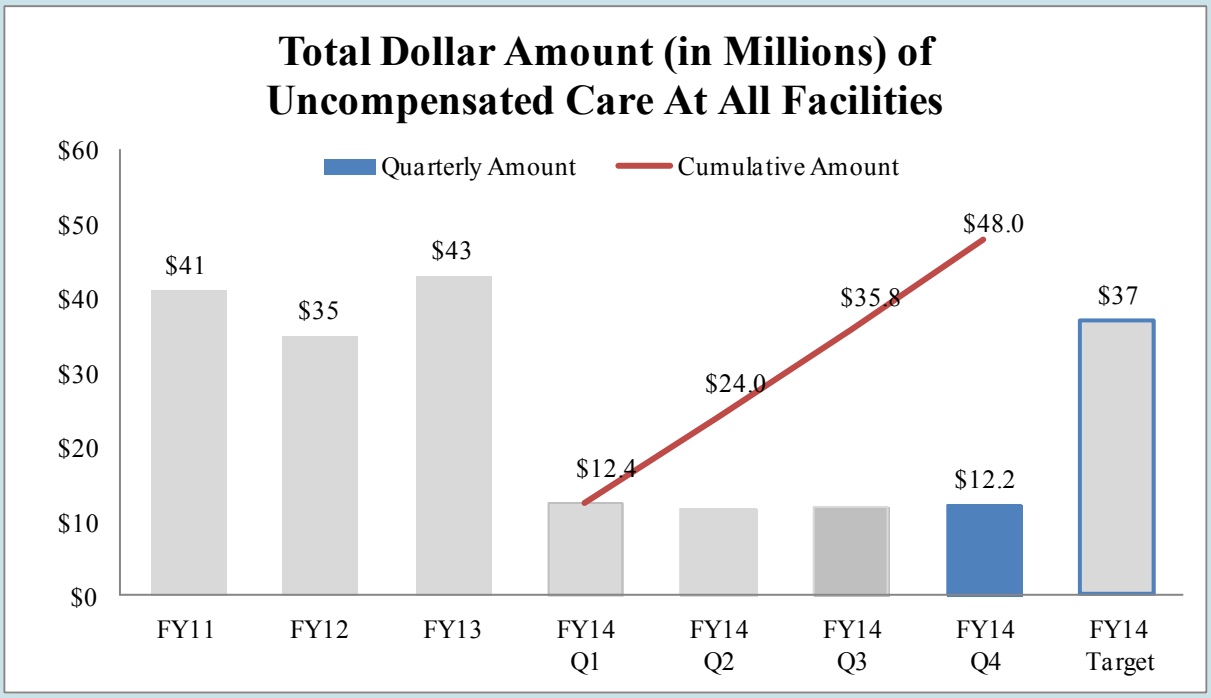
Program Area	Performance Measure	FY11	FY12	FY13	FY14 Q1	FY14 Q2	FY14 Q3	FY14 Q4	FY14 Actual	FY14 Target
Facilities Management and Administration	Percent of billed third-party revenues collected at all facilities	63.0%	59.8%	56.6%	94.6%	89.7%	76.6%	104.1%	91.2%	90.0%
Facilities Management and Administration	Total dollar amount in millions of uncompensated care at all agency facilities	$41.0	$35.0	$43.0	$12.4	$11.6	$11.8	$12.2	$48.0	$37.0
Facilities Management and Administration	Percent of operational capacity (staffed) beds filled at all facilities	93.5%	87.0%	86.0%	82.3%	81.7%	80.2%	80.2%	81.1%	100.0%



Measure History

This Program Area has made tremendous strides in refining the data collection methodology for this particular Performance Measure. Many DOH financial directors met periodically to develop standardized methodologies necessary to calculate data for these Program Area 6 performance measures. For example, 'billed third-party revenues collected at all agency facilities' do not really represent all billable charges, because some uncompensated care cannot be billed to those clients without a payer source (e.g., Medicaid). Also, because the General Fund appropriation combined with other state funds differs among facilities (see table below) weighted average cost of capital is necessitated; these weightings determine the relative importance of each quantity on the percentage across all facilities. We are confident that the data collection methodology currently under development for FY14 will more accurately represent billable revenues.

Facility	Appropriation	% of Total Appropriation
TLH	$7,524,100	5.5%
NMBHI	$56,493,100	41.4%
NMRC	$6,665,100	4.9%
SATC	$7,897,200	5.8%
NMSVH	$14,110,100	10.3%
FBMC	$27,271,300	20.0%
LLCP	$16,605,800	12.2%
TOTAL PA6	$136,566,700	100.0%



