



**New Mexico Department of Health  
FY17 Quarter 1  
Key Performance Measures Report**

**July 1, 2016 - September 30, 2016**

**Lynn Gallagher, Secretary Designate**

**NEW MEXICO  
DEPARTMENT OF  
HEALTH**





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**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.

### **FY17 OPERATING BUDGET:**

**General Funds: \$292,899,300**

**Federal Funds: \$110,435,900**

**Other State Funds: \$112,897,500**

**Other Transfers: \$32,931,700**

**Total: \$552,116,400**

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### At-A-Glance Table

Performance Measure	FY13	FY14	FY15	FY16	FY17 Q1	FY17 Target
<b>Public Health (Poo2)</b>						
Percent of female clients ages 15-17 seen in NMDOH public health offices who are given effective contraceptives	65.0%	53.0%	54.6%	56.0%	59.5%	≥ 66%
<b>Epidemiology and Response (Poo3)</b>						
Percent of New Mexico hospitals certified for stroke care		6.8%	9.3%	9.3%	14.0%	≥ 14%
Percent of vital records front counter customers who are satisfied with the service they received		80.0%	97.6%	95.3%	93.2%	≥ 95%
<b>Scientific Laboratory (Poo4)</b>						
Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within fifteen business days			93.6%	85.2%	92.8%	≥ 90%
<b>Office of Facilities Management (Poo6)</b>						
Number of falls resulting in major injury per 1,000 long-term care patient days					0.2 per 1,000	≤ 3 per 1,000
Percent of eligible third-party revenue collected at all agency facilities	56.6%	91.2%	88.0%	93.8%	88.0%	≥ 92%
Vacancy rate for direct care positions					22%	≤ 10%
<b>Developmental Disabilities Supports (Poo7)</b>						
Percent of developmental disabilities waiver applicants who have a service plan in place within ninety days of income and clinical eligibility determination	83.0%	75.0%	90.6%	53.0%	56.0%	≥ 95%
Percent of adults receiving community inclusion services through the DD Waiver who receive employment services	30.0%	27.0%	29.0%	36.0%	Pending	≥ 33%
Number of individuals receiving developmental disabilities waiver services	3,829	4,403	4,610	4,660	4,619	≥ 4,700
Number of individuals on the developmental disabilities waiver waiting list	6,248	6,133	6,365	6,526	6,529	≤ 6,300

### At-A-Glance

Performance Measure	FY13	FY14	FY15	FY16	FY17 Q1	FY17 Target
<b>Health Improvement (P008)</b>						
Abuse rate for DD Waiver and Mi Via waiver clients			11.9%	10.2%	Pending	≤ 8%
<b>Medical Cannabis (P787)</b>						
Percent of complete medical cannabis client applications approved or rejected within thirty calendar days of receipt	85.0%	90.0%	95.0%	68.0%	72.0%	≥ 98.5%
Percent of registry identification cards issued within five days of application approval					100%	≥ 85%

## **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.



### **FY17 OPERATING BUDGET:**

**General Funds: \$54,441,000**

**Other Transfers: \$16,590,300**

**Federal Funds: \$72,586,900**

**Other State Funds: \$34,079,200**

**Fund Balance: \$2,952,000**

**Total: \$180,649,400**

## PROGRAM AREA 002: Public Health

### ACCOMPLISHMENTS

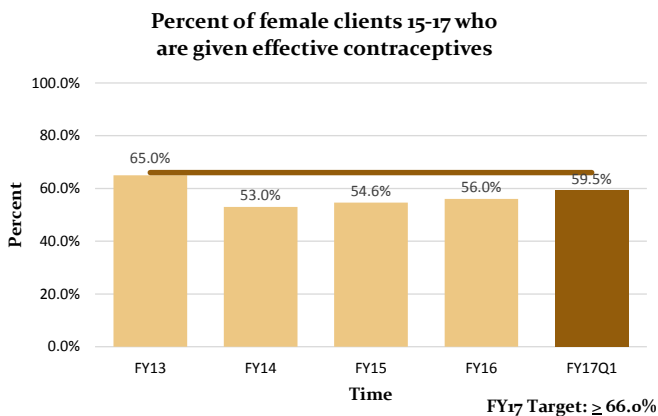
During the first quarter, some of PHD's accomplishments included:

