New Mexico Department of Health
FY 16 Quarter 1
Key Performance Measures Report

July 1, 2015 – September 30, 2015
Retta Ward, Cabinet Secretary

NEW MEXICO
DEPARTMENT OF
HEALTH

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NEW MEXICO
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HEALTH

Produced by the
Office of Policy and Accountability
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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.

FY16 OPERATING BUDGET:

General Funds: $305,331,400

Federal Funds: $101,678,900

Other State Funds: $115,896,600

Other Transfers: $29,180,700

Total: $552,087,600

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At-A-Glance						
Performance Measure	**FY12**	**FY13**	**FY14**	**FY15**	**FY16 Q1**	**FY16 Target**
Public Health (P002)						
Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up	33.0%	33.0%	32.0%	31.5%	Data pending	33.0%
New — Number of teens ages 15-17 receiving services at clinics funded by the NMDOH Family Planning Program	3,063	3,678	2,717	1,334	898	2,900
Percent of female clients ages 15-17 seen in NMDOH public health offices who are given effective contraceptives	64.3%	66.3%	61.0%	54.6%	52.9%	66.0%
Percent of students using school-based health centers who receive a comprehensive well exam		34.5%	34.2%	34.2%	36.0%	38.0%
New — Percent of elementary students in community transformation communities who are obese	21.4%	19.9%	18.1%	Data pending	Data pending	22.4%
New — Percent of preschoolers (19-35 months) fully immunized	72.0%	65.7%	75.9%	Data pending	Data pending	85.0%
New — Percent of WIC recipients that initiate breastfeeding	68.5%	77.0%	78.0%	80.1%	81.3%	85.0%
Epidemiology and Response (P003)						
New — Percent of acute care hospitals reporting stroke data into approved national registry			6.8%	9.3%	9.3%	13.6%
New — Percent of acute care hospitals reporting heart attack data into approved national registry			9.1%	11.6%	11.6%	13.6%
New — Percent of hospitals reporting bed availability in the healthcare emergency preparedness bed reporting system within four hours of request	80.0%	76.0%	81.0%	82.0%	73.0%	75.0%
Percent of vital records front counter customers who are satisfied with the service they received				97.6%	94.5%	85.0%
Ratio of infant pertussis cases to total pertussis cases of all ages		1:13	1:16	1:12	1:11	1:15
New — Number of naloxone kits provided in conjunction with prescription opioids		35	154	381	105	500
New — Percent of counties with documented implementation plans for developing regionalized EMS response			21.0%	42.4%	42.4%	27.0%

At-A-Glance						
Performance Measure	**FY12**	**FY13**	**FY14**	**FY15**	**FY16 Q1**	**FY16 Target**
Scientific Laboratory (P004)						
Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within fifteen business days	*	*	*	93.6%	92.8%	90.0%
Percent of OMI cause of death toxicology cases that are completed and reported to office of medical investigator within sixty business days	*	*	*	77.7%	98.7%	90.0%
New — Percent of public health threat samples for communicable diseases and other threatening illnesses that are completed and reported to the submitting agency within published turnaround times	92.4% **	98.2%**	94.7%**	95.3%	98.3%	95.0%
New — Percent of environmental samples for chemical contamination that are completed and reported to the submitting agency within sixty business days	91.4%**	98.1%**	96.5%**	93.9%	99.3%	90.0%
Office of Facilities Management (P006)						
Percent of staffed beds filled at all agency facilities	87.0%	86.0%	81.1%	95.7%	93.0%	90.0%
Percent of long-term care residents with healthcare-acquired pressure ulcers		7.3%		4.3%	0.9%	6.4%
Percent of long-term care patients experiencing one or more falls with injury				0.5%	0.5%	3.3%
Developmental Disabilities Supports (P007)						
Percent of developmental disabilities waiver applicants who have a service plan in place within ninety days of income and clinical eligibility	98.3%	83.0%	75.0%	90.6%	50.0%	93.0%
Percent of adults receiving community inclusion services through the DD Waiver who receive employment services	36.0%	30.0%	27.0%	29.0%	33.0%	33.0%
Number of individuals receiving developmental disabilities waiver services	3,888	3,829	4,403	4,610	4,610	4,000
Number of individuals on the developmental disabilities waiver waiting list	5,911	6,248	6,133	6,365	6,400	6,330
New — Percent of children served through the Family Infant Toddler (FIT) Program who receive all of the early intervention services on their IFSP within 30 days	97.4%	97.8%	98.1%	98.2%	97.9%	97%

* Data not available because this performance measure changed as of FY2015.
** Data tracked internally, not reported, to SLD between FY2015 - FY2014.

At-A-Glance							
Performance Measure		FY12	FY13	FY14	FY15	FY16 Q1	FY16 Target
Health Improvement (P008)							
New	Percent of abuse, neglect, and exploitation incidents for community-based programs investigated within forty-five days	94.8%	79.7%	26.4%	51.5%	79.0%	95.0%
New	Percent of report of findings transmitted to provider within twenty business days of survey exit	45.0%	48.0%	53.0%	32.0%	33.0%	95.0%
Medical Cannabis (P787)							
New	Percent of complete medical cannabis client applications approved or rejected within thirty calendar days of receipt		85.0%	90.0%	95.0%	91.0%	95.0%

PROGRAM AREA 002: Public Health

Purpose:

Public Health fulfills the Department of Health (DOH) mission by working with individuals, families, communities and partners to improve health, eliminate disparities, and ensure timely access to quality, culturally competent health care. Public health assures access to health care through case management, and through recruitment and retention efforts including the J-1 Visa Program, licensing of midwives, tax credits for rural health providers, and administering funds for rural primary health care providers throughout the state. Public Health staff members promote healthy lifestyle choices in all of their work, and they provide safety net clinical services to New Mexicans who cannot otherwise access them.

FY16 OPERATING BUDGET:

General Funds: $63,889,600

Federal Funds: $72,826,100

Other State Funds: $31,377,500
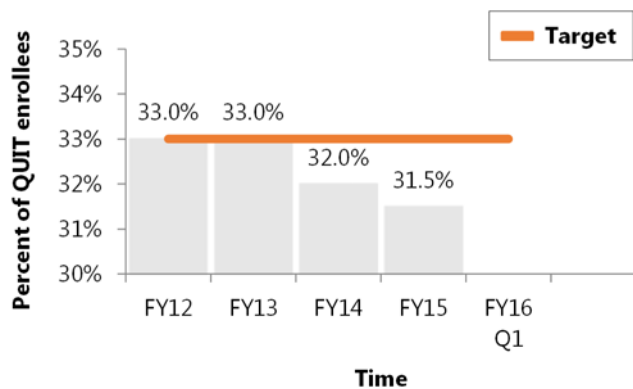
Other Transfers: $13,148,500

Total: $181,241,700

ACCOMPLISHMENTS

- New management team with transformational change expertise focused on revising public health for a post Affordable Care Act operating arena, and on improving health status.

- Full implementation of a strategy execution process for the division, regions and bureaus featuring 90 day deliverables for all action items.

- Three year strategic plans for all DOH super-priorities: diabetes, obesity, substance misuse, delayed parenthood.

- PHD won 2015 Piñón organizational performance excellence recognition from Quality New Mexico.

- PHD recognized in Fortune Magazine's Great Places to Work, based on a range of staff engagement metrics.

PROGRAM AREA 002: Public Health

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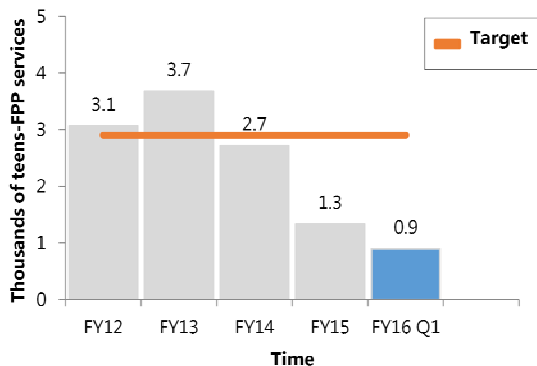

Partners

American Cancer Society—Cancer Action Network; American Lung Association of New Mexico; NM Human Services Department—Synar and FDA Programs, Medicaid Program; Statewide Priority Population Tobacco Networks; Federally-Qualified Health Centers (FQHCs); Health Care Providers, Clinics, and Insurers; Indian Health Service; NMDOH WIC Program; Community-Based Tobacco Prevention, Cessation, and SHS Grantees

Story Behind the Data

- The contract approval process, which is shared across GSD, DFA, DOH and DoIT, was delayed for this contract in FY16. The approved contract has not yet been released; therefore, Q1 FY16 data will not be available until later in the fiscal year.
- Adult smoking has leveled off in recent years (1 in 5 adults). However, we continue to see higher smoking rates among people who have lower incomes or educational levels, are uninsured, have a disability, or identify as lesbian, gay, or bisexual.
- Youth cigar and cigarette smoking has declined significantly in the past decade. Smokeless tobacco use is stagnant, while hookah use is high in New Mexico (NM); nationally, in 2014, use of e-cigarettes (13.4%) and hookah (9.4%) have outpaced cigarettes (9.2%). NM youth e-cigarette data will be available in early 2016.
- Most people are protected from secondhand smoke (SHS) in public and work places; however, SHS exposure is still of concern on tribal lands, in homes and cars, and on educational or workplace campuses.
- The use of emerging tobacco products, such as e-cigarettes, and flavored tobacco products presents new public health challenges, including potentially increasing youth tobacco initiation and sustained nicotine addiction among adults.

Action Plan

- Continue to provide QUIT NOW telephone and web-based cessation services, free quit coaching, free nicotine medications, text messaging support, and services in Spanish (DEJELO YA). Increase awareness of DEJELO YA Spanish services through media promotion and outreach to Spanish-speaking populations.
- Provide online Treating Nicotine Dependence in New Mexico training to more health care providers to increase referrals to QUIT NOW and promote new online Family Tobacco Intervention Training, which provides specific skills in addressing tobacco use within NM families, including women and children.
- Expand Health Systems Change Training and Outreach Pilot Program to more Federally-Qualified Health Centers (FQHCs) and other interested clinics and providers statewide. Target for FY16 is 24 new FQHCs and other clinics. A second Systems Change Specialist will be tasked to expand reach statewide and into more types of clinics, dental practices, and larger medical practices.
- Release new smoke-free homes and cars media campaign, Are You Doing Enough?, to promote voluntary smoke-free home and car policies to protect families from secondhand smoke. Continue outreach, education, and training regarding the benefits of smoke-free environments to community groups, landlords, property managers, and tenants of multi-unit housing to support development of voluntary smoke-free policies.
- Continue tracking e-cigarette (electronic smoking devices) data and policy developments to incorporate into program planning.

PROGRAM AREA 002: Public Health

Number of teens ages 15-17 receiving services at clinics funded by the NMDOH Family Planning Program

Partners

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

Story Behind the Data

- Almost 900 (898) teens aged 15-17 years received services at NM DOH FPP funded clinics during quarter one of FY16.
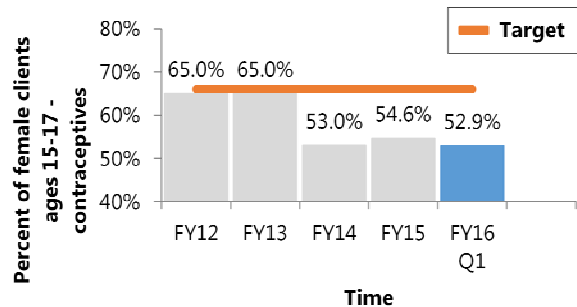
- Since 2009, the teen birth rate in NM for 15-to-17-year-olds has declined by 44%, which is comparable to national data (46%) (National Center for Health Statistics). In 2014, NM's teen birth rate for 15-to-17-year-olds was 20.1 per 1,000 (NCHS); state-by-state comparisons are not available until January 2016. Factors that influence the high teen birth rate are poverty, education, rural vs. urban populations, and access to family planning services.

- In 2013, NM ranked 2nd worst in the nation in the percentage of children living in poverty, at 31%: which is one of the most important contributing factors to teen pregnancy (Annie E. Casey Foundation, 2015).

- Teens who have dropped out of school are more likely to become pregnant and have a child than their peers who stay in school. In 2014, only 69.3% of NM high school students graduated on-time (Annie E. Casey Foundation, 2015).

- Teen parenthood is more common in rural areas; In 2014, the teen birth rate for 15-19 year olds for the 26 rural counties was 45.6 per 1,000, whereas the overall teen birth rate for all 33 counties for 15-19 year olds was 35.0 per 1,000 during the same year (NM-IBIS). The lowest teen birth rate is found in the four-county Albuquerque metro area (11.4 per 1,000). Some reasons for higher teen birth rates in rural areas include lack of health insurance, increased poverty, transportation barriers, and fewer recreational facilities (Ng and Kaye, 2015).

- There is a lack of access to family planning services, as all but one of NM's counties is classified as a health professional shortage area. Out of the almost 250,000 NM women who are in need of contraceptive services, 60% of these women are in need of publicly-supported contraceptive services (and 22% of these women in need of publicly-supported contraceptive services are teenagers) (Alan Guttmacher Institute, 2013).

