New Mexico Department of Health
FY16 Quarter 4
Key Performance Measures Report

April 1, 2016 - June 30, 2016

Lynn Gallagher, Secretary Designate

NEW MEXICO
DEPARTMENT OF
HEALTH

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NEW MEXICO DEPARTMENT OF HEALTH

**Produced by the
Office of Policy and Accountability
(505) 827-1052**

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

CONTACT INFORMATION

Office of the Secretary
(505) 827-2613

Public Information
(505) 827-2619

Administration and Finance
(505) 827-2555

Office of Border Health
(505) 528.5154

Health Equity
(505) 827-1052

Policy and Accountability
(505) 827-1052

Information Technology
(505) 827-2744

Epidemiology and Response
(505) 827-0006

Scientific Laboratory
(505) 383-9000

Facilities Management
(505) 827-2701

**Developmental Disabilities
Support Services**
(800) 283-5548

**Health Certification Licensing
Oversight**
(505) 476-9093

Public Health
(505) 827-2389

At-A-Glance									
Performance Measure	FY12	FY13	FY14	FY15	FY16 Q1	FY16 Q2	FY16 Q3	FY16 Q4	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%	29.3%	34.8%	31.9%	33.0%	33.0%
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	1,163	1,129	1,405	2,900
Percent of female clients ages 15-17 seen in NMDOH public health offices who are given effective contraceptives	65.0%	65.0%	53.0%	54.6%	52.9%	59.6%	55.0%	59.8%	66.0%
Percent of students using school-based health centers who receive a comprehensive well exam		34.5%	34.2%	34.2%	36.0%	20.0%	26.4%	25.6%	38.0%
Percent of elementary students in community transformation communities who are obese	21.4%	19.9%	18.1%	18.9%	FY16 data will be available Spring 2017.				22.4%
Percent of pre-schoolers (19-35 months) fully immunized	72.0%	65.7%	75.9%	FY15 data will be available Fall 2016, and FY16 data will be available Fall					85.0%
Percent of WIC recipients that initiate breastfeeding	68.5%	77.0%	78.0%	80.1%	81.4%	82.2%	81.5%	80.5%	85.0%
Epidemiology and Response (P003)									
Percent of acute care hospitals reporting stroke data into approved national registry			6.8%	9.3%	9.3%	9.3%	9.3%	9.3%	13.6%
Percent of acute care hospitals reporting heart attack data into approved national registry			9.1%	11.6%	11.6%	13.9%	13.9%	13.9%	13.6%
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%	73.0%	76.0%	81.0%	75.0%
Percent of vital records front counter customers who are satisfied with the service they received				97.6%	94.5%	94.4%	94.1%	98.9%	85.0%
Ratio of infant pertussis cases to total pertussis cases of all ages	1:12	1:15	1:13	1:12	1:7	1:17	1:13	1:8	1:15
Number of naloxone kits provided in conjunction with prescription opioids		35	154	381	126	100	342	463	500
Percent of counties with documented implementation plans for developing regionalized EMS response			21.0%	42.4%	42.4%	42.4%	42.4%	42.4%	27.0%

At-A-Glance								
Performance Measure	**FY12**	**FY13**	**FY14**	**FY15**	**FY16 Q1**	**FY16 Q2**	**FY16 Q3**	**FY16 Q4**	**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%	92.8%	69.9%	86.0%	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%	98.7%	96.3%	94.7%	90.0%
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%**	95.9%	98.3%	96.7%	97.4%	97.7%	95.0%
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%**	96.0%	99.3%	95.6%	93.2%	93.9%	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%	95.5%	95.0%	91.9%	90.0%
Percent of long-term care residents with healthcare-acquired pressure ulcers		7.3%		4.3%	3.3%	3.0%	2.7%	2.8%	6.4%
Percent of long-term care patients experiencing one or more falls with injury				***	6.4%	6.1%	6.4%	8.6%	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%	42.8%	66.6%	54.0%	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%	35.0%	36.0%	38.0%	33.0%
Number of individuals receiving developmental disabilities waiver services	3,888	3,829	4,403	4,610	4,610	4,613	4,624	4,622	4,000
Number of individuals on the developmental disabilities waiver waiting list	5,911	6,248	6,133	6,365	6,400	6,349	6,497	6,526	6,330
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%	97.7%	97.3%	97.2%	97%

At-A-Glance									
Performance Measure	FY12	FY13	FY14	FY15	FY16 Q1	FY16 Q2	FY16 Q3	FY16 Q4	FY16 Target
Health Improvement (P008)									
Percent of abuse, neglect, and exploitation incidents for community-based programs investigated within forty-five days	94.8%	79.7%	74.4%	62.5%	45.0%	59.0%	51.0%	44.0%	95.0%
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%	76.1%	68.0%	50.0%	95.0%
Medical Cannabis (P787)									
Percent of complete medical cannabis client applications approved or rejected within thirty calendar days of receipt		85.0%	90.0%	95.0%	91.0%	98.0%	62.0%	22.0%	95.0%

* Data not available because this performance measure changed as of FY15.
** Data tracked internally but not reported during FY12 - FY14.
*** Data not available because this performance measure changed as of FY16.

PROGRAM AREA 002: Public Health

Purpose:

Public Health fulfills the New Mexico Department of Health (NMDOH) 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

PROGRAM AREA 002: Public Health

ACCOMPLISHMENTS

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

- Sixty-five division staff from all regions of the state participated in a state-wide full-scale exercise to test response capabilities related to a public health emergency.
- Published a peer-review study in the Centers for Disease Control journal, *Preventing Chronic Disease,* after collaborating for over seven years with school nurses, regional public health epidemiology, and health promotion.
  ⇒ The article, *Trends in Early Childhood Obesity in a Large Urban School District in the Southwestern United States, 2007–2014,* appeared in the June 6 edition of the journal, and can be viewed and read online at: https://www.cdc.gov/pcd/issues/2016/15_0594.htm
- Implemented new legislation that was passed unanimously and signed by the Governor to increase access to naloxone, a life-saving medication, which reverses opioid overdoses.

Immunization Program:
- Implemented a new statewide immunization registry, "NMSIIS," and trained over 1,000 users.

Tobacco Use Prevention and Control Program:
- Funded Health Systems Change Training and Outreach Project and reached 24 counties in this quarter. The project recruits and trains health care providers and clinics to conduct brief tobacco interventions and make referrals to QUIT NOW.
- A total of 1,997 New Mexicans accessed tobacco cessation services in this quarter.

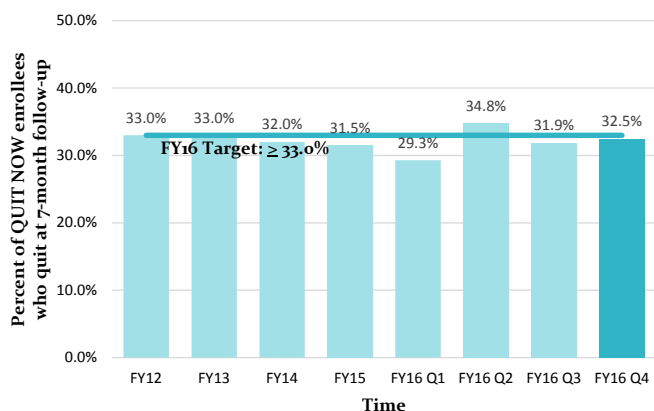Children's Medical Services and Families FIRST:
- Deployed a new case management data system that is integrating the Children with Special Health Care Needs Program, the two newborn screening programs, and Families FIRST perinatal case management data.

Hobbs Public Health Office:
- Began remaining open during the lunch hour (12:00-1:00pm) during FY16 and served an average of 188 clients during this quarter.

PROGRAM AREA 002: Public Health

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

Chart: Percent of QUIT NOW enrollees who quit at 7-month follow-up over Time. FY16 Target: ≥ 33.0%. Values: FY12 33.0%, FY13 33.0%, FY14 32.0%, FY15 31.5%, FY16 Q1 29.3%, FY16 Q2 34.8%, FY16 Q3 31.9%, FY16 Q4 32.5%.
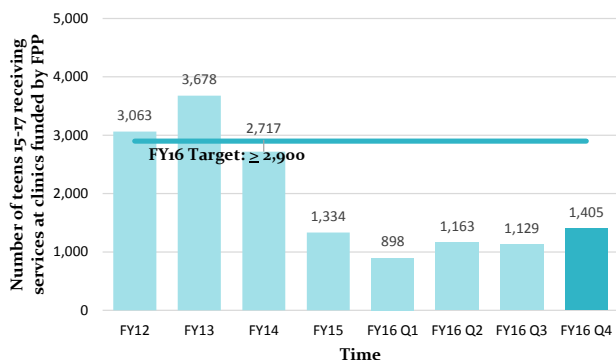
Partners

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 Second Hand Smoke Grantees

Story Behind the Data

- The percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up for Q4 was 32.5%, bringing the overall FY16 percent to 32.1%. These results are comparable to the target of 33% and fall within the range seen among other state tobacco quit lines with similar services.

- Overall utilization of QUIT NOW and DEJELO YA Cessation Services in New Mexico declined by 22% from Q3 to Q4 in FY16. Higher than expected utilization of services in Q3 from increased promotion through national and local media campaigns resulted in fewer funds available for cessation services in Q4. As a result, the suite of cessation services offered in Q4 and their promotion was scaled back in May and June 2016. However, the total number of people accessing cessation services and resources for all of FY16 was 8,298, which exceeds the number served in FY15 (8,195).

- Although the promotion of cessation services was scaled back in Q4, efforts continued in communities to recruit and train health care providers and clinics on tobacco cessation screening and referrals. These training and outreach efforts build capacity in the field to sustain referrals to and usage of QUIT NOW and DEJELO YA.

Action Plan

- Standardize the amount of free nicotine replacement medications available to cessation services enrollees to a maximum of 8-weeks, which will reduce program costs while also adhering to clinical guidelines.
- Moderate the promotion of cessation services starting from the beginning of the fiscal year to ensure stable and ongoing access to telephone- and web-based cessation services for the full year and to account for the unexpected or unanticipated impact of national-level promotional campaigns.
- Continue to provide online *Treating Nicotine Dependence* and *Family Tobacco Intervention* trainings to more health care providers (Target=25 in FY17 Q1).
- Review FY16 evaluation findings for the Health Systems Change Training and Outreach Program to plan and incorporate any quality improvement efforts in FY17.

PROGRAM AREA 002: Public Health

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

Quarterly de-duplicated numbers of female teens who receive contraceptives should not be considered cumulative year-to-date as clients can be seen each quarter for Family Planning services.

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
- NMDOH, Health Systems Bureau
- NM Human Services Department
- NM Children, Youth, and Families Department
- NM Public Education Department

Story Behind the Data

- New Mexico (NM) is one of thirteen states to receive a "B" rating in reproductive health policies from the Population Institute of Washington, D.C. NMDOH is poised to make changes to lower teen births by 50% in the next four years.

- NM's teen birth rate for 15-17 has declined 47% since 2009, comparable to national data (46%). In 2014, the birth rate was 19.0 per 1,000 (NCHS). In 2014, NM had the highest percentage (30%) of children living in poverty, an important contributing factor to teen pregnancy. Teens who dropped out of school are more likely to be teen parents. Only 69.3% (2014) of NM high school students graduated on-time (Annie E. Casey Foundation, 2015).