- Teen Health: The Southwest Region and Ben Archer Health Center established a school-based health center at Deming High School.
- Promoting Good Nutrition and Supporting Local Farmers: The Southeast Region WIC offices (Women, Infants and Children Program) offered Farmer's Market checks to participants in the Farmer's Market program. Southeast Region had WIC Farmers Markets in Tucumcari, Clovis, Portales, Ft Sumner, Roswell, Carlsbad, and Hobbs.
- Workforce Development: The Northwest Region Disease Prevention Team was awarded an Associate from the Centers for Disease Control's Public Health Associate Program. The Associate will work with the Disease Prevention Team for two years as a Disease Prevention Specialist.
- Transportation Planning: The Northeast Region Community Epidemiologist and Santa Fe Health Promotion Specialist established a collaboration with the local chapter of the Metropolitan Planning Organization to write a grant that bridges city planners and public health.
- Community Planning Facilitation: The HIV, STD (Sexually Transmitted Disease) and Hepatitis Section has completed New Mexico's first-ever integrated plan for HIV. *The New Mexico Integrated Plan for HIV Prevention and Care: 2017 - 2021* was developed over 52 months by a statewide participatory planning process designed and led by the New Mexico HIV Community Planning and Action Group. The plan can be found here: <http://www.nmcpag.org/>.
- Training Healthcare Providers: The Health Systems Bureau presented at the *Teen Brain and Issues Affecting Adolescents Today* symposium sponsored by Rehoboth McKinley Christian Healthcare Center in Gallup on September 30, 2016 to about 100 professional healthcare providers from Indian Health Service, surrounding communities and schools.
- Enhanced Programming: NMDOH Diabetes Prevention and Control program was one of ten awardees that will receive \$868,176.00 for a two-year project from the U.S. Administration for Community Living's "Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs" funds.
- National Breastfeeding Award: The US Department of Agriculture/Food and Nutrition Services presented the NM WIC program with *The Gold Premiere Loving Support Award of Excellence* in August 2016 for their exemplary breastfeeding promotion and support activities.
- Quality Assurance: NMDOH certified an additional 23 Community Health Workers (CHWs) from July 1st - September 30<sup>th</sup>. There are now 89 certified CHWs.



## PROGRAM AREA 002: Public Health

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



#### Partners

- Primary care clinics
- Community-based clinical providers
- Schools and after-school and youth programs
- Community-based organizations
- County health councils
- School-based health centers
- Parent organizations
- Policy makers
- Indian Health Services
- NM Public Education Department
- NM Human Services Department
- NM Children, Youth, and Families Department

#### Story Behind the Data

- Since 2010, the teen birth rate in New Mexico (NM) for 15-17 year olds has declined by 43.8% to 16.9 per 1,000 in 2015, which is close to the national decline of 46% (between 2009-2014).
- A decreasing teen birth rate can be attributed to aspects of NM Family Planning Program (NM FPP)'s goals: increasing the use of effective contraceptives and providing educational programming to teens.
- In FY17 Quarter 1, 59.5% of teen clients were provided an effective contraceptive. This percentage of use of most- and moderately-effective contraception in the teen population is higher (59.5%) than the target of 55.6% set by NM FPP but below the target of 66% set by NM Department of Finance and Administration (DFA) and NM Legislative Finance Committee (LFC) (which has not been met since State Fiscal Year 2013).
- NM FPP supports the provision of evidence-based family planning clinical services to facilitate the reproductive life plan for every NM Title X family planning client, including shared decision making for contraceptive counseling.
- With services provided year-round, NM FPP is committed to providing these services at local public health offices and community health clinics across the state.

#### Action Plan

- Highly- and moderately-effective contraceptives provided to teens will equal 55.6% of the total contraceptives provided in Quarter 1: Completed for Quarter 1.  
NM FPP does not expect to meet the target set by DFA/LFC. Contraceptive choices are done as a result of shared decision-making and Title X forbids contraceptive coercion of clients. To increase knowledge about and awareness of availability of highly- and moderately-effective contraceptives in this population, NM FPP is considering more mobile banner ads and Facebook ads, and is piloting a reproductive health learning collaborative connecting leaders in the field of reproductive health with rural clinicians throughout the state.
- Highly- and moderately-effective contraceptives provided to teens will equal 55.6% of the total contraceptives provided per quarter in Quarters 2-4.