Action Plan

- Increase the availability of highly effective, low-maintenance contraceptive methods for teens:
  - ⇒ Provide confidential clinical services and teen-friendly clinical practices.
  - ⇒ Increase access to teen-friendly clinical services to support teens in reaching their life plan.
  - ⇒ Implement provider training for highly effective, low-maintenance birth control for teens and billing for health services.
- Incorporate evidence-based service-learning, positive youth development, and comprehensive sex education programs.
  - ⇒ Fund and provide training and technical assistance for education programming.
  - ⇒ Fund and provide training and technical assistance for adult-teen communication programs.
- Promote BrdsNBz, a text-messaging system that offers teens and parents free, confidential and medically accurate answers to sexual health questions in English or Spanish and offers parents recommendations on how to talk with their teen about sexual health.

PROGRAM AREA 002: Public Health

Percent of female clients ages 15-17 seen in NMDOH public health offices who are given effective contraceptives

Partners

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

Story Behind the Data

- In Q1 of FY2016, over half (52.9%) of female clients aged 15-17 years are given highly– or moderately–effective contraceptives at the NMDOH county public health offices. Almost 9% (8.8%) chose highly-effective contraceptives

(IUDs and implants) and 44% chose moderately-effective contraceptives (injectables, pills, patches, or rings). The national rate of teen use of highly-effective contraceptives is 7.7% and of moderately-effective contraceptives is 63.7% (US 2014 Family Planning Annual Report).

- The 2013 Youth Risk Resiliency Survey (YRRS) reports that over 26% of NM teens are currently sexually active (US rate was 34%); 13.8% of teens did not use any contraceptives to prevent pregnancy (US rate was 13.7%).

- Ten percent of NM teen YRRS respondents used both a condom and a reliable form of birth control.

- Most teenagers used contraceptives to prevent pregnancy (86.2%), with the most commonly used contraceptives are condoms (43.4%) and birth control pills (15.9%) (Peñaloza et al, 2015): this data is lower than the usage rates for Title X teenaged clients (78.5% for condoms [reported by male clients] and 34.9% for moderately-effective birth control pills [reported by female clients] (NM's 2014 Family Planning Annual Report).

- Highly-effective, low maintenance contraception (the IUD or implant) was used by 8% of female teenage Title X clients (compared to 5% of NM teen YRRS respondents).

- Moderately-effective contraception (the shot, pill, patch, or ring) was used by 9.5% of female teenage Title X clients (compared to 6.6% of NM teen YRRS respondents).

- There is a lack of access to family planning services, as all but one of NM's counties is classified as a health professional shortage area. Out of the almost 250,000 NM women who are in need of contraceptive services, 60% of these women are in need of publicly-supported contraceptive services (and 22% of these women in need of publicly-supported contraceptive services are teenagers) (Alan Guttmacher Institute, 2013).

Action Plan

- Increase the availability of highly effective, low-maintenance contraceptive methods for teens:
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  ⇒ Fund and provide training and technical assistance for education programming.
  ⇒ Fund and provide training and technical assistance for adult-teen communication programs.
- Promote BrdsNBz, a text-messaging system that offers teens and parents free, confidential and medically accurate answers to sexual health questions in English or Spanish and offers parents recommendations on how to talk with their teen about sexual health.

PROGRAM AREA 002: Public Health

Percent of students using school-based health centers that receive a comprehensive well exam
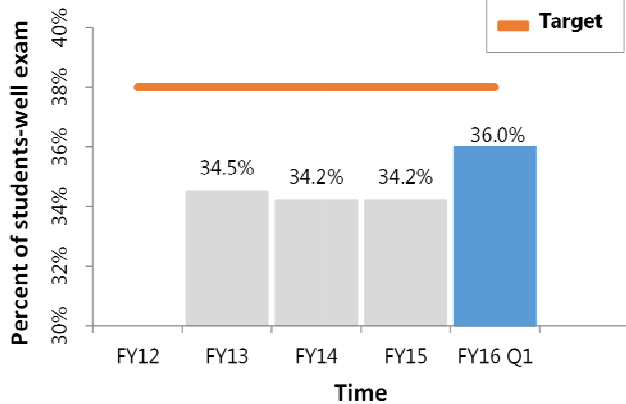
Partners

- New Mexico Alliance for School Based Health Care
- University of New Mexico – Envision New Mexico (Health Care Quality Improvement Initiative)
- Apex Evaluation
- NM Human Services Division and Centennial Care Providers
- NM Primary Care Association
- NM Community Health Centers
- NM Public Education Department
- NM Children Youth and Families
- NM Behavior Health Services Division
- NM Forum for Youth in Community
- Local school districts and school boards
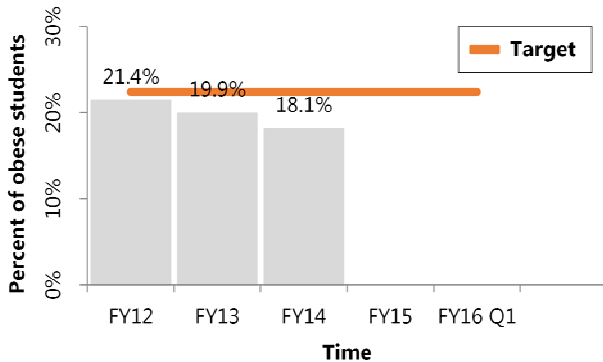
Story Behind the Data

- School Based Health Centers (SBHCs) serve adolescents who do not have an established provider in the community. SBHCs are able to engage adolescents who do not regularly seek preventive medical care by identifying health risks and creating opportunities that allow for the delivery of health throughout the school year.
- During FY15, 34.2% of students using SBHCs received a Comprehensive Well Exam (CWE).
- SBHCs begin the school year by identifying youth who have not had a comprehensive well exam. Much of their effort is to primarily identify youth who plan to play fall sports and, instead of simply providing a sports physical, they use the opportunity to do a more comprehensive well exam that includes all the elements of the Medicaid EPSDT (early, periodic, screening, development and treatment).
- Students seen in SBHCs are screened using the SBHC Student Health Questionnaire (SHQ), which screens for a variety of risk areas, including nutrition and physical exercise, reproductive health, substance use, depression, anxiety and injury prevention. The screen is then used to determine a health plan for the student for the school year.
- First quarter performance for FY16 does not include data from all sites. Some sites experienced technical difficulties with new electronic health data systems.
- The data is generally reported as an "annual" or overall performance measure.
- It is important to note that the overall percentage of students will drop as the year progresses. Comprehensive well exams are typically higher at the beginning of the year.
- Visits to the SBHCs will increase for follow up visits and services.
- The overall number of students referred for behavioral health is expected to increase. As a result the overall percentage of students with a comprehensive well exam will decrease.
- We anticipate the overall percentage to raise only slightly as the overall SBHC hours of operation is not increased significantly.

Action Plan

- The DOH Office of School and Adolescent Health will continue to monitor individual SBHC performance in the delivery of comprehensive well exams and promote performance measure on an individual site basis. Initial site visits have been conducted at each school based health center.
- Facilitate quality improvement activities focused on the elements of a comprehensive well exam for youth in middle and high school. Initial Medical Record Review (MRR) has been completed for 20 school based health centers across the state.
- Partner with NM Human Services Department and the managed care organizations to ensure reimbursement for comprehensive well exams delivered to Medicaid eligible youth through SBHCs. Ongoing discussions with HSD and the MCOs continue through quarterly meetings to discuss improvement to reimbursement mechanism.

PROGRAM AREA 002: Public Health

Percent of elementary students in community transformation communities who are obese
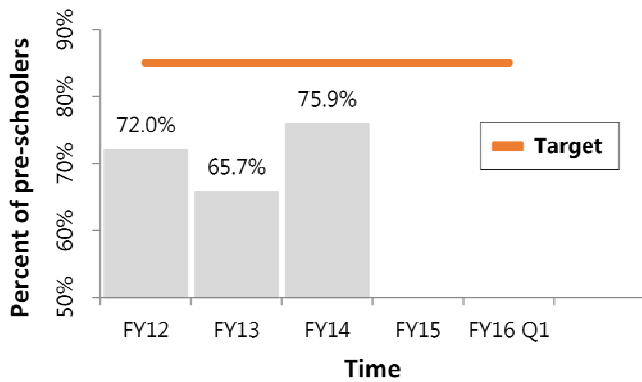

Partners

- NM Interagency Council for the Prevention of Obesity (comprised of eight state departments).
- NM Public Education Department; NM Children, Youth and Families Department; NM Human Services Department; NM Department of Transportation; NM Food and Agriculture Policy Council; New Mexico State University Cooperative Extension Services.
- NM Envision, and schools of nursing throughout the state; Supplemental Nutrition Assistance Education Program (SNAP-Ed); Cooperative Extension.
- Healthy Kids Healthy Communities (HKHC) coalitions in Chaves County, Cibola County, Curry County, Dona Ana County, Guadalupe County, City of Las Cruces, Luna County, McKinley County, Northern Rio Arriba County, Socorro County, San Ildefonso Pueblo, and Zuni Pueblo.

Story Behind the Data

Results:

- Since 2010, obesity rates among New Mexican third grader students have decreased by 19.9%, and for kindergarten students by 12.1%. Despite this downward trend, obesity and overweight prevalence rates remain high with more than one-in-three third graders being either overweight or obese. American Indian students continue to have the highest rates. In 2014 more than half of American Indian third graders were either overweight or obese.
- The Department of Health's Healthy Kids Healthy Communities (HKHC), begun in 2009, now reaches 1 in 4 elementary students across the state.
- Since 2012, 83% of HKHC elementary school students have increased healthy eating opportunities and 64% of HKHC students have increased physical activity opportunities.
- Since 2012, HKHC leveraged over $4 million to support healthy eating and physical activity initiatives in elementary schools and across communities.

Data Supports Increased Healthy Eating and Physical Activity Opportunities:

- NMDOH awarded HKHC $866,817 to continue the community transformation initiative for FY16.
- Healthy Kids Healthy Communities (HKHC) was able to leverage additional USDA SNAP-Ed funding to expand current efforts in at least 6-8 more counties and 4 tribal communities as well as target the low-income adult population and their families.

Limitations:

- 2015 child obesity surveillance data are currently being collected and will be available in the spring of 2016.

- HKHC has yet to obtain state recurring funding to support on-going work of the small and dedicated staff at the state level and at the local level for each of the community coalitions and coordinators.

Action Plan

- Expand (HKHC) from 9 counties and 2 tribal communities to 16 counties and 6 tribal communities in FY 16. HKHC builds state and local partnerships to increase opportunities for healthy eating and physical activity where children live, learn and play.
- Partner with local public health offices to establish health-promoting infrastructure, such as edible gardens, walking paths with fitness stations and distance markers, and support educational efforts, such as exercise and yoga classes, and tasting and cooking demonstrations, for clients accessing services at local public health offices.

PROGRAM AREA 002: Public Health

Percent of preschoolers (19-35 months) fully immunized

Partners

- Public and private Vaccines for Children (VFC) providers across the state
- The University of New Mexico
- The New Mexico Medical Society (NMMS)
- The Indian Health Service (IHS)
- Other public and private provider groups

Story Behind the Data

- The 4:3:1:3:3:1:4 (4 DTaP, 3 Polio, I MMR, 3 HepB, 3 HIB, 1 Varicella, and 4 Pneumococcal) series, as collected through the Centers for Disease Control (CDC) National Immunization Survey, is the nationally-accepted "gold standard" for childhood immunization coverage for children 19-35 months old.
- Coverage levels for the 4:3:1:3:3:1:4 series are shown in the performance measures graph.
- Data for the NIS are collected through a random-digit dialing telephone survey of households.
- Data are typically available one year after they are collected. Consequently, the data are updated once a year and a year in arrears. 2014 data became available in August of 2015 and 2015 data will be available in August of 2016.
- New Mexico has greatly improved this measure from 45.8% in 2009 to 75.9% in 2014.
- New Mexico has tracked closely with the US rate, and in 2014 was 4.3 percentage points higher than the nation.

Action Plan

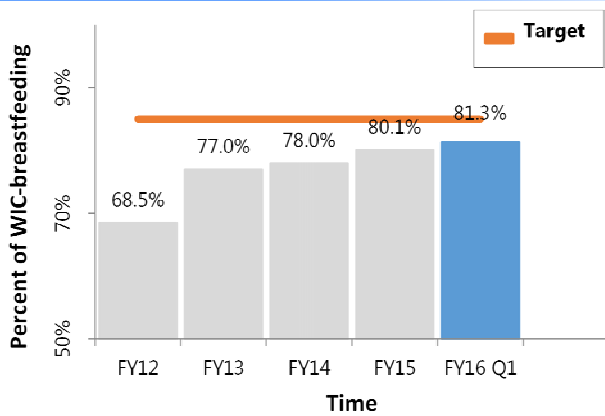Goals for the Immunization Program in FY 2017 include:

- Coordination with the Public Education Department (PED) to assess vaccine compliance and support PED's role as the entity responsible for dis-enrolling non-compliant students. A survey on kindergarten and seventh-grade coverage rates has been sent to all school districts; results are now coming in.
- Review of opportunities to educate families who exempt their children from pre-school immunization requirements about the importance of vaccines.
- Integration of new platform for the NM Statewide Immunization Information System (NMSIIS), the state immunization registry, with a new vendor. This project is underway with a target go-live date of May 2016.
- Enhancement of state-wide of direct vaccine online ordering by VFC providers is complete and will be integrated in the new version of the registry.
- The School Kids Influenza Immunization Project (SKIIP) is in progress for the 2015-16 school year.
- Collaboration with the Indian Health Service to promote immunizations during tribal health day clinics is ongoing on an as-requested basis.