- Teen parenthood is more common in rural areas. During 2014, the NM teen birth rate for 15-17 year olds for 26 rural counties was 25.6, whereas the rate for all 33 counties was 17.2 per 1,000 (NMDOH, Bureau of Vital Records and Health Statistics. Retrieved Jan 17, 2016 from the NMDOH Indicator-Based Information System for Public Health Web site: http://ibis.health.state.nm.us). Reasons for higher rates in rural areas include lack of health insurance, increased poverty, transportation barriers, and fewer recreational facilities.

- There is a lack of access to family planning services: all but one of NM's counties contains a health professional shortage area. Of 250,000 NM women in need of contraceptive services, 60% (22% teens) are in need of publicly-supported contraceptive services (Alan Guttmacher Institute, 2013).

Action Plan

- Increase the availability of most-effective contraceptive methods for teens 15-19 years:
  - ⇒ Provide confidential clinical services and teen-friendly clinical practices.
  - ⇒ Increase access to teen-friendly clinical services to support teens in reaching their reproductive life plan.
- Incorporate evidence-based service-learning, positive youth development, and comprehensive sex education programs.
  - ⇒ Fund and provide training and technical assistance for education programming and 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.

PROGRAM AREA 002: Public Health

Percent of female clients ages 15-17 seen in NMDOH public health offices who are given effective contraceptives
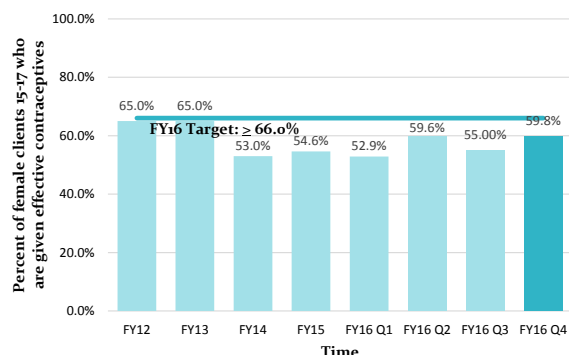
Quarterly de-duplicated counts of teens should not be considered cumulative year-to-date as clients can be seen each quarter for Family Planning services.

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
- NMDOH-Health Systems Bureau
- NM Human Services Department
- NM Children, Youth, and Families Department
- NM Public Education Department
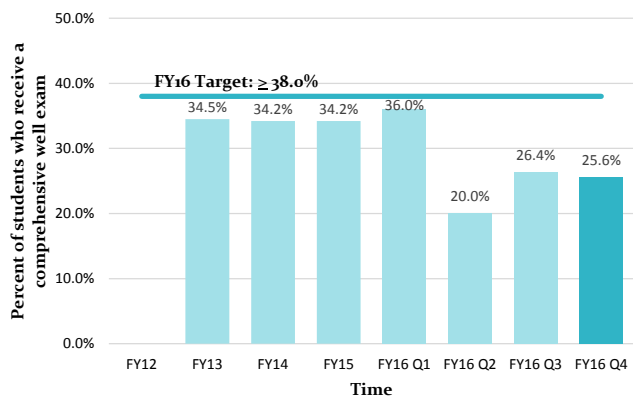
Story Behind the Data

- In Q4 of FY16, 59.8% of female clients aged 15-17 seen in NMDOH public health offices were given effective contraceptives. Of these, 17.8% chose most-effective contraceptives (IUDs and implants) and 43.4% chose moderately-effective contraceptives (injectables, pills, patches, or rings). Between Q3 and Q4, the percent of female clients aged 15-17 who received most-effective contraceptives decreased by 0.1%, whereas the percent receiving moderately-effective contraceptives increased by 6.4%. The national rate of teen use of most-effective contraceptives is 7.7% and of moderately-effective contraceptives is 63.7% (US Health and Human Services Department, Title X 2014 Family Planning Annual Report, available at *http://www.hhs.gov/opa/pdfs/title-x-fpar-2014-nati...*).

- Nearly 58% of female teenaged Title X clients currently use most-effective or moderately effective contraception. According to 2013 NM Youth Risk and Resiliency Survey (YRRS) data, less than 12% of teens statewide were using most-effective contraception during their last sexual intercourse.

- There is a lack of access to family planning services: all but one of NM's counties contain a health professional shortage area. Of 250,000 NM women in need of contraceptive services, 60% (22% teens) are in need of publicly-supported contraceptive services (Alan Guttmacher Institute, 2013).

Action Plan

- Increase the availability of most-effective contraceptive methods for female teens 15-19 years:
    ⇒ Provide confidential clinical services and teen-friendly clinical practices.
    ⇒ Increase access to teen-friendly clinical services to support teens in reaching their life plan.
- 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 students using school-based health centers that receive a comprehensive well exam
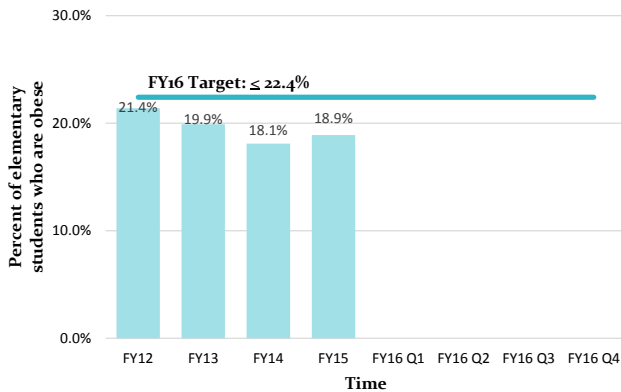

Partners

- 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 Department (HSD) 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
- Managed Care Organizations (MCOs)

Story Behind the Data

- Since the first quarter of FY16, the School Based Health Centers (SBHCs) experienced a significant drop in the percentage of students receiving a comprehensive well exam (CWE). The main factor for this decline is that Centennial Care covers the cost of only one comprehensive well exam per calendar year. Although SBHCs call the managed care organizations (MCOs) to obtain information about whether a student has had a well exam, the information is not always accurate. As a result, SBHCs have become more reluctant to providing comprehensive well exams fearing families will receive a bill for out-of-pocket payments for a non-covered (duplicate) service.

- The NMDOH Office of School And Adolescent Health (OSAH) continues to work with HSD and Centennial Care MCOs to reduce the incidence of duplicate services. Current solutions are: 1) Additions to registration and consent forms to identify whether a child has had a CWE in the current calendar year, who the child's primary care provider is, and whether or not the parents would like the SBHC to provide their child a CWE; 2) To provide a flow sheet for SBHCs on how to connect with a patient's primary care provider.

- Additional FY16 challenges that affected performance include: 1) The closure of five SBHCs that were experiencing difficulty with sustainability (i.e., provider shortages and low utilization); 2) A transition involving five SBHCs in the Las Cruces area - no data was collected during this time; 3) Two SBHCs found a new sponsor who is not funded through NMDOH and data was not shared with OSAH.; 4) Three SBHCs signed up late in the fiscal year so the centers operated for less than a month (data shared with OSAH). Although the target for this measure wasn't met, current efforts are expected to improve performance in FY17. CWEs are an important part of child and adolescent health services.

Action Plan

- Continue to monitor individual SBHC performance in the delivery of comprehensive well exams and promote the use of performance management strategies on an individual site basis.

- Focus on improving the quality of comprehensive well exams across SBHCs in the state.

- Continue to disseminate federal laws and statutes on reimbursement mechanisms to school based health centers and provide technical assistance to improve overall Medicaid billing practices.

- Continue to provide technical assistance to SBHCs on opportunities to link students to primary care providers.

PROGRAM AREA 002: Public Health

Percent of elementary students in community transformation communities who are obese

Chart: Percent of elementary students who are obese vs Time. FY16 Target: ≤ 22.4%. FY12: 21.4%, FY13: 19.9%, FY14: 18.1%, FY15: 18.9%. FY16 Q1, FY16 Q2, FY16 Q3, FY16 Q4 have no data.
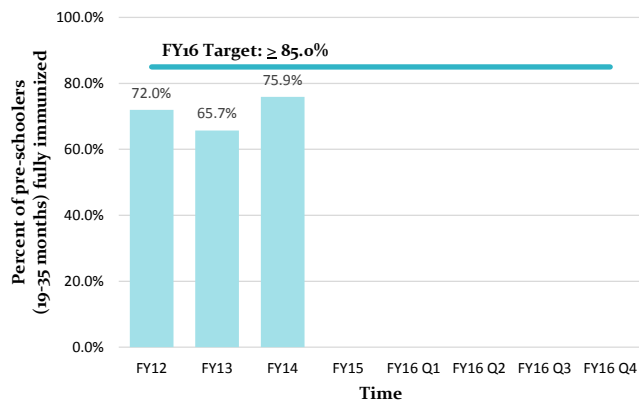
Partners

- NMSU Cooperative Extension Services; Public Education Department (PED); Children, Youth and Families Department (CYFD); Human Services Department (HSD); Department of Transportation (DOT); NM Women, Infants & Children (WIC) Program; Food and Agriculture Policy Council; NM Farm to Table; UNM Envision Health Councils; State Parks and National Park Service; Regional Health Promotion Teams; Local school districts and schools; Regional and Metropolitan Planning Organizations and local municipalities; Parks and Recreation; local and tribal governments.
- **HKHC:** Chaves, Cibola, Curry, Doña Ana, Guadalupe, Luna , McKinley and Socorro Counties; San Ildefonso Pueblo; Zuni Pueblo.
- **Expansion HKHC in FY16:** Eddy County, Grant County, Hidalgo County, Lincoln County, Otero County, Quay County, Roosevelt County, San Juan County.

Story Behind the Data

- Obesity is occurring at young ages; in 2015, 11.8% of kindergarten and 18.9% of third graders were obese. American Indian children have the highest obesity rates among all racial/ethnic groups in New Mexico; by third grade, more than one-in-two American Indian students is overweight or obese.
- Obese children are more likely to become obese adults and suffer from chronic diseases like diabetes. Healthy eating and active living are the two major lifestyle behaviors that can prevent obesity. However, social (e.g., working families, TV and video games) and environmental factors (e.g., child safety concerns, food advertising, inexpensive healthy eating choices) often make it difficult for many New Mexicans to eat healthy and be active.
- Healthy Kids Healthy Communities (HKHC) is making a measurable difference in New Mexico by investing in upstream obesity prevention efforts; creating sustainable policy, systems, and environmental changes; and encouraging children and adults to adopt healthy lifestyle behaviors at a young age. More than one-in-three third graders is either overweight or obese (34.4%). Despite this, obesity prevalence among third grade students has decreased 14% since 2011.
- FY16 data for this performance measure will be available in the Spring of 2017.

Action Plan

- Establish and expand the Healthy Kids 5.2.1.O Challenge in elementary schools across NM (the 5.2.1.O Challenge motivates and encourages third grade students to eat at least 5 fruits and vegetables a day, trim screen time to 2 hours or less a day, get at least 1 hour of physical activity a day, and drink lots of H2O every day for 21 consecutive days).
- Increase healthy eating opportunities in school (including fruit and vegetable classroom tastings, salad bars and pre-made salads, and fruits and vegetables offered as snacks).
- Increase physical activity opportunities before, during and after school (including opening school yards for community use outside of school hours, regular walk and roll to school programs, mileage clubs, and classroom Fit Breaks).

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PROGRAM AREA 002: Public Health

Percent of preschoolers (19-35 months) fully immunized

FY16 Target: ≥ 85.0%

Percent of pre-schoolers (19-35 months) fully immunized — 72.0% (FY12), 65.7% (FY13), 75.9% (FY14)

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

- New Mexico is 10th best in the U.S. for vaccine coverage for children ages 19-35 months old, and exceeds the U.S. average by 4.3 percent. The Healthy People 2020 target is 80%.