## 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.



### **FY17 OPERATING BUDGET:**

**General Funds: \$13,037,200**

**Other Transfers: \$612,300**

**Federal Funds: \$14,515,500**

**Other State Funds: \$841,500**

**Total: \$29,006,500**

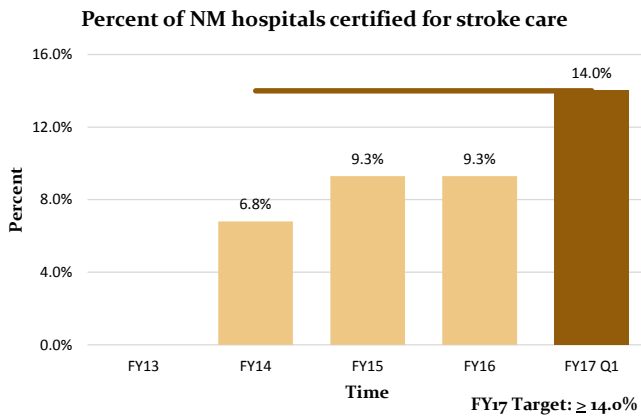
### ACCOMPLISHMENTS

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

- Secured federal funding for several new program evaluations which will help further build public health evaluation infrastructure.
- Conducted two one-day Delayed Birth Registration events hosted by the Navajo Nation to assist tribal members with getting birth records registered. Many elders from the Navajo Nation never had their birth certificates registered at the time of their birth and now they are finding that they need them for many different uses.
- Hosted the 4-day National Association of EMS Officials (NASEMSO) Annual Meeting. NASEMSO provides leadership and guidance for the national development of EMS standards, regulation, and other national EMS issues. The meeting was a great success, attended by 300 state and national representatives.
- Conducted a Zika Preparedness Workshop as part of the New Mexico Department of Homeland Security and Emergency Management Winds of Change pre-conference day. Following the presentations, a guided table top exercise was conducted, attended by all of the counties in New Mexico where Zika virus transmission is possible.
- Collaborated with the NM Board of Pharmacy to send out 300 pilot "medical prescriber reports". These individualized reports give health care providers who prescribe controlled substances a summary of how their prescribing compares to peers in their specialties. All prescribers who had at least 20 patients who filled controlled substance prescriptions will receive a report in the next quarter.
- Evaluated 11 primary prevention programs implemented in six NM counties during FY 16. The programs reached more than 3,000 middle-and high-school students. Results showed significant positive changes in knowledge and attitudes that are risk factors for sexual violence perpetration. Programs had strong support among students and faculty.
- Hosted the 8th annual New Mexico Emerging Infection Program Day. This year's conference was well attended by over 140 audience members. Discussion included pneumococcal disease health status indicator reduction strategies, carbapenem-resistant Enterobacteriaceae surveillance, and sepsis surveillance.

## PROGRAM AREA 003: Epidemiology and Response

### Percent of New Mexico hospitals certified for stroke care



#### Story Behind the Data

- In the United States, stroke is the fifth leading cause of death and a leading cause of adult disability. There are three levels of stroke center certification recognized nationally. Stroke is a leading cause of death and severe disability in New Mexico. Six out of 43 acute care hospitals (14%) in NM are certified for stroke care, and four of the six submit their data to the American Heart Association (AHA) Get with the Guidelines Stroke Registry.
- A benefit to communities is for patients to be directed in a timely manner to the nearest certified stroke care hospital. Adherence to stroke prevention and treatment measures reduces disability and death associated with a brain attack (stroke). Stroke care center designation cannot be awarded until stroke data is submitted to a national registry, which enables facilities to analyze and improve healthcare outcomes in stroke patients.
- In Q1 of FY17, Memorial Medical Center and Rehoboth McKinley Christian Healthcare Services expressed a goal of attaining stroke center certification. The Emergency Medical Systems (EMS) Bureau Stroke Program assisted these two hospitals by initiating their data registry registration in preparation for their national accreditation process.
- Continued outreach at quarterly meetings will be held throughout the state.