Specific Actions

- Improve data entry by continuing to increase electronic data exchange, replacing the old state registry and training providers statewide, and assuring that all Vaccines for Children providers are entering immunizations.
- Stabilize vaccine funding for all children by implementing the Vaccine Purchase Act. A first round of invoices has been sent to insurers and revenues are being submitted.
- Conduct site visits with at least 60% of VFC providers to provide technical assistance, especially those not up-to-date. Ongoing.

PROGRAM AREA 002: Public Health

Percent of WIC recipients that initiate breastfeeding

Partners

- United States Department of Agriculture
- Public Health Clinics
- NM Breastfeeding Task Force
- NM Pregnancy Risk Assessment Monitoring System
- Mothers and caregivers of infants

Story Behind the Data

- Breastfeeding initiation rates among WIC recipients are increasing.
- Public Health WIC clinics provided all pregnant and breastfeeding participants with encouragement, education and support to breastfeed through breastfeeding support sessions and individual counseling; educational materials, breast pumps and other aides and devices as needed in high-risk situations.
- The WIC Program provided one-on-one, mother-to-mother, peer counseling to many WIC pregnant and breastfeeding clients through phone calls, home visits and hospital visits, even after clinic hours.
- The Kellogg Foundation has provided funding for the past 3 years to the New Mexico Breastfeeding Task Force (NM BFTF) through 2 grants: (1) to build and strengthen the statewide and local NM BFTF coalitions, (2) to encourage and provide support for NM hospitals to adopt more supportive breastfeeding policies/procedures by becoming designated as USA Baby Friendly.
- To support the NM BFTF's Baby Friendly Hospital Initiative, WIC implemented a pilot hospital-based projects in Santa Fe and Albuquerque area hospitals to provide bedside peer counseling services and community referrals to new mothers who just delivered a baby, and WIC Peer Counselors led support groups at hospitals and other community settings where non-WIC clients could also attend.

Action Plan

- Provide WIC pregnant and breastfeeding mothers with breastfeeding information and support through counseling and group discussion sessions.
- Provide WIC mothers with needed breastfeeding resources and aides, as well as breast pumps to enable them to initiate and continue breastfeeding.
- Use WIC peer counselors to promote breastfeeding and support individual WIC mothers outside of traditional clinic hours through telephone support and follow-up, as well as home and hospital visits.
- Collaborate with the NM BFTF and other community organizations to provide support for breastfeeding in hospitals, daycares, worksites, and other public places.
- Provide continuing lactation education/trainings for WIC staff, community health care professionals and breastfeeding advocates statewide.
- Collaborate with the NM BFTF to increase public awareness of the importance of worksite support for breastfeeding employees through DOH WIC TV public advertisements and NM BFTF Worksite Liaison assistance to employers.
- Apply for matching public funding to continue NM BFTF Kellogg Foundation grant projects.

PROGRAM AREA 003: Epidemiology and Response

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.

Drug Overdose Surveillance Prevention and Control

FY16 OPERATING BUDGET:

General Funds: $13,877,800

Federal Funds: $13,322,500

Other State Funds: $1,289,600
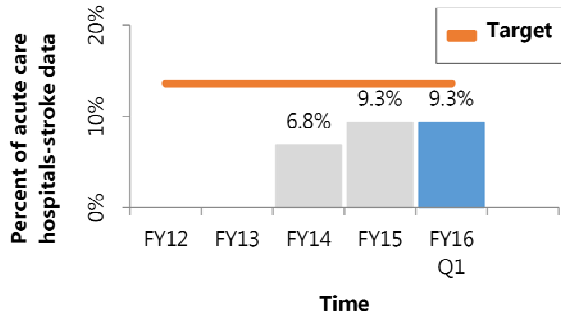
Other Transfers: $649,400

Total: $29,139,300

ACCOMPLISHMENTS

- Developed preparedness and response plans for Ebola for New Mexico with federal agencies and neighboring states.

- Three New Mexico hospitals were certified as stroke centers (UNMH, Lea Regional Medical Center -Hobbs, Memorial Medical Center -Las Cruces).

- Recently received two new competitive 4-year grants from CDC to enhance real time surveillance of emergency department visits and to prevent prescription drug overdoses.

- Worked with residents to test private wells for heavy metals as part of the long-term plan following the Gold King Mine spill.

PROGRAM AREA 003: Epidemiology and Response

Percent of acute care hospitals reporting stroke data into approved national registry

Partners

- Acute Care Hospitals in New Mexico
- Emergency Medical Service (EMS) Agencies
- American Heart and Stroke Associations

Story Behind the Data

- Stroke is a leading cause of death in New Mexico, resulting in the deaths of 679 New Mexicans in 2014 (NMDOH data). Those who do survive a stroke often suffer lifelong disability.
- Legislation was passed in 2012, which enacted a new section of the Public Health Act to provide for department of health certification of hospitals as stroke centers.
- Stroke center designation cannot be awarded until stroke data is being submitted to the national registry, which will enable facilities to analyze and improve health care outcomes in stroke patients.
- Entering data into the Get with the Guidelines Stroke registry is a primary requirement for beginning the process of state certification as a stroke center.
- During the first quarter of FY16, as in FY2015, 4 out of 43 (9.3%) acute care hospitals in New Mexico entered data into the Get with the Guidelines Stroke registry, a stroke care database/registry operated by the American Heart Association. This is an increase from the percentage of acute care hospitals that reported stroke data in FY2014.
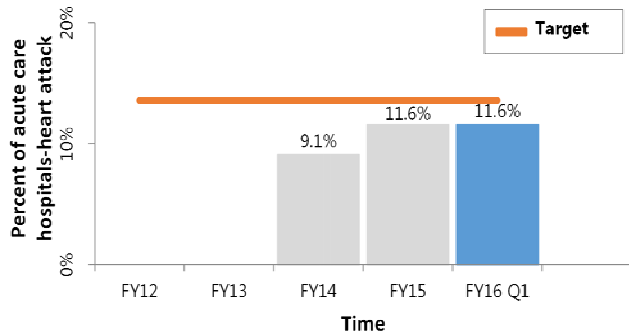
Action Plan

- Collect data on stroke patients in accordance with national guidelines, which will assist in analyzing the potential for facilities to become stroke receiving or referring facilities.
- Analyze data on stroke patients in accordance with national guidelines, which will improve health care outcomes in stroke patients. Once data is being submitted, NMDOH will work with the hospitals in achieving other aspects required for stroke center designation.
- The NMDOH will then, in accordance with NMDOH rules, certify an acute care hospital as a Primary Stroke Center, Comprehensive Stroke Center, or Acute Stroke Capable Center, if the hospital has been accredited at that level by the Joint Commission.

PROGRAM AREA 003: Epidemiology and Response

Percent of acute care hospitals reporting heart attack data into approved national registry

Partners

- Acute Care Hospitals in New Mexico
- EMS Agencies
- American Heart Association
- American College of Cardiology

Story Behind the Data

- Over 3,000 New Mexicans die every year from cardiovascular disease. However, the NMDOH does not currently have access to detailed statewide data for heart attack patients, such as level of care provided at various hospitals, how long it took to receive that care, and the number of patients needing transfer to higher levels of care.
- Only a few hospitals in New Mexico are entering heart attack data into the national heart attack database, and the Epidemiology and Response Division (ERD) does not currently have access to these datasets. The more hospitals that provide data, the better picture of heart attack care we can obtain, enabling ERD and the Emergency Medical Systems Bureau to identify areas of potential improvement in heart attack patient care and outcomes via education and system development.
- Legislation was passed in 2013, which enacted a new section of the Emergency Medical Services Act to provide for NMDOH certification of hospitals as S-T Elevation Myocardial Infarction (STEMI/Heart Attack) centers.
- STEMI center designation cannot be awarded until cardiac care data is submitted to the ACTION Registry, a heart attack/cardiac care database/registry jointly operated by the American Heart Association and the American College of Cardiology.
- During the first quarter of FY16, as in FY15, 5 out of 43 acute care hospitals in New Mexico reported heart attack data into the national registry.
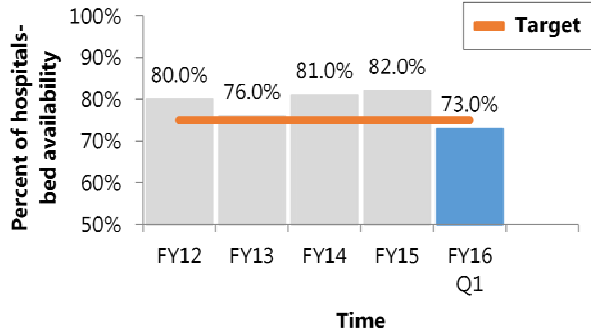
Action Plan

- Collect data on heart attack patients in accordance with national guidelines, which will assist in analyzing the potential for facilities to become STEMI receiving or referring facilities.
- Analyze data on heart attack patients in accordance with national guidelines, which will improve health care outcomes in heart attack patients.
- Once data is being submitted, the NMDOH will work with the hospitals in achieving other aspects required for STEMI center designation. The NMDOH will then, in accordance with NMDOH rules, certify an acute care hospital as a STEMI Receiving Center, or STEMI Referral Center if the hospital has been accredited at that level by the NMDOH approved accrediting agency.

PROGRAM AREA 003: Epidemiology and Response

Percent of hospitals reporting bed availability in the healthcare emergency preparedness bed reporting system within four hours of request

Chart: Percent of hospitals-bed availability over Time

- FY12: 80.0%
- FY13: 76.0%
- FY14: 81.0%
- FY15: 82.0%
- FY16 Q1: 73.0%
- Target (orange line)

- The National Hospital Available Beds for Emergencies and Disasters (HAvBED) system is a real-time, electronic hospital bed tracking/monitoring system designed to address a hypothetical surge of patients during a mass casualty event. The HAvBED system has been used in actual, adverse events (*i.e.* adverse weather, and wildfires) in other states and in the Southwest region during a neonatal bed shortage in New Mexico.

- The HAvBED system is tested on a weekly basis across healthcare facilities in New Mexico posted within the EMResource system: acute care hospitals, rehabilitation and skilled nursing hospitals, and psychiatric treatment centers. EMResource is also used to share information regarding incident-specific resources that are easily tracked, such as decontamination capability, ventilators, pharmaceuticals, and specialty services.

- Challenges encountered in FY2015: Healthcare facility attrition and turnover contributes to a decrease in EMResource authorized users; changes in program management and staffing decrease opportunities for training EMResource users at participating healthcare facilities, leading to barriers in weekly HAvBED reporting.

- During the first quarter of FY2016, participation in weekly HAvBED drills is 73%, down from FY2015 average of 82%. This is due primarily to the constant turnover in the healthcare industry, which contributes to a lack of trained personnel and a reduction in the number of authorized users with access to the HAvBED system at participating facilities. Moving forward, additional training activities will occur and user access will be addressed for each of the HAvBED participating facilities in New Mexico.

Partners

- Emergency Medical Services
- Hospitals
- Ambulance services
- Emergency Managers
- Office of Medical Investigation
- Long-term Care facilities
- Primary Care facilities
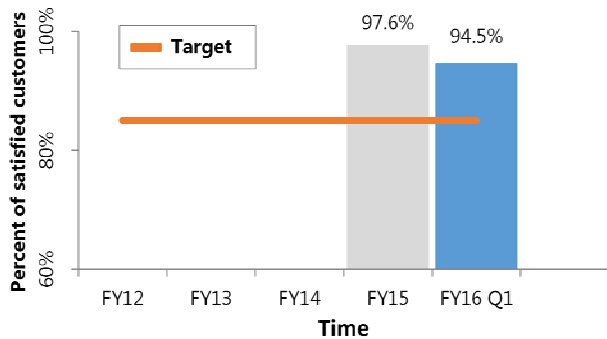
Story Behind the Data

- For a healthcare emergency response resulting in a medical surge on the hospital system, the ability to know the location of available healthcare beds is critical to get patients into necessary and appropriate treatment. Up-to-date healthcare facility information on a web-based system allows for better management of emergencies across the state.

Action Plan

- Continue to conduct quarterly healthcare preparedness drills that include HAvBED reporting and weekly HAvBED drills.
- Develop EMResource Train the Trainer course to disseminate to rural and frontier area healthcare facilities.
- Conduct EMResource outreach training within the four Healthcare Coalition Regions and at annual New Mexico Partners in Preparedness (NMPIP) Conference .
- Schedule meetings with healthcare facilities with a participation rate of less than 70% to identify barriers to participation.
- Encourage each HAvBED participating healthcare facility to maintain a minimum of 3 EMResource trained staff members who are tasked with HAvBED reporting, so staff absences or departures will not leave the facility unable to complete drills.
- Recruit qualified candidates to fill open positions within the program.