- Data for the National Immunization Survey are collected through a random-digit dialing telephone survey of households. New Mexico has greatly improved this measure from 45.8% in 2009 to 75.9% in 2014.

- In the fourth quarter of FY16, New Mexico replaced its aging immunization registry with a new, state-of-the art system that will improve ordering, reporting, data quality, and data exchange using HL7.

- New Mexico is one of only six states that purchases vaccines for fully insured children, at a cost of about $20 million annually. The Vaccine Purchase Act established a mechanism to cover those costs by billing insurers. The first year of the program is seeing a shortfall of about 12.5%.

- One evidence based strategy to improve immunization rates is a reminder-recall notice to families when a child is due or late for a vaccine. Once the new registry is in place, NMDOH will explore using this strategy to improve coverage rates for this age group.

Action Plan

- Work to optimize functioning of the new platform of the NM Statewide Immunization Information System (NMSIIS), the state immunization registry. The new registry went live in May 2016.
- Integrate the enhanced statewide direct vaccine online ordering by VFC providers into the new version of the registry.
- Improve data entry by continuing to increase electronic data exchange, replace the old state registry and train providers statewide, and assure that all Vaccines for Children providers are entering immunizations.
- Work to enhance revenue collection through the Vaccine Purchase Act. In the first three quarters of revenue collection, $18.2 million has been reimbursed to the state for vaccines
- Conduct annual quality assurance visits with consultation to VFC providers to improve immunization rates among children 19-35 months of age.

PROGRAM AREA 002: Public Health

Percent of WIC recipients that initiate breastfeeding
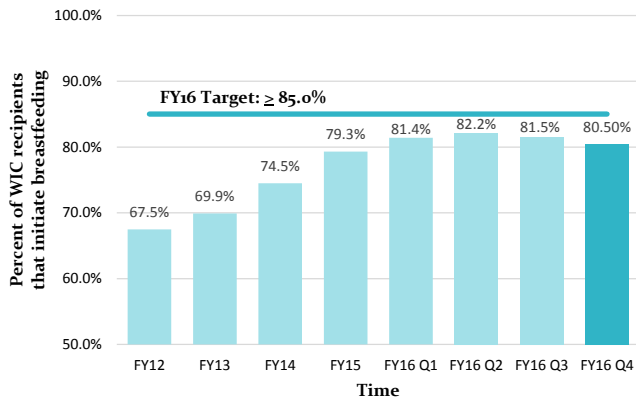
Partners

- United States Department of Agriculture
- Public Health Clinics
- NM Breastfeeding Task Force
- NM Pregnancy Risk Assessment Monitoring System
- Association of State and Territorial Health Organizations
- United States Breastfeeding Committee
- Centers for Disease Control and Prevention
- Mothers and Caregivers of Infants

Story Behind the Data

- The Women, Infants and Children (WIC) population is at particular risk to not breastfeed and has traditionally had lower breastfeeding rates than the general population.
- The WIC Program, through 100% USDA federal funding, provides all pregnant and breastfeeding participants with encouragement, education and support to breastfeed through breastfeeding support sessions and individual counseling, referrals, educational materials, breast pumps, and interventions.
- WIC receives an annual Breastfeeding Peer Counselor grant through USDA federal funding, which enables the program to provide one-on-one, mother-to-mother, and peer counseling support to many WIC pregnant and breastfeeding clients. However, this federal grant amount does not support placement of Breastfeeding Peer Counselors in every Public Health WIC clinic statewide. Currently, there are no state funds to enhance these federally-funded services.
- Although quarterly data may sometimes show a decrease in breastfeeding initiation rates among NM WIC recipients, these rates have historically continued to increase on an annual basis. The final annual percentage for FY16 breastfeeding initiation should be more accurate by September 2016.
- The main challenges the program had in meeting the FY16 target were a 12% staff vacancy rate, coupled with a delay in new hires, and staff devoted to the development of a new data collection system.

Note: WIC quarterly data are provisional as the WIC Program continues to enter client responses after a quarter closes.

Action Plan

- Continue all WIC Program initiatives, which provide staff with lactation education and training, and WIC mothers with adequate breastfeeding information and support.
- Address the WIC staff vacancy rate of 12%.
- Secure additional funding to expand the WIC Breastfeeding Peer Counselor Program to all NM Public Health clinics statewide.
- Complete the development and implementation of the new WIC data collection system. Request and implement more breastfeeding special projects from USDA after data collection system is completed.
- Continue to collaborate with the NM Breast Feeding Task Force and other community organizations to provide support for breastfeeding in hospitals, daycares, worksites, and other public places.

PROGRAM AREA 003: Epidemiology and Response

Purpose:

Epidemiology and Response fulfills the NMDOH 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

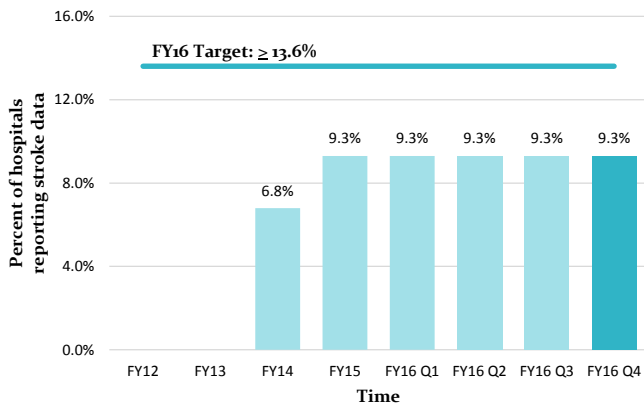# PROGRAM AREA 003: Epidemiology and Response

ACCOMPLISHMENTS

During the fourth quarter, some of ERD's accomplishments included:

- Environmental Health:
  - ⇒ New Mexico is one of only six states nationwide to successfully compete for CDC funding in all five of the following areas: asthma control, child lead poisoning prevention, environmental public health tracking, private wells, and occupational health and safety surveillance.

- Zika:
  - ⇒ NMDOH is developing a Zika Virus Response and Preparedness Plan, which details specific preparedness and response activities focused on southern New Mexico.

- Prescription Drug Overdose Prevention:
  - ⇒ New Mexico was named one of the four leading states in prescription drug overdose prevention policy by the National Safety Council.

- Stroke Centers:
  - ⇒ The Emergency Medical Systems Bureau, working with NM hospital partners, doubled the number of designated primary stroke centers in New Mexico from three to six. Primary stroke centers have achieved national accreditation and been certified by NMDOH. Four (4) of these hospitals report their data to the American Heart Association's Get with the Guidelines database and are included in the ERD performance measure "Percent of acute care hospitals reporting stroke data into approved national registry." Two centers submit data to another national accrediting agency's data repository.

PROGRAM AREA 003: Epidemiology and Response

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

FY16 Target: ≥ 13.6%

Chart data (Percent of hospitals reporting stroke data vs. Time):
- FY12: —
- FY13: —
- FY14: 6.8%
- FY15: 9.3%
- FY16 Q1: 9.3%
- FY16 Q2: 9.3%
- FY16 Q3: 9.3%
- FY16 Q4: 9.3%

Partners

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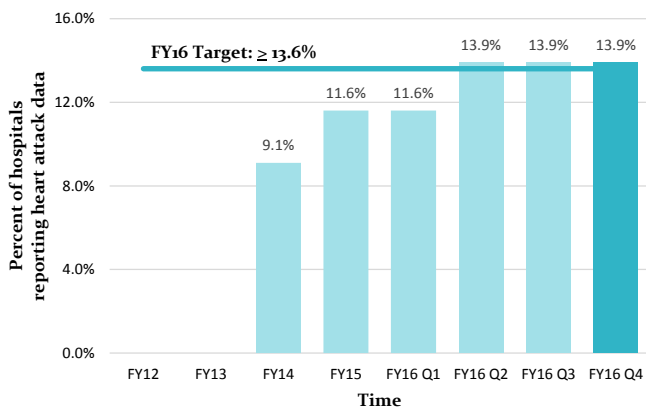- American Heart and Stroke Associations

Story Behind the Data

- Stroke is a leading cause of death in New Mexico, resulting in the deaths of 818 New Mexicans in 2014. 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 New Mexico Department of Health certification of hospitals as stroke centers.
- Stroke center certification cannot be awarded until stroke data are being submitted to a 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, a stroke care database/registry operated by the American Heart Association, is one way to begin the process of state certification as a stroke center.
- During the fourth quarter of FY16, four out of 43 acute care hospitals in New Mexico (9.3%) continued entering data into the Get with the Guidelines Stroke registry. Several hospitals have expressed interest and willingness to begin submitting data. However, the amount of funds available to support hospitals' efforts, primarily intended to cover database licensing fees, has been reduced for FY17. This may affect future data submissions.

Action Plan

- Continue outreach to acute care hospitals, encouraging participation in developing the stroke system. Although funding to support hospitals has decreased, EMS Bureau will prioritize support of key activities such as data development and submission.
- Improve the EMS Bureau's ability to collect and interpret data on stroke in New Mexico.
- Work with stroke centers, EMS agencies, and other hospitals to improve all facets of stroke care, analyzing the potential for facilities to become stroke receiving or referring facilities. Once data submission begins, NMDOH will work with the hospitals in achieving other aspects required for stroke center designation.
- 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 a nationally recognized accrediting organization.

PROGRAM AREA 003: Epidemiology and Response

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

FY16 Target: ≥ 13.6%

Bar chart — Percent of hospitals reporting heart attack data vs Time:
- FY12: —
- FY13: —
- FY14: 9.1%
- FY15: 11.6%
- FY16 Q1: 11.6%
- FY16 Q2: 13.9%
- FY16 Q3: 13.9%
- FY16 Q4: 13.9%

Partners

- Acute Care Hospitals in New Mexico
- Emergency Medical Services (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, 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.
- The more hospitals that provide data, the better picture of heart attack care we can obtain, enabling the Emergency Medical Systems Bureau to identify areas of potential improvement in patient care and outcomes.
- 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 fourth quarter of FY16, six out of 43 acute care hospitals in New Mexico (13.9%) continued to provide heart attack data to the national registry.
- Several hospitals have expressed interest and willingness to begin submitting data. However, funding support for NM hospitals, primarily for database licensing fees, was reduced for FY17. We are unsure what effect this may have on future data submissions.

Action Plan

- Continue to work with NM hospitals interested in STEMI center designation. Since the amount of funding support has decreased, the EMS Bureau will prioritize activities supported, focusing on data development and submission.
- Improve the EMS Bureau's ability to access and interpret state and national STEMI data.
- Work with NM hospitals and EMS agencies toward improving all facets of STEMI care, assisting advanced level of care facilities in achieving other aspects required for STEMI center designation. Once data submission begins, 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 a nationally recognized 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
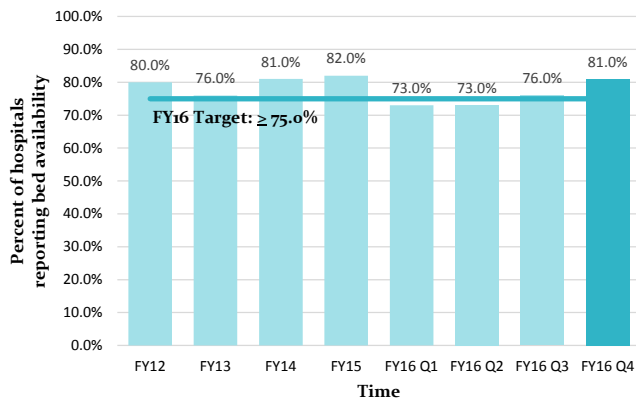
Partners

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

Story Behind the Data

- During a healthcare emergency resulting in a medical surge on the hospital system, knowing the location of available hospital beds is critical to getting patients' needed treatment.
- The National Hospital Available Beds for Emergencies and Disasters (HAvBED) system is a real-time, electronic hospital bed tracking/ monitoring system designed to assist hospitals to accommodate a surge of patients during a mass casualty event. The HAvBED system has been used in adverse events in other states and in the Southwest region during a neonatal bed shortage.
- The HAvBED system is tested on a weekly basis across healthcare facilities, including acute care hospitals, rehabilitation and skilled nursing hospitals, and psychiatric treatment centers. EMResource also tracks information regarding incident-specific resources such as decontamination capability.
- During the fourth quarter of FY16, participation in weekly HAvBED drills increased to 81% from 76% in the previous quarter. Target participation levels were met for all three months during the quarter. In addition, the national benchmark of 75% was met for FY16 (NM annual participation: 76%).
- During the second quarter, BHEM hired a new Interoperable Communications Supervisor who maintains the HAvBED system and facilitates user training. As a result, BHEM has been able to offer more training opportunities to system users and one-on-one customer support for New Mexico hospitals required to report bed availability, resulting in increased compliance.