#### Partners

- NMDOH Public Health Division (PHD) Chronic Disease Bureau, Million Hearts Program
- NMDOH Epidemiology and Response Division (ERD) Emergency Medical Services (EMS) Bureau
- NMDOH ERD Environmental Health Epidemiology Bureau (EHEB), Environmental Public Health Tracking Program (EPHTP)
- New Mexico Environment Department (NMED) Air Quality Bureau
- Cardiovascular Disease Mortality Health Status Workgroup
- Acute Care Hospitals in New Mexico
- Emergency Medical Services (EMS) Agencies
- American Heart Association
- American College of Cardiology

#### Action Plan

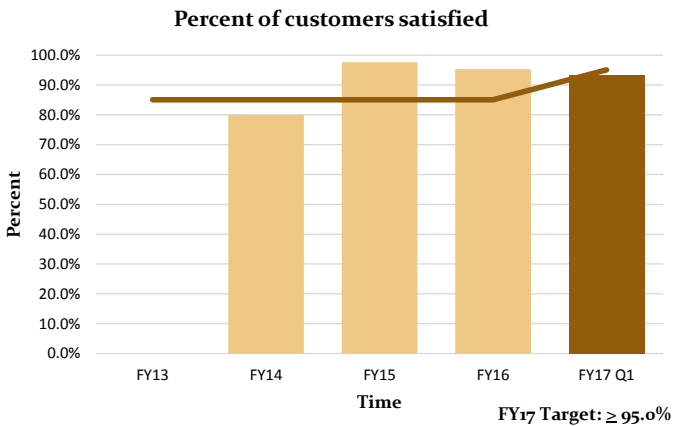
The EMS Bureau will continue to work to increase the percent of NM hospitals certified in stroke care from the already achieved FY17 target of 14% by achieving the following quarterly milestones:

- Q1: Assist 2 hospitals in the southern and central regions with national data registry and participation in stroke system of care activities. Completed for Q1.
- Q2: Assist at least 2 new hospitals in the southern or central region not reporting to Get with the Guidelines (GWTG) will begin reporting their data directly to the EMSB for quality improvement within system workgroup, and benchmarking.
- Q3: Identify at least 1 hospital capable of becoming acute stroke ready by working with UNM Telemedicine.
- Q4: Continue outreach at quarterly meetings and document success stories to disseminate to hospitals for their internal use.



## PROGRAM AREA 003: Epidemiology and Response

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



#### Story Behind the Data

- In the United States, the cost of obtaining a birth or death certificate (vital record) copy varies, and typically costs from \$20 to \$90. New Mexico has one of the lowest costs for obtaining a vital record copy
- Vital records are important legal documents and are key to many essential activities such as applying for jobs, qualifying for benefits, and obtaining a driver's license or even a passport.
- In Q1 of FY17, 280 surveys were collected, and the customer satisfaction rate was 93.2% at the Santa Fe office.
- All customers who ordered birth and death certificates from the walk-in customer service area in Santa Fe were asked to participate. A single question was asked: "Please let us know how we did in serving you today." Emoticons are used to illustrate the four answer choices: Excellent, Good, Fair, and Poor. The single question is intended to keep the survey simple and accessible for all customers, including those with limited literacy skills.
- In order to achieve the FY17 target of 95% customer satisfaction, the Vital Records and Health Statistics (VRHS) Bureau will update training to the Santa Fe and the Albuquerque staff based on the previous quarterly results and customer feedback.

#### Partners

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

#### Action Plan

BVRHS will work to increase customer satisfaction to the FY 17 Target of 95% by achieving the following quarterly milestones:

- Q1: Achieved a customer satisfaction rating of 90% or higher using a short survey in English and Spanish. Completed for Q1
- Q2: Analyze the data from Q1 to determine the time of day that is busiest with customers so that they can supplement the front counter with additional staff.
- Q3: Pilot test a new procedure for processing large birth requests (Tribal enrollment officer requests) by moving those requests to the back office for processing.
- Q4: Conduct the customer satisfaction survey in the Albuquerque office and established a quarterly baseline for the Albuquerque office.

## 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.



### **FY17 OPERATING BUDGET:**

**General Funds: \$8,015,900**

**Other Transfers: \$1,168,400**

**Federal Funds: \$2,368,000**

**Other State Funds: \$1,368,200**

**Total: \$12,920,500**

## **ACCOMPLISHMENTS**

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

### **Chemistry Bureau:**

- The Chemical Threat and Response Section finalized the testing for the Four Corners Biomonitoring project, which is a collaboration between Utah, Colorado, Arizona, and New Mexico and is funded by the CDC. Private well users were recruited from the Four Corners region to have their well water and urine samples tested for toxic metals, which includes metals such as arsenic, uranium and mercury. Households with high levels of toxic metals were advised to implement water treatment. This project allowed SLD to improve upon established analytical methods for human samples and will give New Mexico the capacity to respond for future biomonitoring events.