PROGRAM AREA 003: Epidemiology and Response

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

Partners

- Hospitals
- Midwives
- Funeral homes
- Office of Medical Examiner
- Physicians
- Tribal authorities
- Family members

Story Behind the Data

- Birth and Death certifications (Vital Records) are legal documents representing the registration of vital events. They are key to many essential activities such as applying for jobs and benefits.
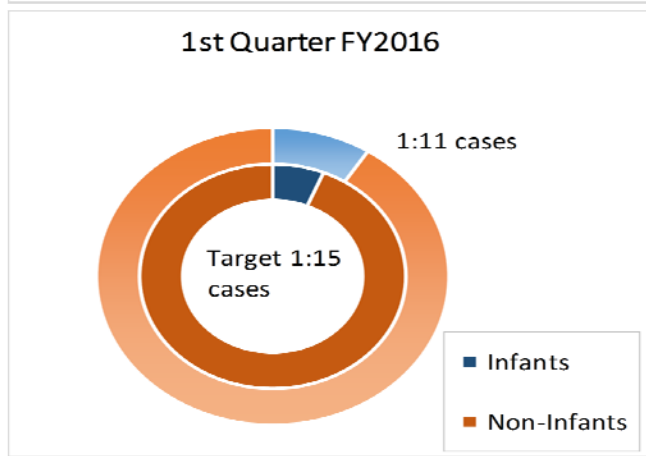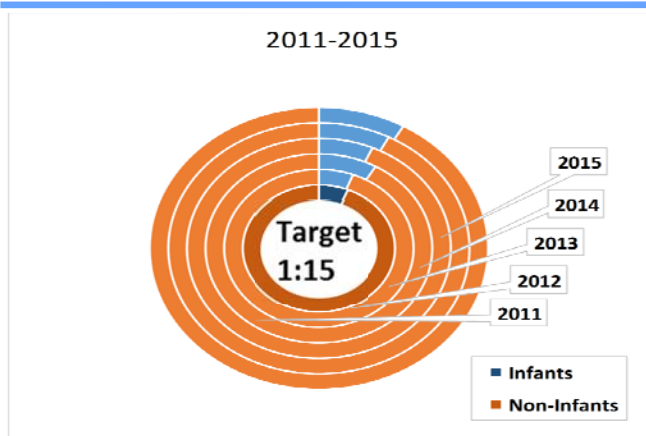
- In previous years, the New Mexico Bureau of Vital Records and Health Statistics (BVRHS) attempted to survey customer satisfaction with service related to specific types of requests by using a multi-page paper form. A very low percentage of customers ever completed them.

- In FY 2015, the BVRHS redesigned and revamped their survey process in hopes of gaining a larger sample of customers willing to complete surveys.

- As in previous quarters, during one month in the 1st Quarter of FY2016 (August 10 - September 11, 2015) the BVRHS conducted their updated customer satisfaction survey. This quarter, BVRHS began using a new computerized (tablet-based) survey system. All customers who ordered birth and death certificates from the walk-in customer service area in Santa Fe were asked if they would participate. Customers were asked: "Please let us know how we did in serving you today." Emoticons are used to illustrate the four answer choices: Excellent, Good, Fair, Poor. The emoticons are intended to keep the survey simple and accessible for all customers, including those with limited literacy skills. Both "Excellent" and "Good" responses are considered to meet customer satisfaction aims.

- A very high percentage of customers (94.5%) continue to report being satisfied with the service they receive, exceeding the 87% target. Currently, all customer satisfaction surveys are completed in the Santa Fe Office. Although the bureau encountered some technical difficulty in implementing the new system, the ability to get daily statistics proved to be a good tool to promote the continued excellent service provided by BVRHS employees.

Action Plan

- The BVRHS is rolling out electronic customer surveys, using tablets which collect data online. Customers answer a short survey (3 questions, including the current question) in English or Spanish. These electronic surveys will allow for immediate customer feedback and generate analytical data to the bureau in real time.

- Rather than collecting and inputting paper surveys from specific months, Vital Records management will be able to run internal reports at any time to determine customer satisfaction and attempt to identify the employee specialty areas necessary to meet customer needs. Eventually all Vital Records offices will have their own survey tablets and submit data.

- Vital Records will assess procedures to improve services through quarterly reviews of the survey data. Additional training and support will be provided to regional offices around the state.

PROGRAM AREA 003: Epidemiology and Response

Ratio of infant pertussis cases to total pertussis cases of all ages

2011-2015

Target 1:15

- Infants
- Non-Infants

2015
2014
2013
2012
2011

1st Quarter FY2016

1:11 cases

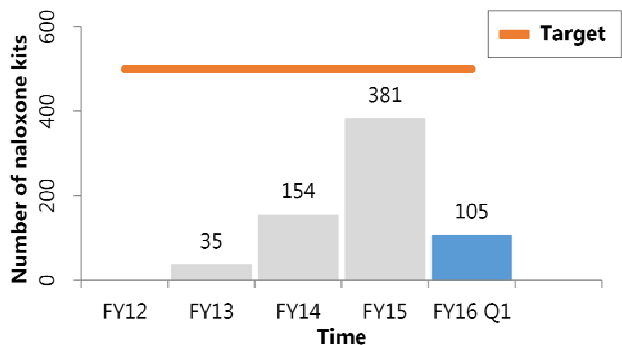Target 1:15 cases

- Infants
- Non-Infants

Partners

NM Immunizations Coalition; Regional Immunization Staff; Immunization Providers; Indian Health Service; NM Medicaid; NM Medical Society; NM Primary Care Association; NM American Congress of Obstetricians and Gynecologists; Pediatricians; Hospital staff; Individual Care Practitioners.

Story Behind the Data

- This measure compares the number of infants with probable or confirmed pertussis ('whooping cough') reported to NMDOH to the number of all cases (infant as well as non-infant), using the New Mexico Electronic Disease Surveillance System (NM-EDSS). This measure is reported for each quarter of the fiscal year, and summarized annually.
- Adult vaccination using Tdap helps protect infants, who cannot be vaccinated and are more likely to develop complications from pertussis.
- From 2008 through 2012, the infant pertussis rate increased five-fold, from 56.2 to 262.1 cases per 100,000; in 2013, this rate declined to 130.1 per 100,000.
- During FY2015, the ratio of infant to non-infant cases of pertussis was 1:12. This is likely because we are seeing a larger decrease in the number of adult cases (from 498 in FY2014 to 274 in FY2015) than the decrease seen in infant cases. There were only 22 cases of infant pertussis in New Mexico in FY2015, a 21% decrease from FY2014.
- During the 1st Quarter of FY2016, the ratio of pertussis cases was 1:11 (infant cases: total cases). This ratio does not meet the target metric of 1:15; however, there were only 3 infant pertussis cases in New Mexico during the first quarter of FY2016, and a lower number of overall cases (infant and non-infant) than last year.

Note: Since pertussis case reports may be reported or investigated after a quarter closes, quarterly numbers are provisional. Each subsequent performance measure report includes the most current data available, so ratios for past quarters may change.

Action Plan

- Provide accurate and complete data that supports vaccination prevention activities.
- Collaborate with community organizations and local/regional health partners to increase the number of access points for adults seeking immunizations.
- Assist the Women, Infants and Children (WIC) Program to develop educational and informational materials in order to increase awareness among older adults about vaccines and immunizations services.
- Increase advocacy in the community through education of providers (i.e., healthcare providers, WIC staff) through educational "sound-byte" to be used during patient encounters.
- Collaborate with community services to increase access points to immunization.
- Educate providers to use reminder recall and the State Immunization Information System for tracking.
- Educate the public about immunization needs.

PROGRAM AREA 003: Epidemiology and Response

Number of naloxone kits provided in conjunction with prescription opioids
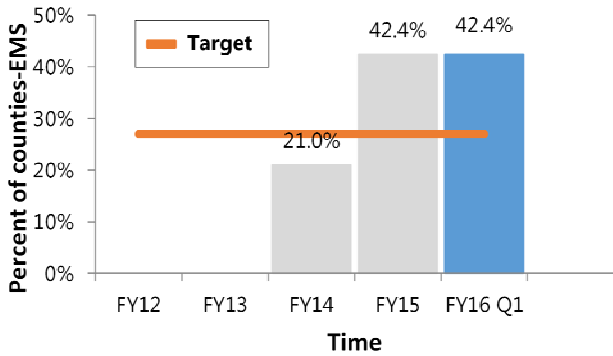

Partners

- State agency partners: Human Services Department, including: Office of Substance Abuse Prevention, Medicaid, and Behavioral Health Services Division; Regulation and Licensing Department, including Board of Pharmacy and other healthcare provider licensing boards
- State Epidemiological Outcomes Workgroup
- Tribal Epidemiological Outcomes Workgroup
- Community-based Opioid Overdose Prevention Coalitions; Community-based Contracted Harm Reduction Providers, and County Health Councils
- Local, County, State, and Federal Law Enforcement
- NM Association of Counties
- University of New Mexico
- PIRE/Behavioral Health Research Center of the Southwest
- NM Drug Policy Alliance

Story Behind the Data

- Between 2001 and 2014, the drug overdose death rate in New Mexico increased by 83%. The prescription drug overdose death rate has been higher than the illicit drug overdose death rate since 2006, and has driven the increase in overdose death rate since then. Poisoning from drug overdoses has surpassed motor vehicle deaths as the major cause of unintentional injury in New Mexico.

- In 2014, the NM Board of Pharmacy approved pharmacist prescriptive authority for naloxone and the Human Services Department expanded the state Medicaid formulary to include coverage of intranasal naloxone, the only definitive care currently available.

- The Overdose Prevention Training Program (OPTP) was established by the Department of Health, Public Health Division, Harm Reduction Program in 2001 to improve the response to drug overdose by preparing participants or Trained Targeted Responders to respond to possible opioid overdoses.

- The OPTP program provides overdose prevention education (what is an overdose and what causes an overdose, how overdoses can be avoided, how to identify and properly respond to an opioid overdose, universal safety precautions, rescue breathing, and activating EMS) including the administration of nasal naloxone. Training of opioid users and their peers to prevent, and/or properly respond to an overdose, leads to a decrease in overdose deaths.

- In 2012, the Department launched pilots in multiple communities around the state in partnership with primary care providers and local pharmacies, whereby patients identified as at risk for overdose are provided, under prescription, a naloxone rescue kit.

- During FY2015, the number of naloxone kits dispensed to patients steadily increased, and the program added a new pilot site, University of New Mexico's Chronic Pain Center.

- The total number of kits, including those dispensed through the co-prescription pilot program and those reimbursed through Medicaid, increased from 94 in the 4th Quarter of FY2015 to 105 in the 1st Quarter of 2016.

Action Plan

- Our primary strategy is to make an opioid antagonist kit (naloxone, a nasal administration device, and instructions) available to people who are at increased risk of prescription opioid overdose. This strategy is based upon the delivery of overdose prevention education, within which the naloxone is the final option in a spectrum of steps to reduce risk of overdose. Use of the kits is expected to reduce prescription opioid overdose deaths.

- The NMDOH strategy to expand access to naloxone for persons at risk of prescription opioid overdose includes close collaboration with and support for pharmacy-based overdose prevention education and naloxone dispensing for all persons (or contacts of such persons) at risk of opioid misuse or overdose.

- Pilot programs have been organized in collaboration with local community-based prevention planning groups, and NMDOH has supported a number of other community-based initiatives including: local law enforcement establishing naloxone carry policy; local public education campaigns and social marketing; and expanded drug take-back initiatives.

PROGRAM AREA 003: Epidemiology and Response

Percent of counties with documented implementation plans for developing regionalized EMS response

Chart: Percent of counties-EMS vs Time. Target line at approximately 27%. FY14: 21.0%, FY15: 42.4%, FY16 Q1: 42.4%.

Partners

- EMS Regional Offices
- County EMS Chiefs
- EMS Agencies

Story Behind the Data

- The purpose of the Emergency Medical Services (EMS) Act [24-10B-1 NMSA 1978] is to enhance and regulate a comprehensive emergency medical services system in the state. The EMS Bureau is charged with meeting the statutory responsibility of the EMS Act.

- Getting adequately trained personnel to the scene as soon as safely possible is a primary goal of EMS response. Some hindrances to this goal including availability of EMS personnel in rural New Mexico and availability of equipment and training.

- Once a call for assistance is received by a 911 center, and while Emergency Medical Dispatch instructions are being given, first response medical rescue units are dispatched. In rural/frontier areas, these are almost always volunteer, fire department based rescue entities.

- Assuring this response in the rural areas often fell to the local community level, which has led to a fragmentation of EMS resources, as community EMS response evolved from individual community based volunteer fire systems.

- Even within county governments, "fire districts" are often treated as near independent quasigovernmental entities, which leads to fragmentation and distribution of resources that are redundant and inefficient. County governments are being encouraged to regionalize their multiple fire district structure into a single administrative entity, or create a separate county based "third service" EMS response agency.

- During the first quarter of FY16, as in FY15, 14 out of 33 counties (42.4%) had documented implementation plans for developing regionalized EMS response, developed with the assistance of NMDOH Regional Offices, surpassing the FY2015 target of 27%.