Measure History

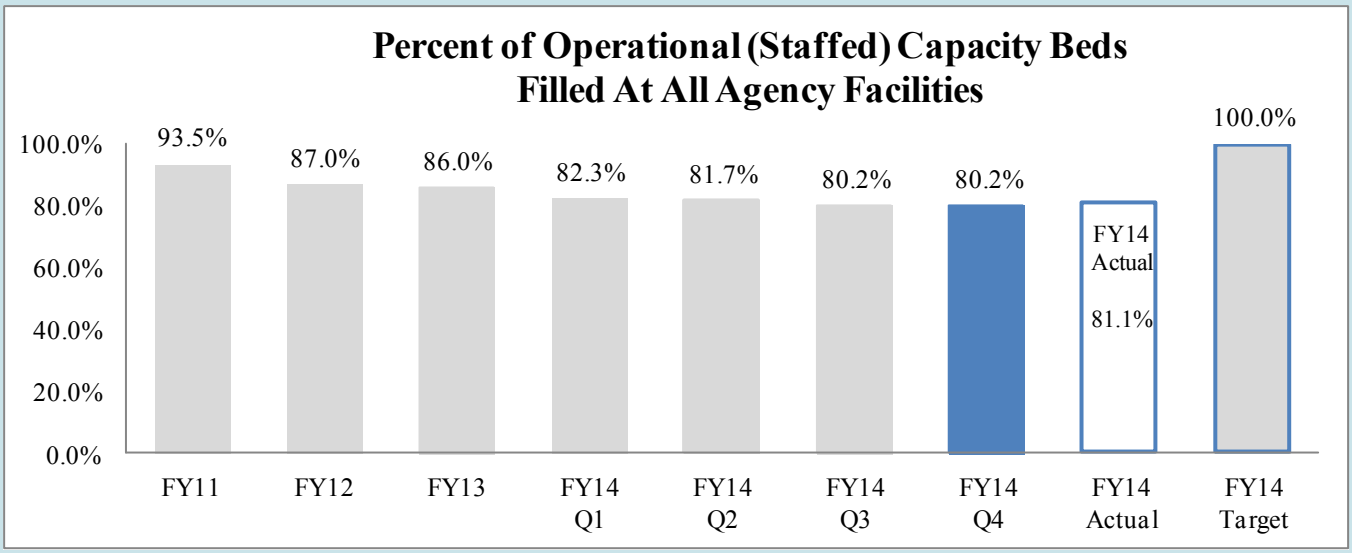
Uncompensated care is care provided to persons for whom there is no payment source for each day in the facility based on current reimbursement rates. This measure is an estimate of the state's provision of indigent care and an approximate measure of the state's ability to provide safety net services.

Activities

- Improved revenue collections by implementing electronic billing, dragon speak transcription services.
- Upgraded computers for faster processing; ensuring accurate billing.
- Focus on hiring additional administrative (billing-related) staff at Fort Bayard and Las Vegas facilities.
- Meet with payer sources to improve and optimize reimbursements and minimize uncompensated care.
- Ensure quality residential care services in DOH facilities.
- Work toward Joint Commission certification to aid in improved reimbursement of care.

Action Plan

- Continue to improve revenue collections through the implementation of electronic billing and dragon speak transcription services.
- Fill vacant administrative (billing related) positions at Fort Bayard and Las Vegas facilities.
- Improve payment by continuing to ensure accurate billing.
- Continue to conduct ongoing, monthly meetings with third-party payers to improve revenue.
- Re-calculate measure for previous fiscal years, in order to make accurate comparisons to FY14.
- DOH facilities continue to strive toward the target of $37 million for uncompensated care. With a focus on billing, facilities are working to capture all possible revenues.



Measure History

DOH is committed to meeting or exceeding healthcare and public health standards, and the industry standard is to report on "staffed" beds, i.e., census. This performance measure aims to increase the percent of operational capacity beds filled across all agency facilities. Historically, the target has been 90%, and for FY14 it is 100%.

Activities

- At the NM Behavioral Health Institute, census was intentionally low to facilitate moving into new building and the Forensic Treatment Unit and the Adult Psychiatric Division were filled, due mostly to shortage in staff.
- The NM Rehabilitation Center (NMRC) is monitoring it's referrals and working with area case managers as well as state-wide case managers to market the facility and the benefits of our intensive therapy and maximizing re-entry into the community instead of a skilled nursing facility.
- NMRC has established a marketing team to visit local physicians and orthopedics to explain the benefits we can offer their patients.
- NMRC contracted with two additional, licensed counselors who are responsible for clinical oversight and development of educational activities. This approach will provide a structured program seven days a week and will add additional one-on-one counseling sessions to the program. NMRC also employs a new psychiatric physician and an internal medicine physician who will collectively be able to treat most medical and psychological needs of our clients.

Action Plan

- NMRC met with the UNM Hospital Director of Rehab, therapists, and case managers/social workers. NMRC provided brochures about the Chemical Dependency Unit and the Mental Rehabilitation Unit as well as a handout of the criteria for admission to a Medicare Certified Specialty Hospital. Due to the positive response we plan to begin quarterly visits to all Albuquerque, NM and Lubbock, Texas hospitals that are frequent referral sources.
- NMRC liaises with all three local hospitals throughout each week about bed availability, referrals, and criteria.
- Sequoyah Adolescent Treatment Center (SATC) will revise its admission process to allow for a 5 day turn-around process from receipt of referral to decision.
- SATC will update its admission criteria to reflect the minimum information needed to determine eligibility and assist in reducing turn-a-round time for decision making.
- SATC will schedule the pre-admission assessment on the same day that the admission decision is confirmed.
- Although Turquoise Lodge Hospital (TLH) has a 99% occupancy rate, the plan to increase census at TLH is focused on the new adolescent wing. The TLH target is to increase census by an additional 50% to 15 average beds by December 31, 2014.
- Adolescent management staff will also do outreach by going out into different communities once a month. Several locations will be covered within the same geographic area at one time.

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