### **Biological Sciences Bureau:**

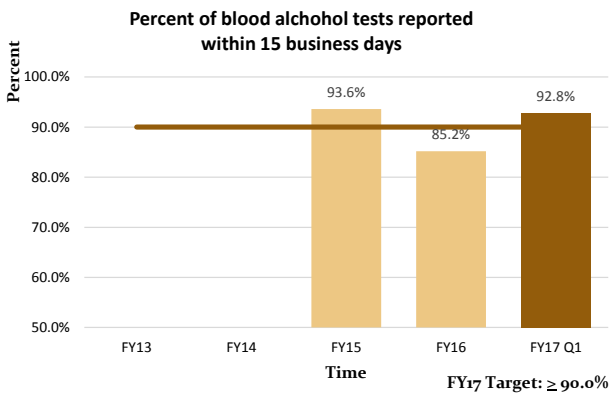
- The Biological Sciences Bureau (BSB) improved the turnaround time for Zika testing since the MAC-ELISA test was brought on in early July 2016. CDC turnaround time was approximately 3-5 weeks where SLD's current turnaround time is 3-5 days.
- BSB responded to a Shigella outbreak in a daycare involving children and their parents as well as three plague cases with two cases in animals and one in a human.

### **Toxicology Bureau:**

- The Toxicology Bureau implemented a new procedure that confirms and quantitates for Buprenorphine. This drug is used in the treatment of opioid addiction, such as heroin and oxycodone, but it may also be used to treat pain. Buprenorphine has impairing effects that can affect the way a person drives a motor vehicle.

## 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 had the highest alcohol-related death rate in the nation since 1997.
- The Scientific Laboratory Division (SLD) Toxicology staff analyze samples for alcohol [blood alcohol concentration (BAC)] and drugs to determine cause of impairment in drivers. They also analyze samples from the Office of Medical Investigator (OMI) for cause of death, and serve as expert witnesses. The target turnaround time is within the reporting requirement for law enforcement. Because the SLD Laboratory Information Management System does not distinguish between business or calendar days, data are reported in calendar days, resulting in shorter self-imposed reporting turnaround times.
- In Quarter 1, 83.1% of BAC testing was reported out in 15 business days. The target is 90%.
- The target was not met because duplicate testing is required for BAC samples per the American Board of Forensic Toxicology accreditation requirements, which doubles testing time (started in FY16-Q3). The Drug Screening Section was short-staffed by one person and had a new person start at the beginning of the quarter. NOTE: It takes over a year to become proficient in testing, and to become competent for expert witness testimony.
- SLD is implementing the FY17 Action Plan to address challenges being encountered in meeting the target.

#### Action Plan

- Q1: Examine the process to determine feasibility: The process was delayed due to staffing shortage.
- Q2: Select one person to begin cross-training in Drug Screening.
- Q3: Evaluate process and determine if more staff can begin cross-training.
- Q4: Follow-up on Q3 determination.



## **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.



### **FY17 OPERATING BUDGET:**

**General Funds: \$60,050,700**

**Other Transfers: \$1,114,000**

**Federal Funds: \$7,787,500**

**Other State Funds: \$71,583,600**

**Total: \$140,535,800**

### ACCOMPLISHMENTS

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

#### **New Mexico Rehabilitation Center (NMRC):**

- Conducted seven patient care trainings with 100% attendance.
- NMRC census is at eight.

#### **New Mexico State Veteran's Home (NMSVH):**

- Implemented a Palliative Care Program that included the "Arlington Room" for end-of-life care. The private room offers Veterans/Members and their family an opportunity to spend their last days/hours together.
- Reduced the Quarterly Average Employee Turnover rate to 11% and the Workers' Compensation claims by 60%.

#### **Turquoise Lodge Hospital (TLH):**

- Admitted 304 New Mexico residents into our Adult Detoxification during program this quarter, resulting in an 84% occupancy rate for the hospital.
- Completed a 9-month long HVAC (Heating, Ventilation, and Air Conditioning) renovation project.

#### **Sequoyah Adolescent Treatment Center (SATC):**

- Replaced all residential doors on the lodges to improve supervision of the residents.
- Completed Trauma Informed Care Crisis Prevention Intervention for certified CPI instructors.
- Conducted a Culture of Safety survey in July 2016. Positive results were shared with staff. Staff reported they felt the environment at SATC was safe, teamwork within the lodges was rated above 80%, and relationships between managers and staff was reported as being very good. The survey will be completed again in 6 months to evaluate improvements.
- In collaboration with the NMDOH Learning Center and the Office of General Counsel, all staff received training on professional boundaries.
- Maintained a 92% collection rate, an improvement from 88%.
- Improved residents' testing scores (pre to post) by 85% in the areas of math, sentence comprehension, word reading, and spelling.
- Initiated a formal GED program, including an IMPACT class focusing on resume writing, completing job applications, interview skills and a SWEEP program, which the residents apply for and obtain jobs at SATC. Graduated one student from Eagle High School this quarter.