Action Plan

- Continue working with local entities around the state to develop more efficient regional response plans, including consolidation of administration, personnel, and equipment.
- Assist local entities in developing a unified command structure, unified medical direction, and common treatment guidelines/protocols.
- Assist local entities in developing standard operating procedures and equipment for emergency response.

PROGRAM AREA 004: Scientific Laboratory

Purpose:

The Scientific Laboratory 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 primary 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 primary 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.

FY16 OPERATING BUDGET:

General Funds: $8,466,000

Federal Funds: $2,135,400

Other State Funds: $2,439,200

Other Transfers: $88,300

Total: $13,128,900

ACCOMPLISHMENTS

- Performed 1,009 separate tests and reported 3,746 analytical results for samples collected by the New Mexico Environment Department's Surface Water Quality Bureau during the Animas River contamination incident.
- The Turnaround time for completed case testing performance met or exceeded the target of 60 days from 52% in the first quarter to 99% in the fourth quarter.
- Expanded the testing capability to include analysis of Ebola, Dengue, and Chikungunya, and the lab increased preparedness for detecting emerging infectious diseases.
- Detected a new strain of rabies from a rabid fox.

Success Stories:

- SLD was given initial response of having successfully completed the College of American Pathologists inspection. Final notice is forthcoming dependent on finalization of minor deficiencies.
- SLD maintained the Center for Diseases Division of Select Agents and Toxins certification without inspection. This certification was granted due to the successful completion of a surprise inspection in December of 2014.
- SLD participated in a multi-laboratory validation study that would grant the TEMPO® test methods approval from the National Conference of Interstate Milk Shippers. The TEMPO® test is an automated instrument for plate counts.
- SLD routinely participates in proficiency testing to evaluate the testing capabilities. This past quarter, the bacterial water proficiencies were successfully passed. This is required for the US Environmental Protection Agency certification. SLD also successfully completed a difficult non-O157 Shiga Toxin-producing *Escherichia coli* proficiency that was a requirement to participate in the Food Emergency Response Network.
- SLD initiated testing for the Emerging Infections Programs norovirus prevalence study. Norovirus is a virus that causes acute diarrheal infections.
- The main event this past quarter was the laboratory response to the Gold King mine spill in Colorado, and subsequent leakage of approximately 3 million gallons of contaminated water into the Animas and San Juan Rivers in Northern New Mexico in August. The lab received 301 priority 1 and priority 2 samples for approximately 1000 tests, leading to over 3,700 individual results that were reported back to the New Mexico Environment Department's Surface Water Quality Bureau within a matter of days. Preliminary results were made available on the same day the samples were received for many of the priority 1 samples – the staff worked late into the evening to accomplish this. The prompt reporting of preliminary results allowed the decision to be made later the same week that the river water was safe to use again within Northern New Mexico.
- The LEAN process has been completed for the blood alcohol processes. Every step of the blood alcohol analysis has been reviewed and where possible, changes have been employed to help streamline operations. The turn-around times for 7/1-24/15 (pre-intervention) as compared to 8/1-14/15 (post- interventions), improvement was shown in this aspect. New employees are more aware of the turnaround times, and have suggested other ways to become more proficient with the analyses.

PROGRAM AREA 004: Scientific Laboratory

Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 15 business days
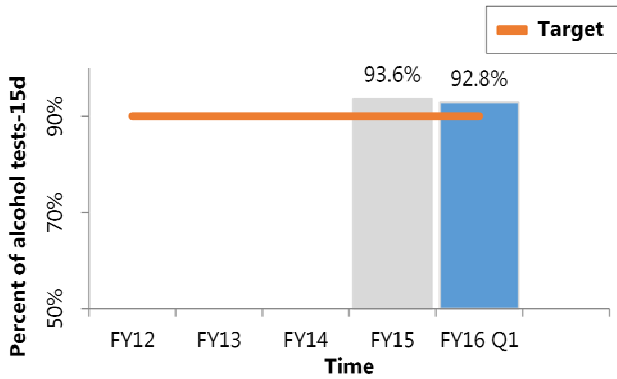
* In FY12-FY14, the turnaround time was measured in 10 calendar days; then, it changed to 15 (calendar) days in FY15. Discrepancy between business and calendar days will be corrected in the FY17 performance measure.

Partners

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

Story Behind the Data

- New Mexico has a relatively high rate of alcohol-related deaths. Excessive alcohol consumption through binge drinking and heavy daily drinking contribute to this high rate.

- The Scientific Laboratory Division (SLD) Toxicology staff analyze human samples for alcohol (e.g., blood alcohol concentration) and drugs to determine cause of impairment in drivers.

- SLD Toxicology staff analyze cause-of-death toxicology samples from the Office of Medical Investigator (OMI) to determine if alcohol and/or drugs are contributing factors to an individual's death.

- To analyze lab samples, it is critical to exceed published turn-around times to give officials ample time to prepare for court cases.

- During the first quarter of FY16, SLD completed 92.8% of blood alcohol tests from driving-while-intoxicated cases within 15 days.

- In order to maintain this level of performance, it is important for analysts to remain up-to-date on current methods as well as maintaining and updating equipment so samples can be analyzed without interruptions.
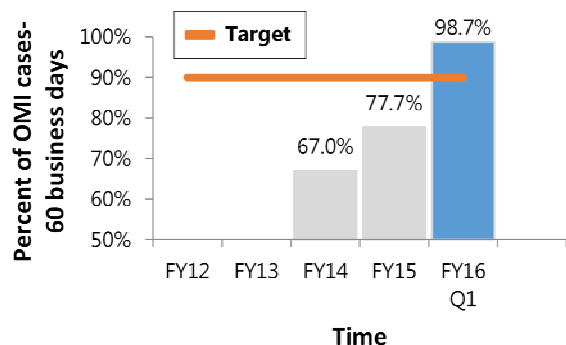
Action Plan

- Continue method development and validation.
- Monitor and maintain equipment.
- Continue staff training.

PROGRAM AREA 004: Scientific Laboratory

Percent of Office of Medical Investigator cause of death toxicology cases that are completed and reported to the Office of Medical Investigator within 60 business days

* In FY12-FY14, the turnaround time was measured in 90 calendar days; then, it changed to 60 (calendar) days in FY15. Discrepancy between business and calendar days will be corrected in the FY17 performance measure.

Partners

- Office of Medical Investigator
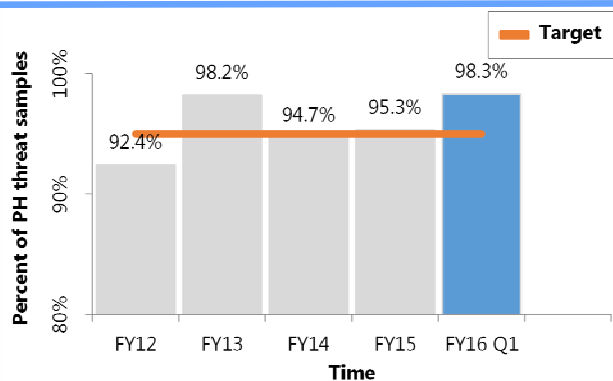
Story Behind the Data

- New Mexico continues to have one of the highest drug overdose death rates in the country.

- Scientific Laboratory Division (SLD) toxicologists assist OMI in determining cause of an unexpected death by testing for illicit and prescription drugs.

- To analyze lab samples, it is critical to exceed published turn-around times to give officials time to prepare death certificates needed for families to file for insurance benefits.

- During the first quarter of FY16, SLD completed 98.7% of Office of Medical Investigator (OMI) cause of death toxicology cases within 60 days.

- Despite the increased workload and the outstripping of SLD's capacity in 2013, SLD has been able to train additional staff and streamline a case review process, that has resulted in meeting and exceeding the target for this measure since quarter 3 of FY2015.

- This measure can indicate when there are competing interests, such as scientists being subpoenaed to give expert witness in court or an increase in driving while impaired cases.

Action Plan
- Continue method development and validation.
- Monitor and maintain equipment.
- Add staff and continue staff training.

PROGRAM AREA 004: Scientific Laboratory

Percent of public health threat samples for communicable diseases and other threatening illnesses that are completed and reported to the submitting agency within published turnaround times

Target

98.2%
94.7%
95.3%
98.3%
92.4%

Percent of PH threat samples

100%
90%
80%

FY12   FY13   FY14   FY15   FY16 Q1

Time

Partners

- Healthcare facilities
- Epidemiologists
- Public safety officials
- NM Department of Agriculture
- Centers for Disease Control and Prevention
- U.S. Food and Drug Administration

Story Behind the Data

- Rapid identification of diseases, infection, or contamination is integral to the implementation of appropriate and timely public health interventions to prevent further harm.

- Rapid identification is important because there could be select agents (e.g., anthrax), which could be maliciously misused as a weapon of mass destruction.

- Additionally, there could be potential public health endemic agents such as plague, West Nile virus, or Severe Acute Respiratory Syndrome (SARS) carried in ground squirrels, mosquitoes, or birds, respectively.

- Other areas of public health concern regards water (drinking or recreational use), milk, and food safety.

- To analyze lab samples, it is critical to exceed published turn-around times to give officials time to determine the proper course of remedial actions to mitigate contamination, exposure, or illness.

- During the first quarter of FY16, SLD completed and reported to the submitting agency 98.3% of public health threat samples for communicable diseases and other threatening illnesses within published turnaround times.

Action Plan
- Continue training analysts so they remain up-to-date on current methods.
- Maintain and update equipment to continue analyzing samples without interruptions.

PROGRAM AREA 004: Scientific Laboratory

Percent of environmental samples for chemical contamination that are completed and reported to the submitting agency within 60 business days
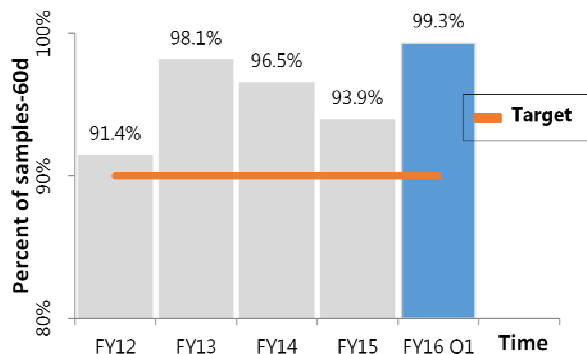
Partners

- NM Environment Department
- Environmental Protection Agency
- Municipal/Federal/Tribal water utilities
- Local, County, and State Emergency Management

Story Behind the Data

- Quickly identifying contaminants in the environment is critical in mitigating potential contamination or inadvertent poisoning, which could result in acute illness of people in the same geographical area.

- The Scientific Laboratory Division (SLD) conducts chemical analyses of air, water, and soils in support of the NM Environment Department (NMED) as well as for regulatory purposes by local, tribal, and federal entities which serve to protect the health of New Mexicans.

- It is critical to exceed published turn-around times to give officials ample time to determine the proper course of remedial actions; these actions in turn will mitigate contamination, exposure, or illness.

- During the first quarter of FY16, SLD completed and reported 99.3% of environmental samples for chemical contamination to the submitting agency, within 60 business days.

Action Plan

- Fill vacant positions
- Purchase new instrumentation

PROGRAM AREA 006: Office of Facilities Management

Purpose:

Facilities Management fulfills the DOH mission by overseeing six healthcare 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.

FY16 OPERATING BUDGET:

General Funds: $59,590,200

Other State Funds: $76,394,400

Other Transfers: $714,000

Total: $136,698,600

ACCOMPLISHMENTS

The DOH Office of Facilities Management (OFM) has envisioned that the six (6) healthcare facilities and Los Lunas Community Program (LLCP) is to become an integrated healthcare system versus historically operating as individual healthcare facilities and program. The OFM Administration has been proactive in the first quarter of Fiscal Year 2016 in enhancing the facilities performance outcomes and interoperability. The OFM is focused on taking a collaborative 3-pronged approach of optimizing quality of care, operational performance and fiscal outcomes.

The following are some of the OFM Division demonstrated key areas of emphasis:

- Unifying DOH OFM Division into an integrated healthcare system.
- Devised and expanding new and more robust OFM Division Administration to improve program area oversight and quality outcomes.
- Meeting with Managed Care Organizations (MCOs), the Human Services Department (HSD) and other vested partners to expand New Mexican's access to care in the OFM facilities and LLCP.
- Collaborating with the New Mexico Veterans Affairs Healthcare System to have the OFM healthcare facilities become designated CHOICE providers to veterans in the various given communities throughout the state.
- Implementing the first DOH OFM facility-operated Intensive Outpatient (IOP) programs and expansion of available medical detoxification beds to improve the ability to address substance abuse and misuse in New Mexico.
- Successful implementation of ICD-10 and its related billing enhancement opportunities with current procedural terminology codes (CPT) in DOH facilities.
- Broke ground on new Alzheimer's and skilled nursing care facility at the New Mexico State Veterans Home.
- Devised and evolving a new and more comprehensive facilities management dashboard to track and trend financial, operational and clinical metrics.
- Collaborating with various providers and stakeholders to expand the telemedicine capabilities and utilization within DOH OFM facilities in providing quality of and access to care to the people served.
- Expanding and improving electronic health records and pharmacy services capabilities within the DOH OFM facilities to improve the quality of care of services provided and enhance operational and fiscal outcomes.