Action Plan

- Continue to conduct weekly HAvBED drills statewide. Acute care facilities are required by NM and by our federal partners to report their bed availability within a four-hour time period.
- Explain to acute care facilities how important HAvBED reporting is. In the event of a state, regional or national disaster, New Mexico shares this information with our federal partners to make critical decisions.
- Meet with healthcare facilities that participate less than 70% of the time to identify barriers to participation.
- Encourage each HAvBED participating healthcare facility to maintain a minimum of three trained staff members who are tasked with HAvBED reporting, so absences or departures will not leave the facility unable to complete drills.

PROGRAM AREA 003: Epidemiology and Response

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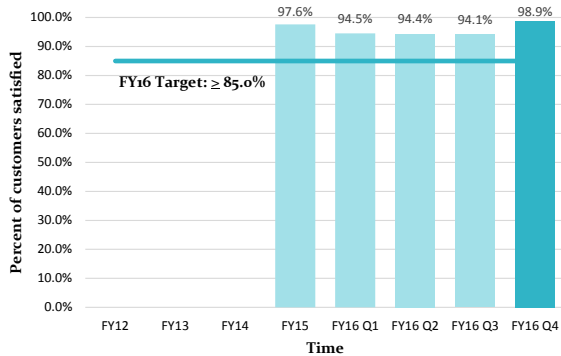
Partners

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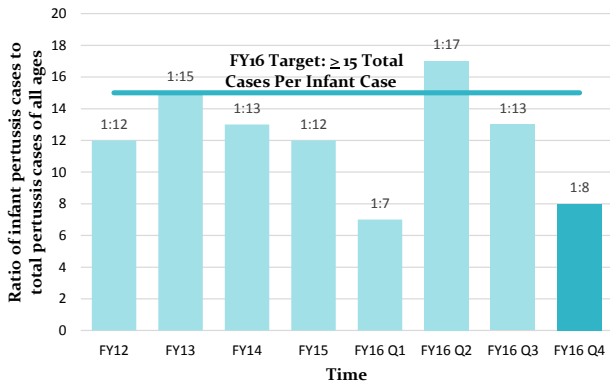- Tribal authorities
- Family members

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 (e.g. applying for jobs & benefits).
- Prior to FY15, the New Mexico Bureau of Vital Records and Health Statistics (BVRHS) surveyed customers using a multi-page paper form. A low percentage of customers completed the forms. In FY15, BVRHS redesigned their survey process to gain a larger sample of customers.
- As in previous quarters, BVRHS surveyed customers using the new tablet-based survey system implemented in the first quarter. During the survey period, all customers who ordered birth or death certificates from the walk-in customer service area in Santa Fe were asked to participate, and 280 customers completed surveys. 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.
- During the fourth quarter, a very high percentage of customers (98.9%) reported being satisfied with the service they received, exceeding the 87% target. Throughout FY16, BVRHS employees continued to score high marks from their customers.

Action Plan

- Monitor customer satisfaction by asking a sample of customers to complete a short survey in English or Spanish each quarter.
- Run survey reports on a regular basis to measure customer satisfaction at Santa Fe and other BVRHS offices (when tablets are available). In FY17, we anticipate expanding the survey to include the Albuquerque office.
- Target additional training and support to offices where it is needed.

PROGRAM AREA 003: Epidemiology and Response

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

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).
- Adult vaccination using Tdap helps protect infants, who cannot be vaccinated and are more likely to develop complications from pertussis.
- During FY15, the ratio of infant to non-infant cases was 1:12. This is likely due to a larger decrease in the number of adult cases (from 498 in FY14 to 274 in FY15) than in infant cases. There were only 22 cases of infant pertussis in New Mexico in FY15, a 21% decrease from FY14.
- During the fourth quarter of FY16, the ratio of pertussis cases was 1:8 (5 infant cases: 42 total cases). This result does not meet the target of 1:15, and is higher than the third quarter result. However, since last reported, additional adult cases confirmed for the third quarter of FY16 result in an updated ratio of 1:32. Current results available for all of FY16 show an annual ratio of 1:13, with a low number of infant cases (17) and a reduced total number of NM cases (216). The encouraging decline in both infant and adult cases of pertussis continued in FY16.
- *Note: Since pertussis cases may be reported or investigated after a quarter closes, quarterly numbers are provisional. Each subsequent report includes the most current data, so ratios for past quarters may change.*

Action Plan

- Continue to 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).
- Educate providers to use reminder recall and the State Immunization Information System for tracking.
- Collaborate with community services to increase access points to immunization.
- Educate the public about immunization needs.

PROGRAM AREA 003: Epidemiology and Response

Number of naloxone kits provided in conjunction with prescription opioids
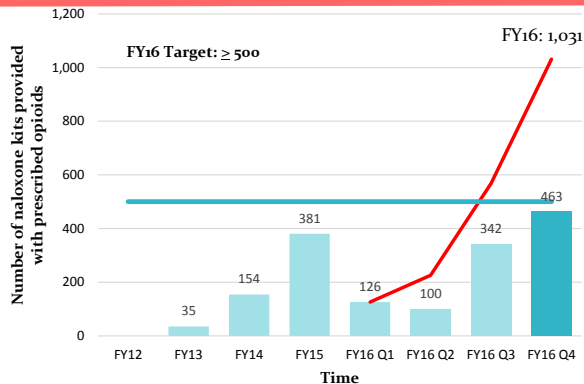
Story Behind the Data

- Between 2001 and 2014, the drug overdose death rate in New Mexico increased by 83%. Opioid overdoses due to prescription opioids or heroin can be reversed by naloxone.

- NMDOH has been providing naloxone since 2001 through the Harm Reduction Program. In 2014, the NM Board of Pharmacy approved pharmacist prescriptive authority for naloxone and the Human Services Department expanded the state Medicaid formulary to cover intranasal naloxone.

- In 2016, legislation was signed expanding access to naloxone through standing orders. This allows any individual to possess naloxone whether or not they have a prescription. It and authorizes licensed prescribers to write standing orders to prescribe, dispense, or distribute naloxone to community-based overdose prevention and education programs, first responders, and individuals at risk for experiencing or witnessing an opioid overdose. To support the expanded work associated with increasing access to naloxone and other strategies to reduce the drug overdose death rate in New Mexico, NMDOH hired a program manager and two prevention coordinators.

- During the fourth quarter of FY16, the total number of naloxone kits (dispensed through the pilot programs and reimbursed through Medicaid) increased to 463 from 342 in the third quarter. Including fourth quarter results and data updates to previous quarters, the total for the year was 1,031, well over the target of 500 and a significant expansion from FY15.

Partners

- Human Services Department Office of Substance Abuse Prevention
- Medicaid
- Board of Pharmacy
- Community-based Opioid Overdose Prevention Coalitions
- Local, County, State, and Federal Law Enforcement
- University of New Mexico Chronic Pain Center
- Governor's Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

Action Plan

- Support implementation of recently-passed naloxone legislation (SB 262 and HB 277), providing expanded access to overdose rescue medication for all persons at risk of opioid overdose.
- Target prescription pain medication use/misuse including diversion of prescription opioids by expanding provider use of the Prescription Monitoring Program (PMP) to identify NM patients with multiple prescriptions for opioids, which put them at risk of overdose.
- Continue working with community pharmacies to implement the statewide standing order for naloxone by providing technical assistance for billing practices and strategies for destigmatizing naloxone.

PROGRAM AREA 003: Epidemiology and Response

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

Partners

- EMS Regional Offices
- County EMS Chiefs
- EMS Agencies
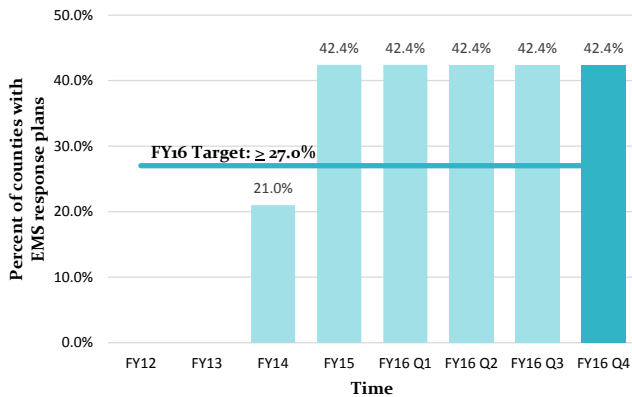
Story Behind the Data

- 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. Getting adequately trained personnel to the scene as soon as safely possible is a primary goal of EMS response, but responses can be limited by availability of equipment, training, and EMS personnel, particularly in rural NM.

- Responsibility for emergency response in rural areas often fell to local communities. This led to a fragmentation of EMS resources, as EMS response evolved from community-based volunteer fire departments.

- Within county governments, "fire districts" are often treated as near independent quasi-governmental entities. While mutual aid agreements are commonplace, there is still fragmentation and often inefficient distribution of resources. For this reason, county governments are encouraged to regionalize their multiple fire districts into a single administrative entity, or create a separate county -based "third service" EMS response agency.

- During the fourth quarter of FY16, as in previous quarters, 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 FY16 target of 27%. Cuts to funding for EMS Regional Offices in FY16 required a reduction in contract deliverables, including regionalized plans.

- The EMS Bureau will not be able to continue funding this deliverable in EMS Regional Office contracts in FY17. Without support, we do not anticipate the number of regional plans will increase substantially at this time.

Action Plan

- Continue to communicate the importance of reviewing current EMS delivery models for each county with large rural and frontier EMS coverage areas.
- Continue working with local entities around the state to develop more efficient regional response plans, including consolidation of administration, personnel, and equipment in the context of current state and local challenges, including decreasing volunteerism and increasing costs.
- Assist local entities in developing standard operating procedures and equipment for emergency response, a unified command structure, unified medical direction, and common treatment guidelines/protocols.