#### **Los Lunas Community Program (LLCP):**

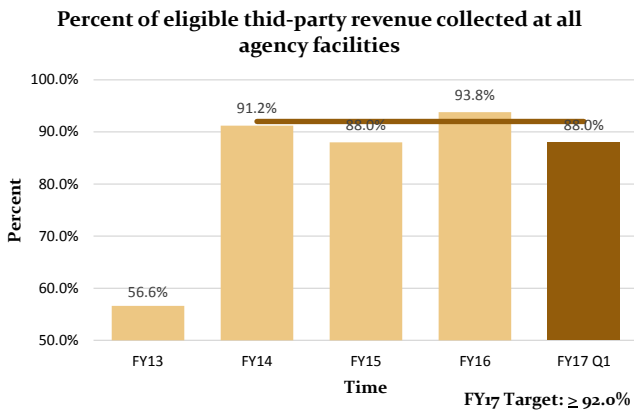
- Saw a downward trend on overtime.

#### **New Mexico Behavioral Health Institute (NMBHI):**

- Completed a successful Rapid Hire Recruitment Event for nurses and techs.
- Held a Forensic Roof Project Kick-Off meeting that led to the project to begin on 10/24/16.

## PROGRAM AREA 006: Office of Facilities Management

### Percent of eligible third-party revenue collected at all agency facilities



#### Story Behind the Data

- The NMDOH mission is fulfilled by operating six health care facilities and one community program offering safety net services for those individuals who have no financial resources yet need treatment.
- The safety net services provided throughout New Mexico include programs in mental health, substance abuse, long term care, and physical rehabilitation. Facilities 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 complex individuals, many of whom are remanded to NMDOH facilities by court order.
- This performance measure is based on the rate of collection for those services with a billable pay source.
- NMDOH fell short of the target of 92% by 4% for an FY17 Q1 rate of 88%.

#### Partners

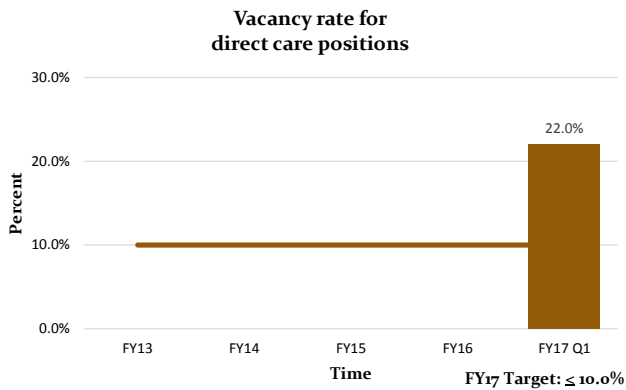
- Facility and community program financial managers and billing/collection staff
- Managed care organizations under Centennial Care
- Commercial insurance providers
- Human Resources Department
- Veterans Administration

#### Action Plan

- Q1-Q4: Recognize revenue on a monthly basis following the new policy "Recording Patient Revenue and Accounts Receivable".  
Ongoing: In the first quarter, the recognition journals were submitted on a monthly basis and the timeliness improved.
- Q1-Q4: Review monthly Revenue Actual and Projected Collections reports (include facility projections) for collection rate efficiency along with discussions regarding resolutions when rates fall below the target.  
Ongoing: The FY17 Q1 rate was 85% and is expected to be higher in Q2 and for the remainder of the year.

## PROGRAM AREA 006: Office of Facilities Management

### Vacancy rate for direct care positions



#### Story Behind the Data

- The NMDOH mission is fulfilled by operating six health care facilities and one community program offering services in mental health, substance abuse, long term care, and physical rehabilitation in both facility and community based settings.
- Facilities 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 complex individuals, many of whom are remanded to NMDOH facilities by court order.
- This performance metric measures the vacancy rate of direct care providers in the NMDOH facilities and community program to determine human resource metrics for market rates and hiring practices, correlations to reliance on contract staffing and area direct care staff data.
- The NMDOH facilities and community program experienced a 22% vacancy rate among direct care positions during the first quarter of FY17.