PROGRAM AREA 006: Office of Facilities Management
Percent of staffed beds filled at all agency facilities
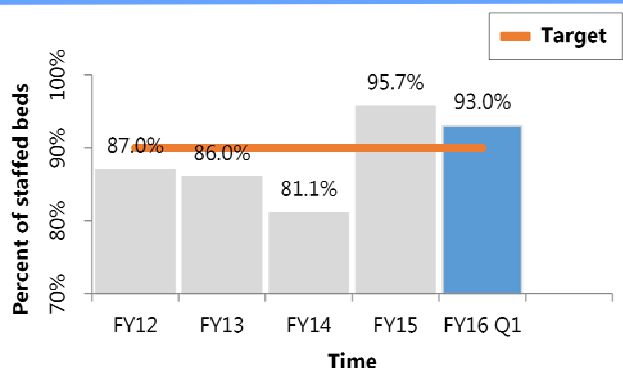
Successfully meeting regulatory compliance standards while providing great quality of care to ensure positive outcomes requires flexible staffing patterns for the given service line. These staffing patterns enhance the ability to provide the appropriate level of care to given patients or clients based on their range in severity of health condition (acuity) within the OFM facilities and LLCP.

This measure is based on the operational capacities to effectively provide care within the given service lines. The operational capacities are dependent on the ability to hire and retain qualified staff at the proper level of acuity consumers may require. A given number of budgeted Full Time Employees/ Equivalents (FTEs) are appropriated to each OFM facility and LLCP. The DOH OFM strives to ensure that budgeted positions are filled to maximize the number of consumers served with the appropriate quality of care while optimizing operational and fiscal performance outcomes. In addition, availability and simplicity of consumer access to the direct care providers is key to the success of this performance measure.

Partners

Human Services Department; Children Youth and Families Department; Developmental Disabilities Supports Division, NMDOH; Public Health Division, NMDOH; State District Courts; Managed Care Organizations and other third party payers; Referral agencies; Veterans Administration; Community-based services; Facility employees.

Story Behind the Data

The OFM facilities and Los Lunas Community Program (LLCP) in-patient Staffed Beds performance metric measures the available direct care staffing resources to optimize the ability to care for the most number of consumers safely and effectively within the given facility or program. The DOH OFM facilities and LLCP provide many services to New Mexicans.

However, to be in line with national occupancy metrics OFM has proposed to move from the in-patient staffed bed occupancy performance metric to the percentage of beds occupied (Occupancy Rate). The calculation is as follows:

Occupancy Rate (in-patient) = $\dfrac{\text{Total annual patient days}}{\text{Number of beds x 365}}$ x 100

This new calculation will allow for comparisons against healthcare industry in-patient occupancy rate benchmarks for similar services lines throughout the state of New Mexico and the United States.
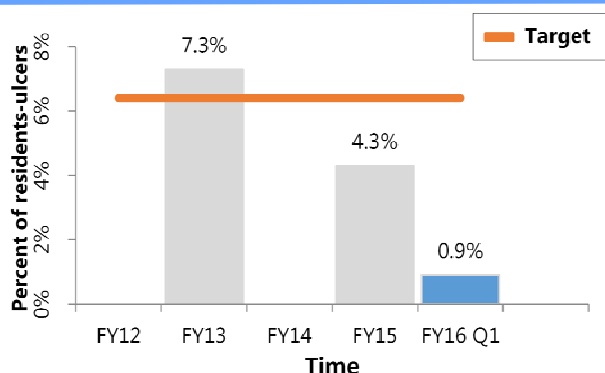
Action Plan

The DOH OFM with its partners has devised multiple strategies to fill and retain direct care FTEs and to ensure the proper level of care can be provided while optimizing the highest occupancy rate possible in each OFM facilities and LLCP. The following are some of the OFM initiated action items for the first Quarter FY16 Staffed Beds performance measure:

- Assessing and streamlining admissions processes at given facilities and LLCP that enhances the efficiency of admitting referrals.; meeting with MCOs, HSD and other vested partners to expand New Mexican's access to care in the OFM facilities and LLCP; consistent outreach to stakeholders and communities to communicate the availability of healthcare services provided; collaborating with the New Mexico Veterans Affairs Healthcare System to have the OFM healthcare facilities become designated CHOICE providers to veterans in the various given communities throughout the state; sustaining appropriate level of care for quality outcomes that lends to positive perception and experience by consumers.

- OFM facilities are pioneering new orientation, recognition and mentoring programs to retain direct care staff; working with stakeholders to address pay bands for direct care staff to be in line with market value to lower vacancy rates for direct care providers within the OFM facilities and LLCP; addressing standardized staffing methodologies for given service lines in alignment with regulatory compliance standards; and expanding community and school partnerships.

PROGRAM AREA 006: Office of Facilities Management

Percent of long-term care residents with healthcare-acquired pressure ulcers

Chart: Percent of residents-ulcers vs Time. FY13: 7.3%, FY15: 4.3%, FY16 Q1: 0.9%. Target line shown (orange) at approximately 6.3%.

Partners

- Centers for Medicare and Medicaid Services (CMS)
- The Joint Commission (formerly the Joint Commission on the Accreditation of Healthcare Organizations)
- Health Facility Licensing (Division of Health Improvement)
- Facility Staff
- Other DOH Long-Term Care facilities
- Providers of care at the facilities

Story Behind the Data

Decubitus ulcers, or skin disruption commonly referred to as "pressure ulcers" is a common occurrence in long term care facilities. These ulcers increase general morbidity and mortality of residents, increased pain, and reduced mobility. It is recognized that all efforts should be made to prevent the formation of these ulcers, or, if non-facility acquired, or present on admission, be treated in an aggressive manner.

Unrelated to the quality of care, a pressure ulcer significantly increases the cost of resident care, sometimes in an extreme way. These are conditions that Medicare may consider preventable and not provide reimbursement.

Much research has been done on these ulcers. Contributory factors include:

- Lack of turning and positioning of immobile residents;
- Lack of proper bed mattresses and linen that reduce the formation of these ulcers;
- Lack of attention to proper hygiene related to bowel and bladder control;
- Increased attention to resident's rights to not have positive bladder control via urinary catheters;
- Lack of staff who can provide frequent turning, positions, and mobility.

The Center for Medicare and Medicaid Services (CMS) has developed quality outcome data submission requirements. These measures involve a sampling methodology that does not reflect current performance and, may in fact, not represent true performance at all because of the methodology. It provides limited usefulness for comparing one facility to another, but does not consider difference in patient populations and availability of urban versus rural resources. Mistakes have been made in trying to use the Minimum Data Set (MDS) data to reflect short term improvement in facility improvement.

Contemporary performance metrics reflect more precise data reflecting true performance reports ulcer rates by occurrences per 1000 patient days. The actual number of ulcers are very low, so month to month variation would not be useful to detect improving performance. Rate based risk adjusted data is the direction that should be used to improve this measure.

Action Plan

- Develop a measure that would demonstrate best practices related to prevention and quality patient care. This measure may also be correlated with staffing effectiveness, but not staffing volume.
- Continue to collect, report, and analyze data on pressure ulcers to the Centers for Medicare and Medicaid Services as part of the MDS 3.0 data collection requirement.
- Acquire, either by hire or consultation, wound care specialists who develop care protocols using evidence based guidelines for wound care and treatment.
- Seek active input from nutritionists on the adequacy of dietary intake for patients are risk.
- Recommend that this measure be aligned with national CMS measures.
- Be aware that MDS 3.0 is based on a different sampling methodology so the measure may be useful from comparison with like organizations, it may not be useful to demonstrate evidence in rapid performance improvement efforts.
- Form a performance improvement team charged with rapid cycle identification of potential areas to improve.
- Educate staff on LEAN performance improvement methodology to improve the performance improvement process itself.

PROGRAM AREA 006: Office of Facilities Management

Percent of long-term care patients experiencing one or more falls with injury
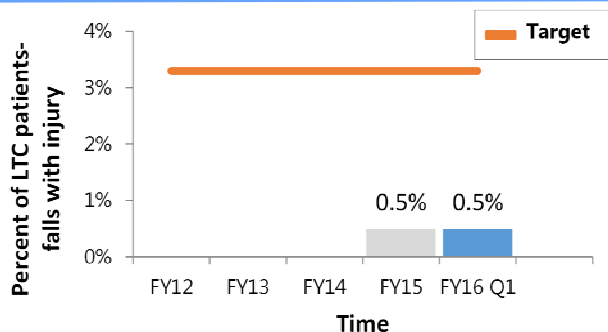
they are in an unfamiliar environment, are administered medications that might result in a change in sensorium, and are reluctant to call for help, fearing that staff may find them a burden.

These cultural factors, combined with the physical debility caused by age, contribute to inevitable falls in Long Term Care. For many years overall fall rates were thought to reflect quality of care, but more recently, the Center for Medicare and Medicaid Services (CMS) has focused on falls with major injury. While it is recognized that any fall could lead to injury, facilities started to note that while overall fall rates might be unchanged, falls with major injury should be improved. Many strategies were recommended by experts in the field including better lighting at night, "lane markers" on the floor of resident rooms, encouraged toileting especially near bed time, and the adjusting of medications and the physical environment such as lowering of beds. All of these strategies contributed to reduced fall with injury rates.

Partners

Centers for Medicare and Medicaid Services; The Joint Commission or appropriate accrediting agency; Health Licensing and Certification, Department of Health; Facility employees; Provider Staff; Residents

Story Behind the Data

Falls in long term care, and more specifically falls with major injury, are noted to result in a mortality of 50% within one year. Falls increase morbidity generally, reduce the quality of life, result in extreme pain, and raise the cost of healthcare due to the required diagnostic testing and prolong treatments in both acute care and long term care facility.

Residents on Long Term Care are faced with increasing dependence on others, a factor that may be difficult to accept. These individuals have spent a lifetime being Independent, and some are challenged with the fact that

This metric indicates the percentage of patients who have fallen and sustained a major injury. It is a reasonable measure but cannot be compared to the MDS 3.0 (Minimum Data Set) data from CMS because the sampling methodologies are vastly different. The CMS measure only samples patient data selecting a week or two per time period. These data might be useful in comparing facility to facility but cannot accurately reflect either true performance or short term improvements. Nationally the measure has been expressed in terms of falls per patient day multiplied by 1000 because the incidence is too low to compare statistically.

The other reason this measure does not reflect performance is because it only records the resident that has fallen. They may, in fact, have had multiple falls and sustained multiple injuries, but that individual is counted only once during the time period.

Action Plan

- Implement effective fall prevention plans, including staff and resident education, in NMDOH facilities.
- Improve patient fall risk assessment processes.
- Continue to collect, report, and analyze data on falls with injury to the Centers for Medicaid and Medicare.
- Improve fall prevention performance by using analysis findings to make improvements.
- Maintain Joint Commission Accreditation for those facilities currently accredited.
- Conduct Root Cause Analysis on falls to determine common causes in order to effect greater injury reduction.
- Deploy a system level Quality and Compliance Manager that can work with facilities on data collection, analysis, and root cause analysis processes.
- Train data staff on LEAN methodology.

PROGRAM AREA 007: Developmental Disabilities Supports

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

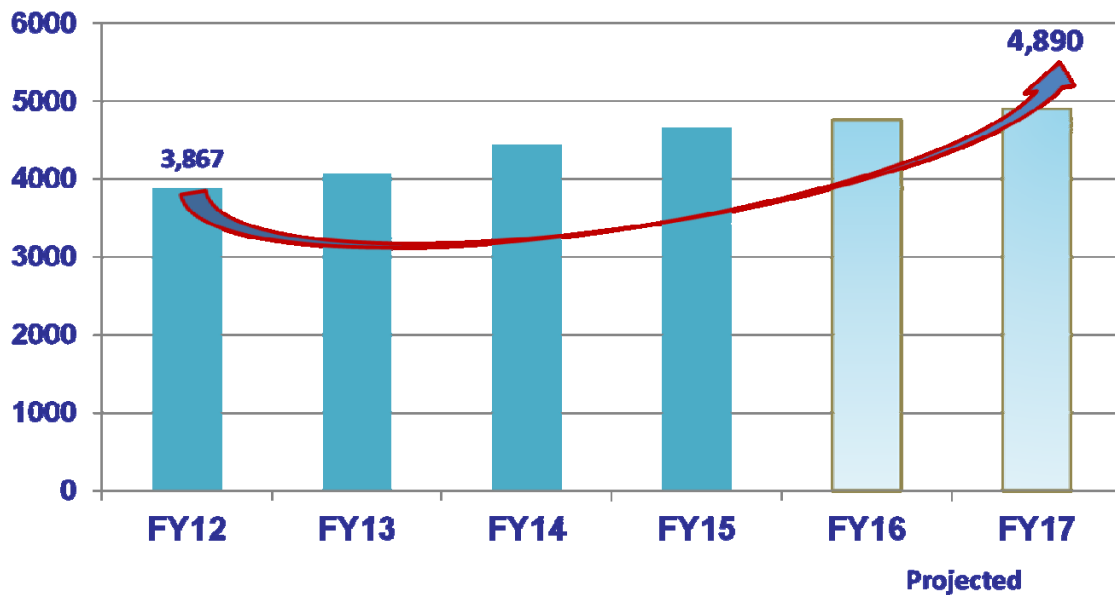## FY16 OPERATING BUDGET:

General Funds: $149,203,600

Federal Funds: $2,819,200

Other State Funds: $1,200,000

Other Transfers: $10,200,000

Total: $163,422,800

ACCOMPLISHMENTS

Turning the curve on the number of persons served through
the Developmental Disability (DD) Waiver.
FY16 Target: 4,000 individuals

- Each year, the Developmental Disabilities Supports Division (DDSD) will produce a report on the status of the waiting list.
- Every quarter, DDSD will assess the enrollment and look for opportunities to offer individuals the ability to come off the waiting list to enter services.
- Currently working to improve the information on the central registry (waiting list) to ensure current contact and needs for the person waiting.
- Offering individuals to communicate updates, information and ask questions via secure email.
- Requested additional funding in FY17 to reduce the waiting list.
- Accomplished a non-reverting DD Waiver fund in FY16 and have requested renewal language in FY17.