PROGRAM AREA 004: Scientific Laboratory

Purpose:

The Scientific Laboratory (SLD) fulfills the NMDOH 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 SLD is the primary laboratory for the New Mexico Department of Health, 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

PROGRAM AREA 004: Scientific Laboratory

ACCOMPLISHMENTS

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

- Attended The Association of Public Health Laboratories (APHL) annual conference as the 'hosting' laboratory and attended learning sessions in molecular, microbiological, environmental, information technology, and management.
    - ⇒ Twila Kunde, Miriam Wamsley (NMDOH ERD) and Dennis McQuillen (NMED) gave a presentation entitled 'Gold King Mine Response: A story of Communication, Cooperation and Collaboration';
    - ⇒ SLD analysts presented twelve posters describing analyses, new techniques, or unusual cases/events at the APHL conference.
- Hosted a student event in June 2016, in conjunction with APHL, to expose future potential workers, and their parents, to the multi-faceted aspects of the public health laboratory.
    - ⇒ 27 seventh and eighth grade area students attended;
    - ⇒ Students learned about molecular, microbiological, and chemical techniques as wells as tools of the trade. We also had demonstration tables on Intoxilyzers and the work performed by the NMDOH Epidemiology and Response Division.

Biological Sciences Bureau:

- Received an unofficial notification from the US Food and Drug Administration that the laboratory milk testing certification status was maintained, which ensures continued laboratory testing in support of dairy producers. Official notification will be forthcoming.
- Underwent a surprise Centers for Disease Control Division of Select Agents and Toxins (DSAT) inspection. SLD is waiting on the final report. NOTE: DSAT certifications have routine inspections every three years and unannounced verification inspections can occur at any time.
- Successfully brought Zika testing, both polymerase chain reaction (PCR) and serological online in May 2016, which enables testing to be completed in-house for any potential epidemiological investigations.

Toxicology Bureau:

- Published two articles in peer reviewed journals on the topic of measurement of uncertainty.
- Measurement of uncertainty is an estimation of confidence in an analytical result that is issued by a laboratory. The following two measurements of uncertainty and the process that it took to make this estimation were compiled and reported on:
    - 1) The analytical process of the breathalyzers used throughout New Mexico for DWIs;
    - 2) The wet-bath simulator solutions used with the breathalyzers.

This measurement of uncertainty not only helps the laboratory establish confidence in the breath alcohol instruments during the adjudication of DWI cases, but also assists other laboratories in the scientific community.

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
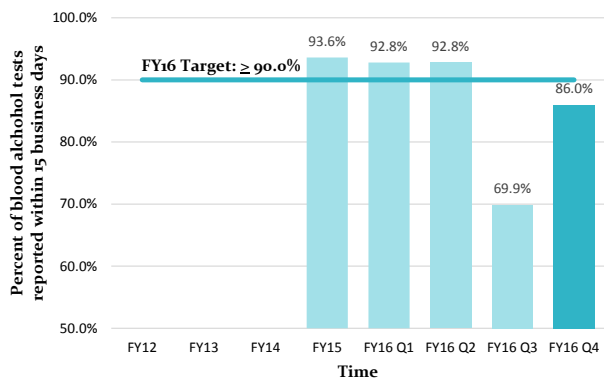
In FY12-FY14, the turnaround time was measured in 10 calendar days before changing to 15 (calendar) days in FY15. Discrepancy between business and calendar days will be corrected in the FY17 performance measure.

Partners

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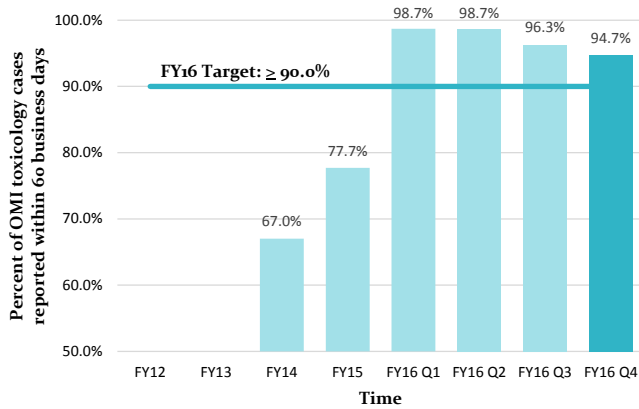
Story Behind the Data

- 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 (BAC)] 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.

- When analyzing lab samples, it is critical to meet published turn-around times to give officials ample time to prepare for court cases. In FY16 Q4, turn-around times for BAC testing were impacted due to:
  - New accreditation requirements from the American Board of Forensic Toxicology that all BAC samples be tested in duplicate;
  - BAC testing instruments were inoperable for one week while repairs were performed;
  - The Drug Screening Section, Toxicology Bureau, was short-staffed by one person.

- While FY16 Q4 turn-around times did not meet the performance measure target, they were improved as compared to FY16 Q3 (86.0% vs. 69.9%). It takes time to recover from instrument failure and increased testing requirements.

Action Plan

- Continue the validation and implementation of new analytical instruments and methods in order to increase analytical capabilities and to update aging equipment: In Process.
- Verify the performance of the updated Laboratory Information Management System: In Process.
- 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

FY16 Target: ≥ 90.0%

Chart values: FY12 (none), FY13 (none), FY14 67.0%, FY15 77.7%, FY16 Q1 98.7%, FY16 Q2 98.7%, FY16 Q3 96.3%, FY16 Q4 94.7%

* 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
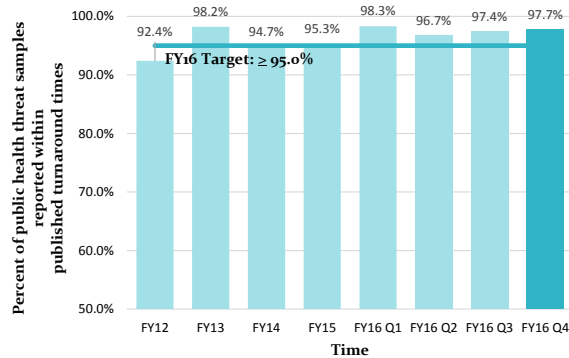
Story Behind the Data

- New Mexico continues to have one of the highest drug overdose death rates in the country. In recent years, the number of deaths due to prescription drugs has increased.
- Scientific Laboratory Division (SLD) toxicologists assist the Office of Medical Investigator (OMI) in determining cause of an unexpected death by testing for illicit and prescription drugs.
- When analyzing laboratory samples, it is critical to meet published turn-around times to give officials time to prepare death certificates needed for families to file for insurance benefits. This measure is response to competing interests, such as how many scientists are being subpoenaed to give expert witness in court or an increase in driving while impaired under the influence of alcohol or drugs cases.
- Although the percent turn-around has dropped in the last two quarters of FY16 due to equipment issues that affected the alcohol testing (which is done prior to the drug testing), the performance measure continued to be met well within target using a combination of trained staff, a streamlined case review process, and a more cooperative case management process in coordination with the new OMI administration.
- Data are reported for calendar days, effectively resulting in shorter turnaround times than those defined in each Performance Measure. The current turnaround time is 30 days less than the standard set by the National Association of Medical Examiners.

Action Plan

- Continue the validation and implementation of new methods in order to increase analytical capabilities.
- Verify the performance of the updated Laboratory Information Management System: in process.
- 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

Chart: Percent of public health threat samples reported within published turnaround times vs. Time. FY16 Target: ≥ 95.0%. FY12: 92.4%, FY13: 98.2%, FY14: 94.7%, FY15: 95.3%, FY16 Q1: 98.3%, FY16 Q2: 96.7%, FY16 Q3: 97.4%, FY16 Q4: 97.7%.
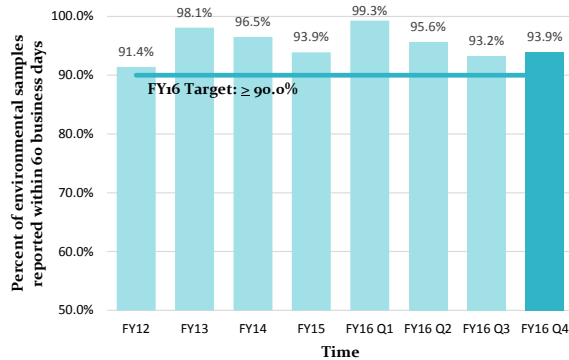
Partners

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

- When analyzing samples, it is critical to meet published turn-around times to give officials time to determine the proper course of remedial actions to mitigate contamination, exposure, or illness.

- During the fourth quarter of FY16, SLD continued to meet the target by providing test results for potential public health threat to the submitting agency within the expected timeframe for over 95% of samples submitted.

Action Plan

- Complete MALDI-TOF validation: in process. Incorporate new technologies such as MALDI-TOF into workflow.
- Implement Dengue serology; Dengue PCR testing was implemented.
- Prepare for the U.S. Environmental Protection Agency audit in Environmental Microbiology, which will happen in the fall 2016.
- Complete Norovirus real-time PCR validation.
- Begin process to become ISO certified: in process.
- Work with the Centers for Disease Control and Prevention (CDC) to sequence Rabies virus strains, and participate in evaluation of the CDC rabies real-time PCR assay: in process.
- Continue developing the Carbapenemase-producing Enterobacteriaceae (CRE) bacteria testing capability.
- Continue verifying the performance of the updated Laboratory Information Management System.

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

Chart: Percent of environmental samples reported within 60 business days vs. Time. FY16 Target: ≥ 90.0%.
- FY12: 91.4%
- FY13: 98.1%
- FY14: 96.5%
- FY15: 93.9%
- FY16 Q1: 99.3%
- FY16 Q2: 95.6%
- FY16 Q3: 93.2%
- FY16 Q4: 93.9%

Partners

- NM Environment Department
- Environmental Protection Agency
- 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.
- 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 meet 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.
- The SLD Laboratory Information Management System does not distinguish between business days and calendar days. Data are reported for calendar days, effectively resulting in shorter turnaround times than those defined in each performance measure.
- The current turnaround time is 30 days less than the NMED contractual requirement Department. In FY16 Q4, the percent turnaround time dropped due to this quarter being a busy time for mandated seasonal water testing for water utilities.

Action Plan

- Implement and continue reviewing the streamlined 'E-Z Lead/Copper Form'. This form should reduce data entry errors and save time for SLD Specimen Receiving and Chemistry Bureau analytical Sections.
- Continue the validation and implementation of new analytical instruments and methods in order to increase analytical capabilities and to update ageing equipment: in process.
- Continue verifying the performance of the updated Laboratory Information Management System: in process.

PROGRAM AREA 006: Office of Facilities Management

Purpose:

Facilities Management fulfills the NMDOH 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 NMDOH facilities have either complex medical conditions or psychiatric disorders that manifest in violent behaviors, and private sector providers are either unable or unwilling to serve these complex individuals, many of whom are remanded to NMDOH 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

PROGRAM AREA 006: Office of Facilities Management

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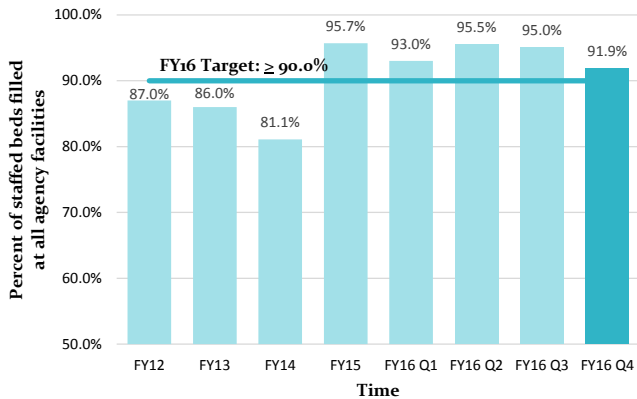<tr><td style="background-color:#FF6B6B"><h2 align="center">ACCOMPLISHMENTS</h2></td></tr>
</table>

During the fourth quarter, some of OFM's accomplishments included:

- New Mexico Behavioral Health Institute (NMBHI) received a Certificate of Final Completion for the demolition of the Old Meadows Long-Term Care (LTC) building and will begin designing Phase 3 of the New Meadows LTC. The estimated date for Request for Proposal (RFP) is October 2016 and for the construction is January 2017.