#### Partners

- State Personnel Office
- Human Resource Bureau
- Public Health Division
- Statewide higher education institutions
- Referral agencies – clinics, hospitals, long term care facilities, assisted living facilities
- Veterans Administration
- Facility Employees and other state-operated health care facilities
- Community Members

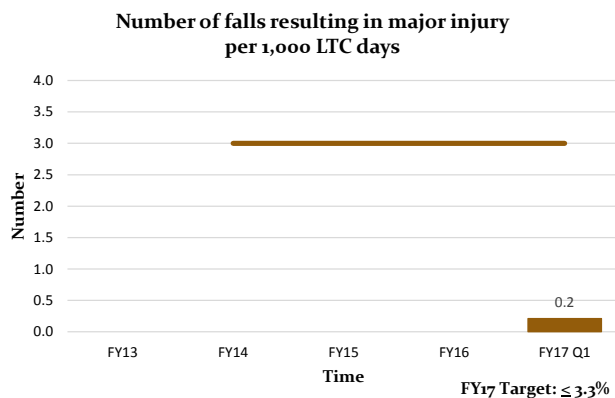
#### Action Plan

- Q1-Q4: Explore efficiencies in the way services can be provided and share talent and resources within the department to utilize the resources in the most efficient, cost-effect manner. In process.
- Q1-Q4: Develop a task force for recruitment and retention of health care staff, and particularly nurses, which is the most critical shortage in this area. In process.



## PROGRAM AREA 006: Office of Facilities Management

### Number of falls resulting in major injury per 1,000 long-term care days



#### Story Behind the Data

- Falls with injury are an important patient safety concern among patients at Long-Term Care (LTC) facilities. According to the Joint Commission, every year in the United States, hundreds of thousands of patients fall in health care facilities, with 30-50% of these falls resulting in injury.
- Elders who suffer falls can obtain serious/major injuries from which it may be very difficult to recover. Additionally, treatment may result in major pain and suffering for the elder as well as significant financial impact to payers.
- Our FY17 goal is less than three falls resulting in major injury per 1,000 patient days. Each of our three LTC facilities met this goal during FY17-Q1.
- Over the past several years, each LTC facility has been striving to prevent falls, which has been an initiative from Centers for Medicare and Medicaid Services (CMS). FY17-Q1 results represent a successful outcome for these facilities.
- The NMDOH Chief Nursing Officer, NMDOH Epidemiology and Response Division, and the University of New Mexico Prevention and Research Center completed a joint project to assess and improve fall prevention practices at the LTC facilities, which in turn will reduce falls resulting in major injury.

#### Partners

- Centers for Medicare and Medicaid Services
- NMDOH Epidemiology and Response Division
- University of New Mexico
- New Mexico Health Care Association
- U.S. Department of Veterans Affairs
- Health Insight New Mexico

#### Action Plan

- Q1: Complete joint project with NMDOH ERD and UNM to identify actions to decrease falls. Completed.
- Q2: Provide onsite training at all LTC facilities on implementation of facility-specific Falls Tracking and Reporting forms.
- Q3: Review and share lessons learned from implementation of facility-specific Falls Tracking and Reporting forms.
- Q4: Implement revised Falls Tracking and Reporting forms.