PROGRAM AREA 007: Developmental Disabilities Supports

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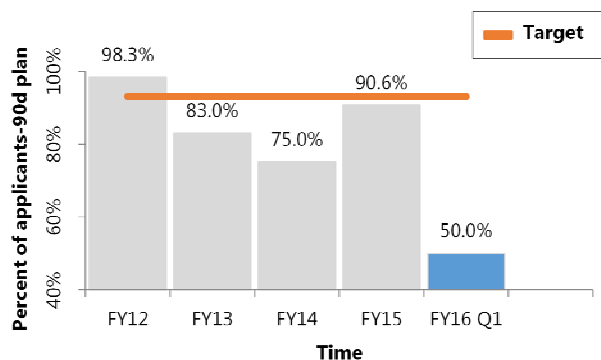
Partners

Human Services Division's (HSD) Medical Assistance Division (MAD); HSD Income Support Division (ISD); Qualis (replaced Molina), Third Party Assessor (TPA); UNM Center for Development and Disability (CDD); Healthcare providers, parent support groups, and case managers; HSD Mi Via; DOH Vital Records; Community Providers; Case Management Agencies

Story Behind the Data

DDSD collaborates with MAD, ISD, and the Third Party Assessor (Molina/Qualis), to articulate and outline the entire allocation process to continuously seek improvements on this measure.

To date the roles and responsibilities of each of these parties involved was collectively identified, including the individuals/guardians. The timing of the SIS referral was moved so as to occur much sooner in the process.
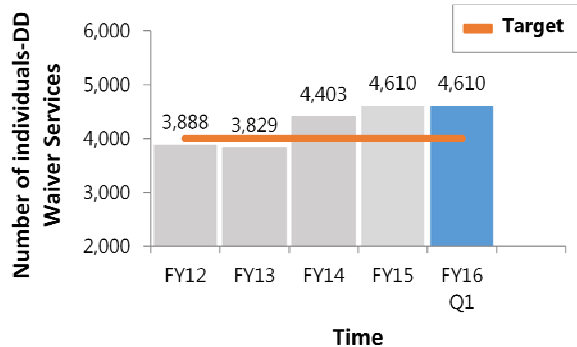
Therefore, by the time eligibility was confirmed at ISD the SIS was already scheduled. This speeded up the ISP process resulting in people entering services more quickly. DDSD's revised Allocation Tracking Form contributed to improvements made so as to inform the division when key benchmarks were accomplished and which identified delays.

DDSD continues to communicate to all providers that the allocation of individuals to the waiver remains a high priority. Training for case managers and DDSD staff on the allocation process continues.

Regarding this quarter's performance decrease (50%; target 95%), there is not an allocation group linked specifically to FY2016 funding. Thus the measure for the 1st quarter of 2016 primarily reflects a small group of allocations which are carried over from FY2015. This small group is being analyzed to determine if specific systemic obstacles are causing delay in completing the allocation process. Note: Due to the transition to a new Third Party Assessor, recent delays (since Spring 2015) in the processing of DD Waiver prior authorizations/claims have impacted the source data for this measure.

Action Plan

- Central Registry database has been updated and is undergoing upgrades to improve the stability of the database. DDSD is in the process of developing a data reporting system using HSD Medicaid information to complement information contained in the DDSD Central Registry database.

- Participate in regular meetings with MAD and ISD representatives to: review the DD waiver allocation process; identify barriers; and troubleshoot potential problems. These meetings have been helpful in identifying issues resolutions. Continue regular internal DDSD allocation meetings to maintain the momentum of moving individuals through the allocation process and ensure we are meeting our timelines.

- Send DDSD letters of interest, based on the projected number of new allocations, to maximize the number of individuals who enter and receive timely services. Reinstitute annual "keeping in touch" mailings to maintain current contact information and determine when people move out-of-state, decease, or decide they are no longer interested in services.

- Continue to assess regional provider capacity based on regional waiting list and provider areas of interest, as well as assess state capacity based on program capacity estimates and information technology evaluation.

- Streamline Mi Via to make it easier for individuals and their families to complete the application more independently.

PROGRAM AREA 007: Developmental Disabilities Supports

Number of individuals receiving developmental disabilities waiver receiving services

Partners
- Human Services Department's (HSD) Medical Assistance Division (MAD)
- HSD Income Support Division (ISD)
- Qualis, Third Party Assessor (TPA)
- Healthcare providers, parent support groups, and case managers
- HSD Mi Via
- Community Providers
- Case Management Agencies

Story Behind the Data
- At the conclusion of quarter 1 of FY16, 4,610 persons were receiving developmental disabilities waiver services.
- The Developmental Disabilities Supports Division (DDSD) funds and provides oversight to community services and supports for people with developmental disabilities. DDSD oversees
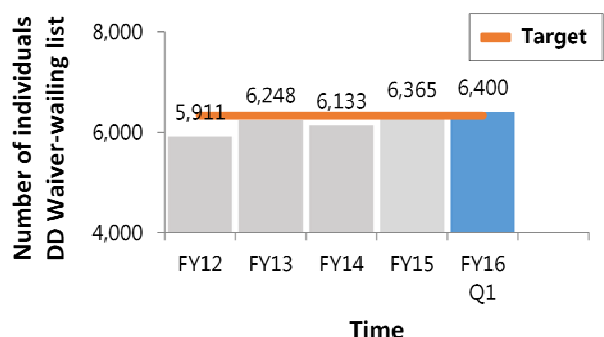
various Medicaid home and community-based waiver programs (DD Waiver services) so that people with disabilities can live as independently as possible. The Developmental Disabilities Waiver (DDW) program is designed to provide services to allow individuals with developmental disabilities to participate as active community members. The DDW program serves as an alternative to institutional care, providing an array of residential, habilitation, employment, therapeutic, and family support services.

- DDW participants can choose the traditional waiver or the Mi Via waiver. Mi Via ("my way") provides choices of goods and services to DDSD participants. The responsibility for designating level of care and completion of the service planning process is placed on the individual/family. The number of people choosing the Mi Via Waiver has increased significantly from 145 participants in FY10 to serving 911 individuals in FY15.
- The addition of Supports Intensity Scale (SIS)® assessments and procedural changes have added to timeframes and impacted movement from the waiting list to receipt of services.

* Due to the transition to a new Third Party Assessor, recent delays (Spring 2015) in the processing of DD Waiver prior authorizations/claims have impacted the source data for this measure. Claims may be suppressed due to the lag in prior authorization updates and budget approvals, and client counts may be affected. budget approvals, and client counts may be affected. This count may be revised when the source data is updated.

Action Plan
- Develop web-based provider scorecard to facilitate participant selection of providers services.
- Upgrade Central Registry database for increased robustness.
- Increase awareness of services for individuals with developmental disabilities by improving supports to case management agencies (to provide information regarding different types of available services).
- To maximize the number of individuals who enter and receive services, DDSD will send letters of interest based on the projected number of new allocations.
- Assess regional provider capacity based on regional waiting list and provider areas of interest with the goal of increasing provider capacity and services.
- Assess state capacity based on program capacity estimates and information technology evaluation.

PROGRAM AREA 007: Developmental Disabilities Supports

Number of individuals on the developmental disabilities waiter waiting list
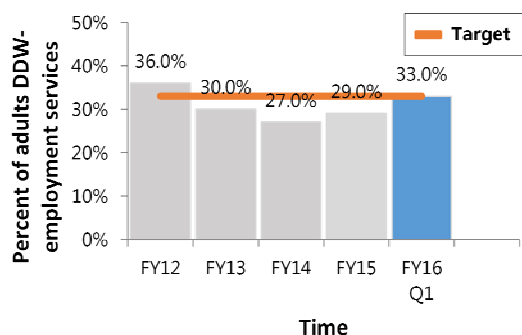

Partners

- Human Services Division's (HSD) Medical Assistance Division (MAD)
- Human Services Division's (HSD) Income Support Division (ISD)
- Qualis (replaced Molina), Third Party Assessor (TPA)
- Healthcare providers, parent support groups, and case managers
- HSD Mi Via
- NMDOH's Vital Records
- Community Providers
- Case Management Agencies

Story Behind the Data

- At the conclusion of FY16-Q1, 6,400 persons were on the developmental disabilities waiver (DDW) waiting list.
- The DDW program serves as an alternative to institutional care and is designed to provide services and support to allow eligible individuals with intellectual/developmental disabilities (IDD) to participate as active members of their community. About 300 people per year are added to the DD waiver Central Registry. This means 300 people need to be allocated each year in order to maintain the same number of people on Central Registry's waiting list. The Central Registry's waiting list will not be reduced unless more than 300 people receive annual allocation.
- The Central Registry (CR) contains several status categories reflecting applicants' progress in the application/allocation process. Cases in these status categories comprise the total reported CR "Wait List." The CR status categories are:
  ⇒ Start Status: An applicant has submitted an application for DDW services but IDD verification has not been completed. (About two-thirds of applicants in this category will not match the definition of IDD and, as a result, will be moved to the Pending Status category or be closed.)
  ⇒ Pending Status: 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.
  ⇒ Completed Status: Applicants who have completed the application process; match the IDD definition; 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.

Action Plan

- Started a pilot program to identify possible service and support strategies for persons currently waiting for DD Waiver services. The pilot is call the Flexible Support Program. Results of the initial part of the program are expected in the coming months. Preliminary reports from the Flexible Supports pilot are encouraging. Some participants reported significant help coming from the program. Funding for the pilot has been renewed for FY 2016.

- DDSD has established and maintained regular meetings with MAD and ISD to review DD waiver allocation processes and identify barriers. These meetings have been helpful in identifying issues and resolutions.

- *Keeping in Touch* mailing was not completed last year but will be reinstituted this year. This activity will help maintain current applicant contact information.

- DDSD continues to maximize the number of individuals who enter and receive services by adjusting the number of letters of interest sent based upon projected number of completed allocations. This practice has helped in meeting allocation goals.

PROGRAM AREA 007: Developmental Disabilities Supports

Percent of adults receiving community inclusion services through the DD Waiver who receive employment services

Partners

- Individuals with IDD and their support networks including parents and guardians

- DD Waiver Supported Employment Providers

- Partners for Employment, which includes the Division of Vocational Rehabilitation and the UNM Center for Development and Disability

- Supported Employment Leadership Network (SELN)

- Local business owners; community leaders

Story Behind the Data

- Nationally, individuals with intellectual/developmental disabilities (IDD) experience greater levels of unemployment, underemployment, low wages, and poverty compared to those without disabilities.
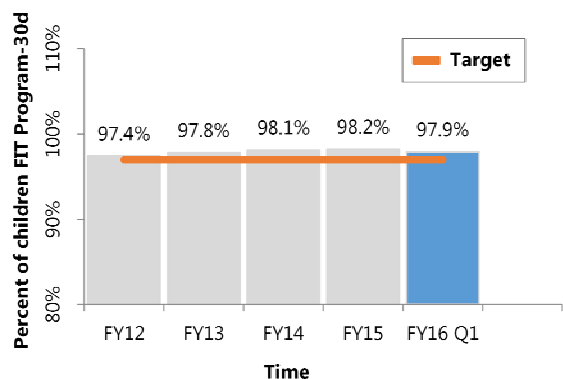
- New Mexico has made steady progress toward increasing community integrated outcomes and performs above the national average, but strives to be included in the group of states exhibiting increased successful employment outcomes.

- Based on Supported Employment Outcomes for FY 15, the percent of those engaged in community-integrated employment fluctuated. This may be due to the transfer of those receiving employment services from the traditional waiver to the self-directed Mi Via Waiver. This could affect or reduce the candidate pool of individuals who receive DD Waiver services and choose community integrated employment.

- Due to historical information on this measure, and in keeping with national evidenced based practices, this performance measure was changed from "percent of adults receiving developmental disabilities day services who are engaged in community-integrated employment" to "percent of adults receiving community inclusion services through the DD Waiver who receive employment services".

* Due to the transition to a new Third Party Assessor, recent delays (Spring-Summer 2015) in the processing of DD Waiver prior authorizations/claims have impacted the source data for this measure. Claims may be suppressed due to the lag in prior authorization updates

Action Plan

- Implement a revised performance measure for FY16 to better reflect DDSD's community integrated-employment service objectives for persons with developmental disabilities. The new measure will be: The percent of adults receiving community inclusion services through the DD Waiver who receive employment services. The FY16 target will be 33%.