- NMBHI is on target for third-party revenues to increase by over $1 Million related to increased census in their Long-Term Care Division.

- New Mexico Rehabilitation Center (NMRC) finalized negotiations with Blue Cross Blue Shield on a new "Commercial In-network" contract. This new contract covers MRU, Medical Detox and IOP, and is projected to increase FY17 revenues by $500,000.

- New Mexico State Veteran's Home (NMSVH) installed an anti-elopement alarm system on the memory care unit and eliminated unit-based elopements from the unit and Home. NMSVH Quality Indicators included reductions in high risk pressure ulcers, antipsychotic medications, and urinary tract infections.

- Sequoyah Adolescent Treatment Center (SATC) implemented a plan to place parapets on the roof by trained facility staff, which resulted in a cost savings of 90%.

- Turquoise Lodge Hospital (TLH) made significant improvements in utilization review over the past quarter, which led to improving communication and collaboration between the utilization review & billing department; improving provider documentation to assure increased prior authorization days for patients; increasing billing opportunities outside of the daily bundled billing rate; conducting 90 day insurance portal checks on discharged patients who may have retained insurance coverage after being discharged from the facility.

- Los Lunas Community Program (LLCP) submitted their provider agreement application to DDSD and has been approved for a three year term expiring on 6/30/19.

- The Board of Nursing conducted a review of the LLCP's Medication Aid Program and granted full approval of the program for two years.

- The 4th Quarter of FY16 third-party billing at Fort Bayard Medical Center (FBMC) was completed with Point Click Care. As a result of the conversion delaying the billing process in the prior year, collection rates are higher than normal (year-to-date for FY16 -Q4 collections were at 107% of billings for the same time period).

- FBMC staff attended two job fairs: Western New Mexico University and State of New Mexico Career Fair and Expo.

- OFM gathered research with our partners, ERD and the University of New Mexico's Prevention Research Center, to develop a standardized format and process to address falls reduction among NMDOH LTC facilities.

PROGRAM AREA 006: Office of Facilities Management
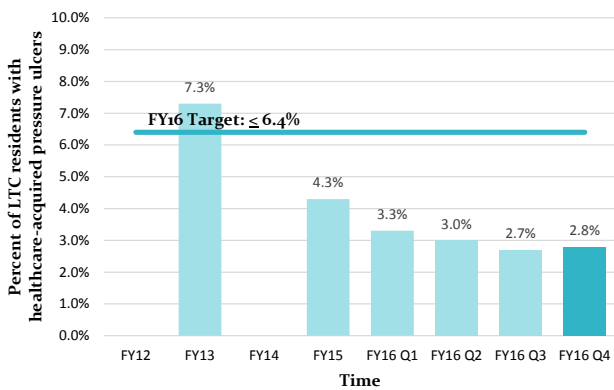## Percent of staffed beds filled at all agency facilities

Partners

- Human Services Department
- Children Youth and Families Department
- NMDOH Developmental Disabilities Supports Division; NMDOH Public Health Division
- State District Courts
- Managed Care Organizations and other third party payers
- Referral agencies-Clinics, Hospitals, Long-Term Care and Assisted-Living Facilities
- Veterans Administration
- Community-based services and members

Story Behind the Data

- This performance measure is based on the capacity to provide safe, high quality care within the given service lines of the NMDOH direct-care facilities. Capacity is determined by the number of direct-care providers at each facility, rather than the number of beds for which each facility may be licensed. Both NMDOH staff and contractors are considered in the calculation of capacity. The average acuity among patients is also considered. Basing the optimal number of patients on the number of staffed beds, rather than the number of licensed beds, enables facilities to provide safe, high quality care while meeting regulatory compliance standards.

- The percent of staffed beds filled is an aggregate measure of performance across all NMDOH facilities. With 91.9% of staffed beds filled, FY16 quarter 4 marks the eighth consecutive quarter for which these facilities exceeded the target for this measure.

Action Plan

- Continue to hold Rapid Hire Events to recruit health care staff.
- Utilize an agreement with Hospital Services Corporation for negotiating lower rates for nursing and allied health staff as well as locum tenens, as needed.
- Continue to grow the CHOICE Veterans Program within the OFM facilities to enhance the access for veterans.
- Continue working with various professional schools throughout the state to enhance training and recruitment opportunities.

PROGRAM AREA 006: Office of Facilities Management

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

Bar chart titled "Percent of LTC residents with healthcare-acquired pressure ulcers" vs Time. FY16 Target: ≤ 6.4%. Values: FY13 7.3%, FY15 4.3%, FY16 Q1 3.3%, FY16 Q2 3.0%, FY16 Q3 2.7%, FY16 Q4 2.8%.
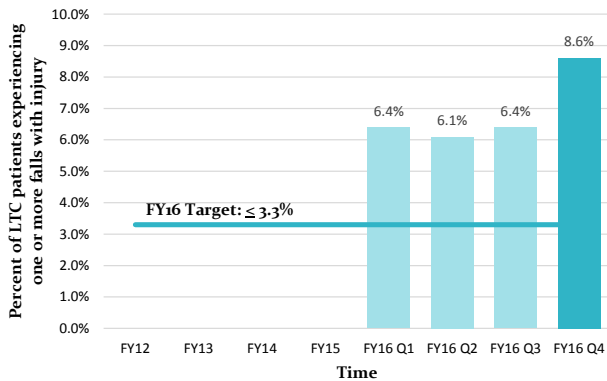
Partners

- 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 NMDOH 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, increase pain, and reduce 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, to aggressively treat them.

- FY16 Quarter 4 result shows a slight increase, from 2.7% (FY16-Q3) to 2.8%, in the frequency of healthcare-acquired pressure ulcers in the Long-Term Care (LTC) facilities. A data review of the individual facilities' outcomes showed that two facilities increased the frequency of ulcers while one decreased. When compared to the previous 3 quarters, the outcome for quarter 4 is well within the expected normal variation and does not indicate a decline in quality of care.

- NMDOH LTC facilities have consistently remained below the target in fiscal year 2016, which demonstrates successful implementation of interventions over this fiscal year. Future targets should be considered lower to challenge LTC facilities to continue to strive toward ongoing improvement.

Action Plan

- Continue training line staff regarding what contributes to pressure ulcers, how they are formed, what to look for, and preventive techniques.
- Increase monitoring of patients with skin conditions.
- Increase activity and movement among the target population.

PROGRAM AREA 006: Office of Facilities Management

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

Partners

- NMDOH Chief Nursing Officer; NMDOH Epidemiology & Response Division

- UNM Prevention Research Center

- Centers for Medicare and Medicaid Services

- The Joint Commission or appropriate accrediting agency

- NMDOH Health Licensing and Certification

- Facility employees; Provider Staff; Residents

Story Behind the Data

- Falls in Long Term Care (LTC) increase morbidity, reduce the quality of life, result in extreme pain, and raise the cost of healthcare due to the required diagnostic testing and prolonged treatments. The Center for Medicare and Medicaid Services (CMS) Minimum Data Set (MDS) 3.0 includes three fall-related performance measures: falls with major injury, falls with minor injury, and falls with no injury. The OFM FY16 performance measure is the percentage of patients who have fallen and sustained any injury (major and minor). Therefore, this measure cannot be compared to the MDS 3.0 data from CMS or fiscal because the definition is different.

- During the fourth quarter of FY16, 8.6% of LTC patients experienced major and minor falls, an increase from the previous quarter. The target of 3.3% was used for "Major" injuries and by including "All" injuries, the target wasn't reached. However, when looking into the percent of falls with Major injury, the percentage is 4.4%. The measure has been revised for FY17 to include only "Major" injuries.

- Ongoing efforts to reduce all falls continue and an interagency effort to implement "best practices" at all nursing homes began in January 2016. In this quarter, OFM focused on the gathering of research with our partners and in working with each LTC facility to help find the best practice to implement.

Action Plan

- Conduct monthly reviews with Falls Prevention Committees.
- Conduct treatment planning reviews of all residents who fall with updates to the treatment plan as indicated.
- Implement monitoring programs such as "Falling Leaf" to minimize the frequency of falls that can result in injury.
- Enhanced communications with residents and/or family members to gain insights into resident preferences, behaviors or needs.
- Increased environmental rounds and checks to decrease and eliminate hazards and obstacles.

PROGRAM AREA 007: Developmental Disabilities Supports

Purpose:

Developmental Disabilities Supports Division (DDSD) fulfills the NMDOH 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:

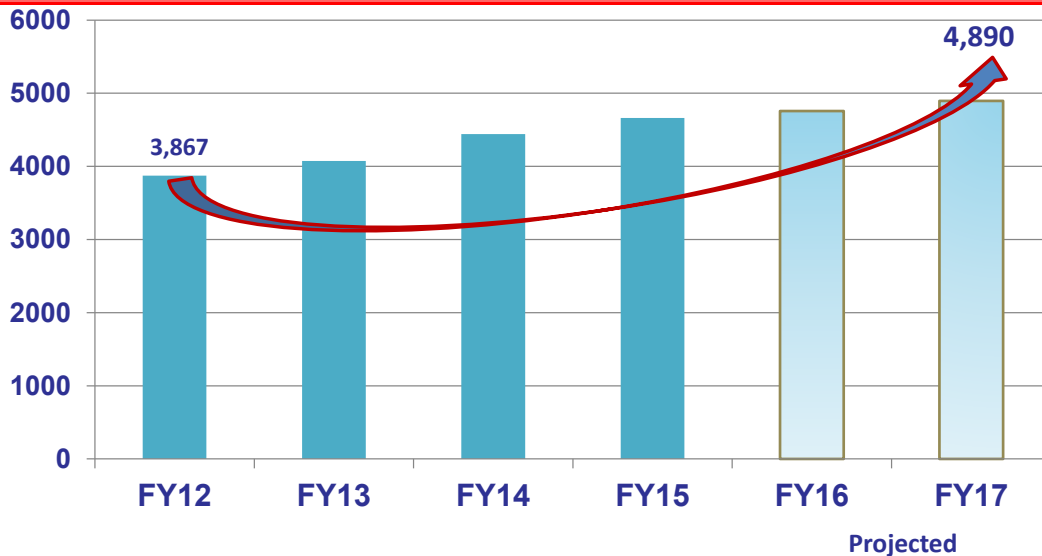**General Funds: $149,203,600**

Federal Funds: $2,819,200

Other State Funds: $1,200,000

Other Transfers: $10,200,000

Total: $163,422,800

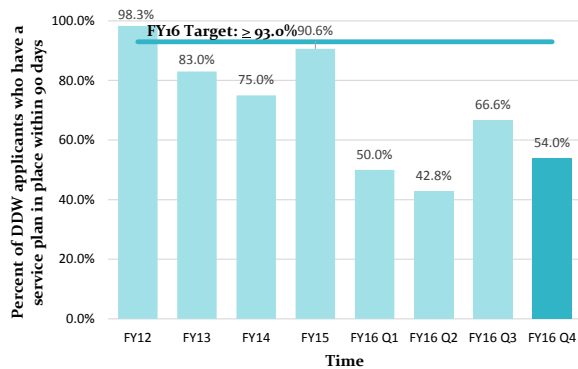# PROGRAM AREA 007: Developmental Disabilities Supports

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

During the fourth quarter, some of the Developmental Disabilities Supports' (DDSD) accomplishments included:

- Reinstituted and completed the *Keeping in Touch* mailing.
- Redesigned the community inclusion and supported employment client database and successfully beta tested it during the course of FY16.
- Conducted 10 town hall meetings across the State to inform stakeholders, and gather input, for the upcoming HCBS DD Medicaid Waiver renewal with a tentative start date of April 2017.
- Working closely with stakeholders and contractors to make adjustments to the new Outside Review (OR) system per the Waldrop Settlement Agreement.
  ⇒ The target date for the completed transition of adults (18 years and older) receiving DD Waiver services to the new review processes is November 30, 2016.
- Received a total of 137 (as of January 1, 2016) fair hearing requests from the newly created DDSD Fair Hearing Unit.
  ⇒ Requests are based on SIS scores, H denials, OR denials, Mi Via denials, or Intake and Eligibility denials;
  ⇒ Most issues are resolved through agency conferences.
- Seventeen individuals statewide, including the DDSD Statewide Employment lead and the DDSD community inclusion specialists, recently received the CESP™ certification (Certified Employment Support Professional™).

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

Chart: Percent of DDW applicants who have a service plan in place within 90 days vs. Time

- FY12: 98.3%
- FY13: 83.0%
- FY14: 75.0%
- FY15: 90.6%
- FY16 Q1: 50.0%
- FY16 Q2: 42.8%
- FY16 Q3: 66.6%
- FY16 Q4: 54.0%

FY16 Target: ≥ 93.0%

Partners

- Human Services Division's (HSD) Medical Assistance Division (MAD)
- Human Services Division's (HSD) Income Support Division (ISD)
- Qualis (HSD's contracted Third Party Assessor)
- UNM Center for Development and Disability (CDD)
- Healthcare providers, parent support groups, and case managers
- New Mexico Department of Health (NMDOH) DDSD Mi Via Program
- NMDOH's Bureau of Vital Records and Health Statistics (BVRHS)
- Community Providers
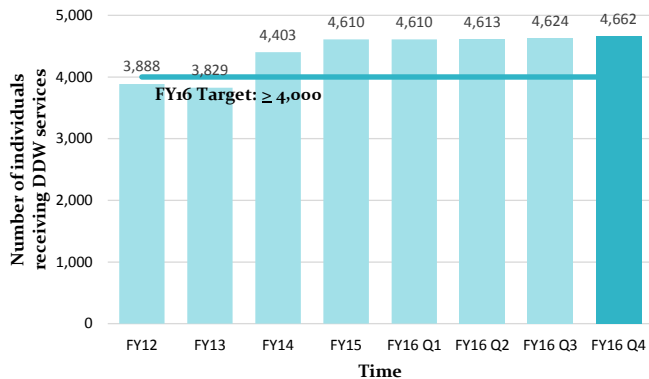- Case Management Agencies

Story Behind the Data

- DDSD collaborates with the Medical Assistance Division (MAD), the Income Support Division (ISD), and the Third Party Assessor (Molina/Qualis) on this measure. It is important to note that the percentage decrease for FY16 of waiver applicants is not representative of a typical group during an allocation period. This is because there were no new allocations made for FY16. Therefore, the small group of individuals reflected by this measure for FY16 are a blend of expedited allocations as well as allocations that carried over from previous fiscal years.
- During FY16 Q4, an analysis was completed on this smaller group of allocants, specifically to determine if systemic obstacles are causing delays in completing the allocation process. It was determined that those who did not make services during the ninety-day window were due to lapses outside of DDSD's control (by Qualis or ISD).
- When individuals pick the Mi Via Waiver, individuals and families are responsible to obtain the Level of Care from their physician and complete the service planning process fairly independently. Initial analyses between waivers indicated those selecting Mi Via generally appeared to be more delayed in receiving services than people on the traditional DD Waiver. At the same time, the number of Mi Via participants increased from 866 to 1,165 during this fiscal year. Continued collaboration between the Mi Via program and consultant agencies on the clarification of timeframe expectations has contributed toward this growth.
- DDSD continues to communicate to all stakeholders that the timely allocation of individuals to the waiver remains a high priority. Training for case managers and DDSD staff on the allocation process continued this quarter.

Action Plan

- Develop a data reporting system, using HSD Medicaid information, to complement information contained in the DDSD Central Registry database: in process.
- Continue reaching out to BVRHS to identify and remove persons from the waiver waiting list.
- Continue to collaborate with the Medical Assistance Division (MAD), the Income Support Division (ISD) and Qualis (TPA) to review and troubleshoot issues with the DD waiver allocation process.

PROGRAM AREA 007: Developmental Disabilities Supports

Number of individuals receiving developmental disabilities waiver services

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

- Community Providers

- Case Management Agencies

Story Behind the Data

- 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.

- At the beginning of FY16, there were 4,610 persons receiving developmental disabilities waiver services (866 of these were Mi Via Program participants). At the close of FY16, there were 4,662 waiver participants (1165 of these were Mi Via participants). From FY16 Q1 to the current quarter there was an overall increase of 52 allocations. It is important to note that the small increase for FY16 is because there were no new allocations made for FY16. Therefore, the small group of individuals reflected by this measure for FY16 are a blend of expedited allocations as well as allocations that carried over from previous fiscal years. This small increase may also reflect the undercounting of persons due to the transition to a new Third Party Assessor (Molina to Qualis). As previously noted, recent delays (Spring 2015 to current) in the processing of DDW prior authorizations/claims data 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.

Action Plan

- Develop web-based provider scorecard to increase service awareness and facilitate participant selection of providers services. Continue presenting the provider scorecard to stakeholders for feedback and evaluation with plans to implement initial phases during FY17.

- 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): Ongoing.

- Develop a tool to assess regional provider capacity based on regional waiting list and provider areas of interest with the goal of increasing provider capacity and services.

PROGRAM AREA 007: Developmental Disabilities Supports

Number of individuals on the developmental disabilities waiver waiting list
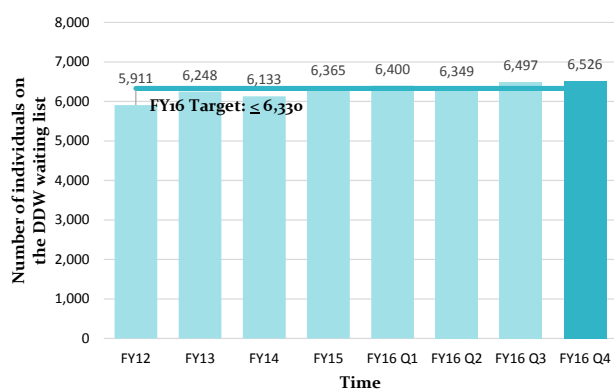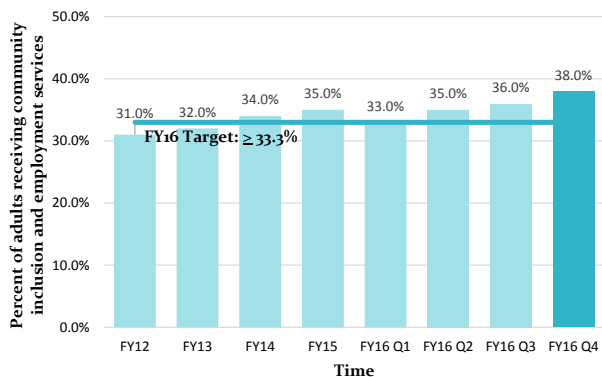

Partners

- 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

- Department of Health's DDSD Mi Via Waiver Program

- NMDOH's Bureau of Vital Records and Health Statistics (BVRHS)

- Community Providers

Story Behind the Data

- The Developmental Disabilities Waiver (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. The DDW waiting list, or Central Registry (CR), contains several status categories reflecting applicants' progress in the application/allocation process. Cases in these status categories comprise the total reported Central Registry wait list. The CR status categories are: Start Status, Pending Status, Complete Status, and Allocation on Hold.

- About 300 people per year are added to the DDW waiting list. This means that at a minimum, financial support for 300 people to be allocated to services each year must be secured just to maintain the same number of people on Central Registry's waiting list. Hence, the Central Registry's waiting list will not be significantly reduced unless financial support is designated for more than 300 people to receive an annual allocation. For FY16 there were a total of 126 people added to the waiting list. There was not an allocation group budgeted for FY2016, however, allocation letters based on FY17 budget were sent out May 2016.

- The addition of Supports Intensity Scale (SIS)® assessments, as well as changes in procedures at ISD, have added to timeframes between receipt of Primary Freedom of Choice and Confirmation of Eligibility and ISP approval, which impacts movement from the waiting list to receipt of services.

Action Plan

- Conduct trainings in Fy17 on the allocation process for case managers and DDSD staff.

- Continue developing The Flexible Support Pilot Program to identify possible service and support strategies for persons currently waiting for DD Waiver services. Funding for the pilot has been renewed for FY17. Promising results will continue to be analyzed into FY17.

- Continue to monitor the *Keeping in Touch* mailing. This activity is critical to the timely contact of applicants as well as to maintaining updated contact information.

- Continue to meet regularly with MAD and ISD to review DD waiver allocation processes and identify barriers. These meetings have been helpful in identifying issues and resolutions.

- Continue the analysis on the projected number of completed allocations in relation to the number of letters of interest sent to maximize the number of individuals who enter and receive services.

PROGRAM AREA 007: Developmental Disabilities Supports

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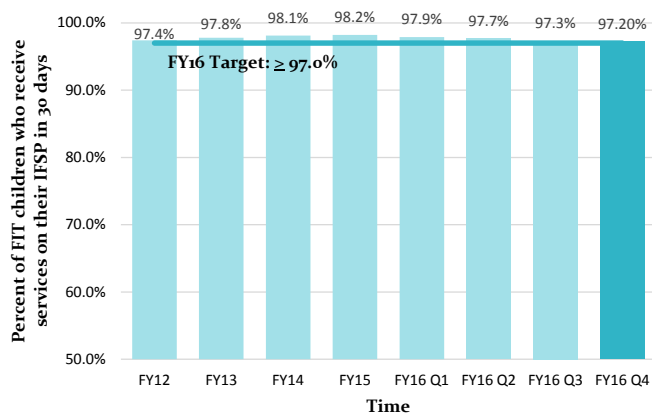

Partners

- 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 [1]. New Mexico has made steady progress toward increasing community integrated outcomes and performs above the national average, and strives to be included in the group of states exhibiting successful employment outcomes.

- Community-Integrated Employment (CIE) includes job development and job maintenance services. Based on Supported Employment Outcomes for FY15, the percent of those engaged in CIE tended to fluctuate some from quarter to quarter. However, through out FY16, the use of a new tracking system to collect employment information showed more stable and upward trending in the numbers of those receiving employment services. In FY16 Q4, about 38.4% of those receiving community inclusion services also received employment services. When FY16 data are finalized, it is anticipated they will show improved performance during FY16 as compared to FY15.

[1] *National Snapshot of Adults with Intellectual Disabilities in the Labor Force.* Research Cooperative Agreement to promote the health of people with Intellectual Disabilities-Cooperative Agreement/Grant Number: U01 DD000302-05.

Action Plan

- Follow-up on the community inclusion and supported employment client database, which is being automated with a web application by NMDOH's Division of Information Technology.
- Conduct additional beta testing on the community inclusion and supported employment client database once it is automated with a web application.
- Continue modifying and designing program goals and operating practices that clearly relate to achievement of community integrated objectives.
- Continue analyzing how changing from a per-unit rate for service delivery to an enhanced monthly rate has impacted competitive and integrated employment among adults receiving community inclusion services.