PROGRAM AREA 007: Developmental Disabilities Supports

Percent of children served through the Family Infant Toddler (FIT) Program who receive all of the early intervention services on their Individualized Family Service Plan (IFSP) with 30 days

Chart: Percent of children FIT Program-30d

- FY12: 97.4%
- FY13: 97.8%
- FY14: 98.1%
- FY15: 98.2%
- FY16 Q1: 97.9%

Legend: Target

Partners

- Office of Special Education Programs (OSEP)
- Public Education Department
- National Early Childhood Technical Assistance Center
- (NECTAC)
- Interagency Coordinating Council (ICC)

Story Behind the Data

- The Family Infant Toddler (FIT) Program administers a statewide system of Early Intervention services for infants and toddlers from birth to age three who have or are at risk for developmental delays or disabilities. Early Intervention services are provided in accordance with the Individuals with Disabilities Education Act (IDEA) Part C.

- The Department of Health is the lead agency responsible for ensuring that eligible children and families receive the services they need. Services include physical, speech and occupational therapy, as well as developmental instruction, nursing and service coordination.

- The FIT Program makes this array of Early Intervention services available to support parents and care givers through a network of public and private providers statewide.

- The Family Infant Toddler Program is using resources from the Race To the Top federal grant to promote quality including a Family Service Plan Quality review tool and a statewide video technology project.

Action Plan

- Continue working with medical and early childhood providers to:
  - ⇒ Increase the number of referrals;
  - ⇒ Deliver services in a timely manner.
- Promote FIT early intervention services through events such as: health fairs.
- Ensure timely service delivery for all children through discussion, community-based assessments, and trainings.

PROGRAM AREA 008: Heath Improvement
(Health Certification, Licensing and Oversight)

Purpose:

The Division of Health Improvement (DHI) plays a critical role in the Department's mission of improving the health outcomes and ensuring the safety of New Mexicans. DHI ensures that healthcare facilities and 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. Our stakeholders include executive and legislative policy makers; providers; facilities and contractors; other state, local, and federal government agencies; advocacy groups; professional organizations; provider associations; various task forces and commissions; and the tax paying public at large.

Some DHI enforcement activities include: conducting various health and safety surveys for both: facilities and community-based programs; and conducting investigations of alleged abuse, neglect, exploitation, death or environmental hazards.

FY16 OPERATING BUDGET:

General Funds: $4,668,000

Federal Funds: $2,645,300

Other State Funds: $1,708,100

Other Transfers: $3,813,500
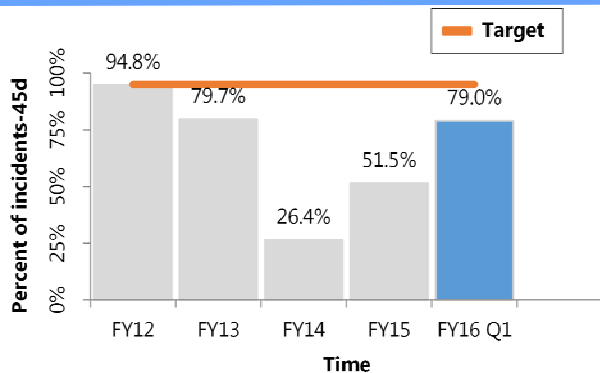
Total: $12,834,900

ACCOMPLISHMENTS

This has been a rebuilding period for DHI as new managers have been brought in, new rules implemented, new training programs, and additional requirements from the Jackson lawsuit have been implemented. We are focusing on filling staff vacancies, adding key positions, and changing processes to work smarter.

- We have implemented a strategy execution process for the division, focusing on quarterly process improvements for all action items.

- IMB has implemented a 24/7 on-call system for investigation of abuse and neglect allegations, has implemented a more thorough investigation process and has embarked on a new training program for staff and providers.

- QMB has developed a new training program for staff and is rebuilding its workforce by filling vacancies.

- Licensing has significantly reduced the time to respond to complaints. Currently we receive 6,000 per year.

- The Division performs background checks on over 44,000 healthcare workers per year and has instituted an automated process reducing turnaround time from 6 months to 5 days. We have initiated the RapBack program which identifies new convictions for previously cleared workers. To date, we have identified 2,300 new convictions, 300 of which resulted in disqualifications.

- The Division has received training in Lean value stream mapping and has applied it to both the IMB investigation process, the QMB regulatory oversight processes, and facility licensing processes. As a result, new streamlined procedures and protocols have been implemented.

- This year we are updating 5 outdated administrative rules and are creating new rules for Freestanding Birthing Centers and Crisis Triage Centers.

PROGRAM AREA 008: Health Improvement

Percent of abuse, neglect, and exploitation incidents for community-based programs investigated within 45 days

Partners

- Trainer
- IMB Investigations;
- IMB Investigator Supervisor
- Developmental Disabilities Supports Division (DDSD)
- Developmental Disabilities Waiver (DDW) Provider Staff
- Contractors

Story Behind the Data

- In FY15, the Incident Management Bureau (IMB) underwent a year of transition, rebuilding and operational changes that included:

  ⇒ Revising the New Mexico Administrative Rule 7.1.14 NMAC regarding the requirements and reporting for Abuse, Neglect and Exploitation (ANE);

  ⇒ Implementing a 24/7 incident response on call system;

  ⇒ Implementing a new core competency training for investigators.

- Overall in FY15, DHI-IMB completed 62.5% of investigations within the 45 day guidelines. In the first quarter of FY 16, this measure has improved to 79%.

- Due to staff shortages, IMB continues to have a backlog of older cases, which impacts the current workload. With a new Bureau Chief, a separate SEP has been implemented to address the backlog. IMB has made very encouraging progress in addressing this issue.
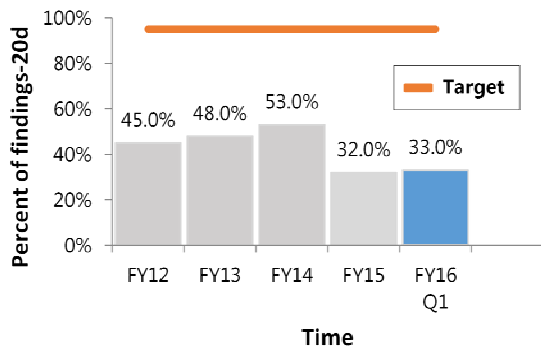
Action Plan

IMB has developed a Strategic Execution Plan (SEP) to improve and streamline the investigative process, in order to meet the 45-day investigation completion timeline. To aid IMB Investigators, the bureau has implemented a "short investigative report" for use when it's determined through a preliminary investigation that the IMB does not have jurisdiction to continue with the investigation. This could occur due to incomplete or inaccurate information when the case was assigned. This short investigative report allows the Investigator to accurately and quickly document the actions they took to determine IMB lacked authority for further investigation. In addition, IMB has created a report template for Investigators to use on all investigations. The template allows Investigators to write complete, concise, and consistent reports, which eliminates duplication.

Q1: Implement the use of short investigative reports (SIR). Implement a report template. Implement IMB database revisions– Completed. A value stream analysis was completed on the investigation process. An action plan has been implemented to streamline and improve the process.

Q2: Develop a Statewide ANE training program. Develop and implement an investigation process policy.

Q3: Implement a Statewide ANE training program. Continue monitoring effectiveness of action steps.

Q4: Evaluate outcomes. Implement a sustainability plan. Update goals (desired outcomes) and action plans.

PROGRAM AREA 008: Health Improvement

Percent of report of findings transmitted to provider within 20 business days of survey exit

Partners

- Developmental Disabilities Supports Division
- Home and Community Based Waiver Providers and their staff
- Incident Management Bureau
- Administrative Services Bureau

Story Behind the Data

The Division of Health Improvement's (DHI) Quality Management Bureau (QMB) conducts compliance surveys of Home and Community Based Waiver Providers for the following: the Developmental Disabilities Waiver and the Mi-Via Waiver.

- The purpose of compliance surveys is to monitor compliance with state and federal regulations; statutes; and standards and policies in order to protect the health and safety of people served.

- Program oversight ensures individuals are receiving the necessary services and supports as identified in their Individual Service Plan (ISP) in order to achieve desired outcomes.

- In SFY15 DHI and QMB experienced a year of transition, that included: a higher than expected turnover of staff with increased vacancies that resulted in delayed survey processing. Despite this limitation, overall in FY15, QMB completed and transmitted 32% of survey Reports of Findings to providers within 20 business days.

- For the first quarter of FY16, QMB can report the following partial data: for the month of July 13% of reports were completed within 20 days, for August this improved to 50% of reports were completed within the 20 days. September data is not available at this time and will be updated in the second quarter of this report. Partial first quarter FY16 data is 33%.

Note: QMB has a data lag in the last month of each quarter due to the report cycle time crossing

Action Plan

- QMB has implemented a Strategy Execution Plan (SEP) to improve the survey process.

    Q1:   Complete a value stream analysis of the process to identify opportunities for improvement. Managers will prompt Surveyors (via email) to complete Report of Findings: Initiated. Implement a report template: Completed.

    Q2:   Identify best practices and address obstacles that delay work flow; work with IT to create a database to improve automation of survey tools and report of findings: (initiated); remove any barriers which are preventing timely completion of the Report of Findings: (planned); revise and update Surveyor Operations Manual: (initiated).

    Q3:   Develop new protocols and processes based on best practice and the unique needs of bureau. Modify EDA to require staff to meet the timeline 90% of the time. Continue monitoring the effectiveness of actions steps.

    Q4:   Implement new processes; train staff on new processes. Measure results. Evaluate outcomes. Implement sustainability plan. Update goals (desired outcomes) and action plans.

- QMB will continue to fill vacancies as quickly as possible.

PROGRAM AREA 787: Medical Cannabis

Purpose:

The Medical Cannabis Program (MCP) was created under the Lynn and Erin Compassionate Use 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 and their medical treatments. The NMDOH administers the MCP in accordance with the Act while at the same time ensuring proper enforcement of any criminal laws for behavior that has been deemed illicit by the state.

FY16 OPERATING BUDGET:
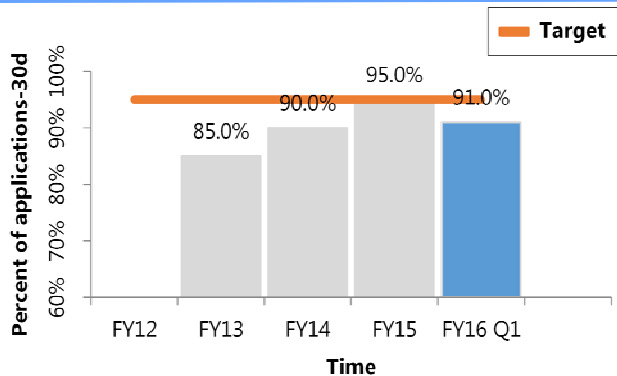
Other State Funds: $1,425,200

Total: $1,425,200

ACCOMPLISHMENTS

- In process of implementing statewide tracking system for enrollees and producers, which will also allow for electronic submittal of applications.

- Program enrollment continues to increase by more than 40% in the last year.

- Program has improved processing time on applications.

- Twelve (12) new producers have been selected and are in the process of obtaining full licensure.

PROGRAM AREA 787: Medical Cannabis

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

Target

Chart: Percent of applications-30d vs Time

- FY12
- FY13: 85.0%
- FY14: 90.0%
- FY15: 95.0%
- FY16 Q1: 91.0%

Y-axis: 60% 70% 80% 90% 100%

Partners

- Medical and Nursing Boards

- Medical practitioner associations

- NMDOH and private IT networking and expertise

- NMDOH public information office

- Advocates

- Legislature

- Patients and their families; caregivers

- State and local law enforcement

Story Behind the Data

- Timely review of applications is important in order to provide qualified patients and primary caregivers the protection afforded by the Lynn and Erin Compassionate Use Act, including NMDOH regulations and safe access to medical cannabis.

- All staff participate in the application review process to ensure compliance with the Lynn and Erin Compassionate Use Act , NMDOH regulations, and to keep up with applications resulting from the steady growth in qualified patients.

- The NMDOH Medical Cannabis Program has continually expanded since its implementation in 2007. Program enrollment increases 25-30% annually.

- Per existing statute, an applicant must complete a medical certification annually to continue program participation. A significant amount of NMDOH staff time is required to process applications and to provide other types of customer service.

- Many applications are submitted with incomplete information.

- Proposed rule changes may provide additional funding to increase Program staffing and improve technology.

- Refine application processing policies and procedures.

Action Plan

- Open and date stamp incoming mail daily.

- Perform initial data entry and determine if the applications are complete within 14 calendar days of receipt.

- Complete Medical Director's review and signature in 7 to 10 days.

- Implement a new database that will allow electronic submittal of applications. Program staff is actively working with the contractor to complete and implement this new database system.

- Continue to monitor print time on a weekly basis.

- Hire more staff to meet demand of increasing applications.

NOTES

New Mexico Department of Health
Vision

A Healthier New Mexico!

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