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) within 30 days

Y-axis: Percent of FIT children who receive services on their IFSP in 30 days

FY16 Target: ≥ 97.0%

FY12	FY13	FY14	FY15	FY16 Q1	FY16 Q2	FY16 Q3	FY16 Q4
97.4%	97.8%	98.1%	98.2%	97.9%	97.7%	97.3%	97.20%

X-axis: Time

Partners

- Office of Special Education Programs (OSEP)
- Public Education Department
- 34 FIT Provider agencies statewide
- National Early Childhood Technical Assistance Center (NECTAC)
- FIT 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.

- Early Intervention services include physical, speech and occupational therapy, as well as developmental instruction, nursing and service coordination. This performance indicator is a measure of the percent of children who receive all of the services on their Individualized Family Service Plan (IFSP) in a timely manner (i.e., within 30 days). This involves the FIT provider agency having clear policies and procedures, strong management structures, and qualified staff who are available to start services in a timely manner.

- This performance indicator is also reported to the Federal Office of Special Education Program (OSEP) as part of it's Annual Performance Report from states.

Action Plan

- Manage the Annual Performance Report (APR) where provider agencies of early intervention are required to analyze their performance data – including the percent of services provided within 30 days and to develop a plan to maintain or increase their performance.
- Increase availability of coaching and technical assistance for early intervention providers to support the development of clear policies and procedures to provide timely early intervention services.
- Continue piloting the promotion of evidenced based early intervention practices through the use of video technology, which is the focus area of a new Tiered Quality Rating and Improvement System (TQRIS) being developed under the Race To the Top – Early Learning Challenge grant.

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.

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

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

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

ACCOMPLISHMENTS

During the fourth quarter, some of the Division of Health Improvement's (DHI) accomplishments included:

- Vacant Positions:
    - ⇒ DHI completed a value stream analysis of the hiring process and was able to make changes to streamline the hiring process;
    - ⇒ DHI continues to pilot the new process resulting in reducing the cycle time for hiring new staff.
- In-State Travel Reimbursements:
    - ⇒ DHI is working with the NMDOH Travel improvement workgroup to streamline and improve the travel process for state employees;
    - ⇒ Cycle time has improved to an average of 10 days;
    - ⇒ DHI has implemented a new process for approving TATRs using the DHI Share Point to manage documents electronically, reducing postage and printing costs.

Incident Management Bureau (IMB):
- Saw a reduction in the state abuse rate from 11.9% in FY15 to 8.7% for FY16.
- Successfully disengaged its first Jackson class lawsuit evaluative component regarding the revision of the administrative rule on reporting and investigating abuse, neglect and exploitation. Of the remaining 10 objectives, we developed a plan with the Jackson Class Administrator to submit six more objectives for disengagement.
- Implemented the train the trainer program for identifying and reporting Abuse, Neglect and Exploitation (ANE) for all caregivers, another Jackson evaluative component near completion. The first round of trainings was successfully accomplished and reached all areas of the state.
- Completed 80% of the backlog of old cases and is on target to close out all of the old cases by the end of the calendar year.
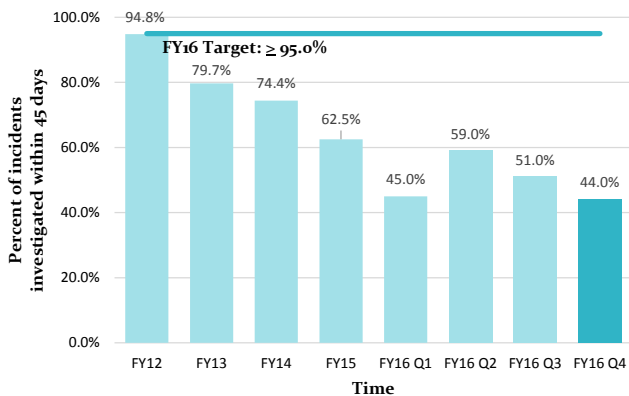
Quality Management Bureau (QMB):
- Completed 102 Developmental Disability Waiver, Medically Fragile and Mi Via waiver surveys in FY16.

Licensing Program Operations and District Operations:
- Completed 100% of facility plan reviews within 20 days during the fourth quarter and ended the year with an overall average of 80% completed within 20 days.

PROGRAM AREA 008: Health Improvement

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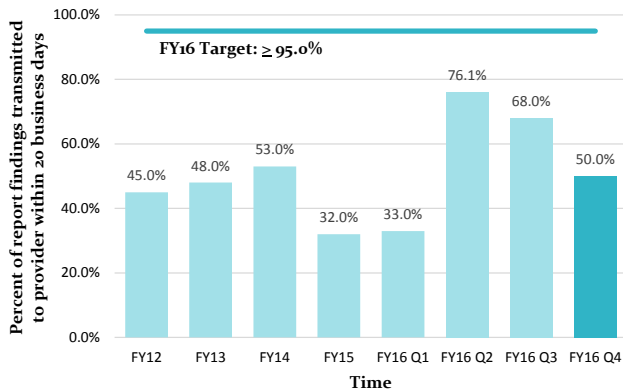

Partners

- Trainer
- Incidence Management Bureau (IMB) Investigators;
- IMB Investigator Supervisor
- Developmental Disabilities Supports Division (DDSD)
- Developmental Disabilities Waiver (DDW) Provider Staff
- Contractors

Story Behind the Data

DHI information technology (IT) upgrades were completed during the third quarter, which enabled improved reporting of performance data. The FY16 Q4 report includes revised performance estimates for FY16 based on these upgrades.

- During FY16 DHI initiated a project to close all old investigations (i.e., cases). Attending to this backlog required re-assigning case investigation resources that otherwise would have been committed to new cases. Though closure of these cases is not reflected in this performance measure, the Incident Management Bureau (IMB) notes that by the end of FY16, 80% of the backlogged cases had been closed. IMB anticipates that all outstanding cases will have been closed by end of calendar year 2016, and anticipates a return to prior performance levels at that time.

Note: As implemented, this measure did not credit IMB for cases that were closed after 45 days for which an extension had been granted. Rather, these cases negatively impacted reported performance. Had these cases been credited to, rather than against, IMB, the Bureau's performance would have been approximately 10 percentage points higher during FY16.

Action Plan

- Continue to reduce and eliminate the backlog of old cases.
- Continue implementation of the statewide ANE training program.
- Implement a sustainability plan (e.g., elimination of backlog of old cases, fully staffed with investigators, fully trained investigators).
- Update programmatic 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

Bar chart: Percent of report findings transmitted to provider within 20 business days vs Time. FY16 Target: ≥ 95.0%.
- FY12: 45.0%
- FY13: 48.0%
- FY14: 53.0%
- FY15: 32.0%
- FY16 Q1: 33.0%
- FY16 Q2: 76.1%
- FY16 Q3: 68.0%
- FY16 Q4: 50.0%

Partners

- Developmental Disabilities Supports Division

- Home and Community Based Waiver Providers and their staff

- Incident Management Bureau

- Administrative Services Bureau

Story Behind the Data

- During FY15, the Quality Management Bureau (QMB) experienced significant turnover and transition, resulting in decreased timeliness in the issuance of survey reports to providers.

- To address the decrease in performance, during the first quarter of FY16, QMB management completed training in the "Lean" improvement process. As their first "Lean" improvement project, QMB completed a value stream mapping of the Report of Finding writing, editing, and distribution process in order to reduce the cycle time to meet the 20 day distribution timeframe. Several process improvements were identified and implemented.

- During the second quarter the report of findings distribution within 20 days improved to 76%.

- During the third quarter of FY16, there was more transition at QMB, which led to an initial decline in processing reports in January as responsibilities were reassigned and a new editor was trained. Additional backup support was also put into place to reduce time delays when the editor was not available. With the new resources in place, QMB achieved a significant improvement in February and March. For the quarter, QMB transmitted 68% of reports to the provider within 20 days.

- During FY16 Q4, the preliminary survey data indicates a decline of reports being distributed within 20 days down to 50%. Budget limitations during this quarter had a significant negative impact on QMB's ability to issue survey reports timely.

- Final fourth quarter results will be provided when available due to the process crossing quarters.

Action Plan

- Complete revising the editing process to include additional first round edit support, increasing the number of first round editors to three. The additional editors provide needed backup when the primary editor is performing other duties.
- Continue to work with Information Technology in the development of a database to improve automation of the survey process and report of findings.
- Continue work on updating the Surveyor Operation Manual.
- Continue implementation of new survey processes and train staff on these processes.
- Implement a sustainability plan and update goals, desired outcomes, and action plans as needed.

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. 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

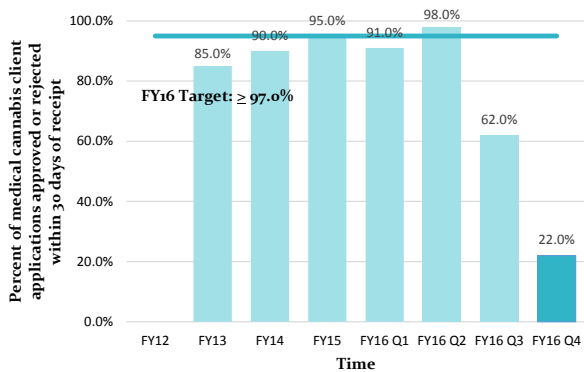# PROGRAM AREA 787: Medical Cannabis

ACCOMPLISHMENTS

During the fourth quarter, some of the Medical Cannabis Program's (MCP) accomplishments included:

- Added two new producers and seven distribution locations. The MCP is working with recently licensed producers to open more distribution locations.
- Received an average of 2,800 applications for enrollment per month.
- Moved to a new location that has easier accessibility for enrollees while also allowing for program expansion.
- Continued to increase program enrollment, going from 15,000 in FY15 Q4 to 26,500 in FY16 Q4.
- Hired two additional staff and several temporary staff.
- Reduced processing time for applications from an average of 60 days to 42 days.
- Worked with our database programmers to improve tracking and reporting.
- Began exploring options to remind enrollees of any upcoming expiration of their program enrollment.

PROGRAM AREA 787: Medical Cannabis

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

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
- BioTrack THC

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, which includes safe access to medical cannabis.
- All staff participate in the application review process to ensure compliance with the Lynn and Erin Compassionate Use Act and the NMDOH regulations, and to keep up with the increasing number of applications resulting from the steady growth in qualified patients. Per existing statute, an applicant must complete an annual medical certification to continue program participation. A significant amount of NMDOH staff time is required to process these applications and to provide other types of customer service.
- Due to recent enrollment changes the program continues to experience tremendous growth. In July of 2015 the Medical Cannabis Program (MCP) had 16,236 active enrollees, 3,280 Personal Production Licensees, and 280 Caregivers. As of June 30, 2016 the Program has 26,568 active enrollees, 5,865 active Personal Production Licensees and 690 Caregivers.
- During FY16-Q4, the MCP received an average of 2,800 patient applications (1,400 new and 1,400 renewals) and 600 personal production applications per month.

Action Plan

- Continue utilizing the BioTrack THC system to track applications and improve data.
- Implement an electronic filing of applications via the BioTrack system, which will improve the processing time. This will require the development of electronic records submission policies and electronic records retention policies.
- Hire more staff members on the patient services side of the program to improve processing time.
- Expand the Health Educator role to provide more community education regarding the MCP.
- Refine application processing policies and procedures.
- Continue working with Licensed Producers.

NOTES

New Mexico Department of Health Vision

A Healthier New Mexico!

NEW MEXICO
DEPARTMENT OF
HEALTH

Office of Policy and Accountability
1190 St Francis Drive, South 4253
Santa Fe, NM 87505
Phone: 505-827-1052
Fax: 505-827-2942
www.nmhealth.org/opa