## 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.



### **FY17 OPERATING BUDGET:**

**General Funds: \$147,407,700**

**Other Transfers: \$8,845,000**

**Federal Funds: \$2,819,200**

**Other State Funds: \$1,600,000**

**Total: \$160,671,900**

## PROGRAM AREA 007: Developmental Disabilities Supports

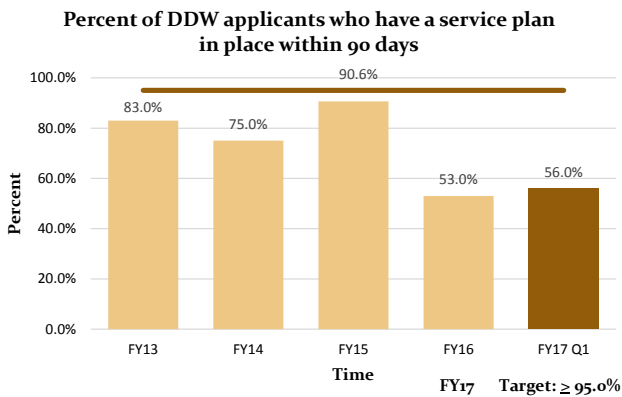
### ACCOMPLISHMENTS

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

- The Race to the Top - Early Learning Challenge, a collaborative project between the New Mexico Department of Health, the Public Education Department, and the Children, Youth and Families Department aimed at improving New Mexico's system of early intervention services, was granted a 1-year No Cost Extension through December 2017 by the Federal United States Department of Education and Department of Health and Human Services.
- Recent actions should allow the Developmental Disabilities Support Division to make progress toward disengagement from the Jackson lawsuit. The Waldrop lawsuit was settled and mandates are expected to increase client service levels, improve program infrastructure, and provide technical assistance to service providers to improve service delivery systems to clients.
- The PASRR unit revised both the Level I Screening Tool and the Level II Pre-Admission (PAS) Nursing Evaluation to meet current and anticipated changes in PASRR policy. Bi-weekly meetings with HSD/MAD were conducted with each agency reviewing federal PASRR regulations. The PASRR team continues to perform evaluations throughout the state and have met strict timelines required for completion of evaluations, despite being short of staff.
- Successfully reinstated the Keeping in Touch Letter. This process continues to improve communication and accuracy of information for individuals on the Central Registry (waiting list). Phase 1 included sending letters to those individuals who are a yes match and those who have their allocation on hold. For FY 17, Phase 2 will include those individuals with applications in a start or pending status.
- Participated in the LEAN quality assurance training to support modifications in the day to day operations of the Central Registry Unit's processing of registrant files.
- Successfully launched the Know Your Rights Campaign (also known as the CMS Final rule dealing with assuring the dignity and rights of those with disabilities) which has included the successful updating of the Provider Contract Agreement to include the CMS home and community based services settings requirements.

## 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



#### Story Behind the Data

- DDS's Intake & Eligibility Bureau works closely with other entities to ensure applicants complete the necessary steps to start receiving DD Waiver services. Case Managers and Mi Via Consultants are responsible for reporting allocation information for each applicant to the respective Intake & Eligibility Case Worker. That information is entered into the Central Registry database, where the percentage of service plans in place within 90 days is calculated once the applicant completes all necessary steps for allocation and is approved for services.
- For FY17 Q1, 56% of those allocated had a service plan in place within 90 days. The number of applicants included in this percentage is proportional to the number of individuals who received and accepted allocation. When applicants don't meet the 90-day timeframe, it impacts the performance percentages negatively.
- The development of a data reporting system (in process) will alleviate allocation tracking and troubleshooting issues. Currently, DDS staff rely on reports from Case Managers/Consultants to track applicant allocation progress. Access to a centralized data system may hasten the process, allowing more individuals to receive services within the 90-day time frame.

#### 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)
- Advisory and support groups
- New Mexico Department of Health (NMDOH) DDS Mi Via Program
- Community Providers
- Case Management and Consultant Agencies
- Managed Care Organizations

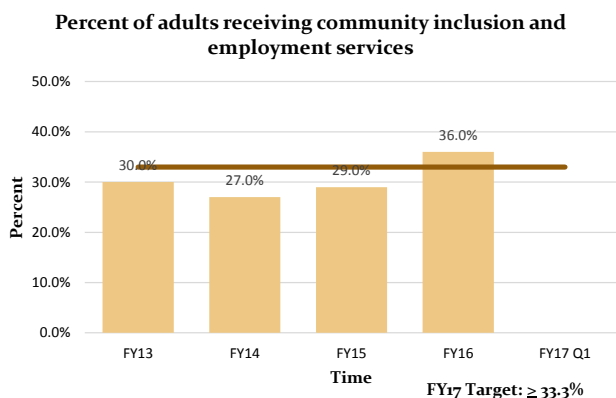
#### Action Plan

- Q1-Q4: Continue providing regional Allocation Fairs to educate applicants on the allocation process. Ongoing.
- Q1-Q4: Increase direct contact with delayed allocations or applicants whose allocation has been open for longer than 6 months with no progress to determine if DD Waiver services are appropriate. Available options include placing the applicant's allocation on hold or troubleshooting issues keeping the applicant from proceeding with the allocation process. Ongoing.
- Q1-Q4: Standardize statewide reporting from all Case Managers and Consultants to ensure each applicant is followed appropriately through the allocation process and into services. In process.
- Q2-Q4: Discontinue initial and routine Supports Intensity Scale (SIS) assessments for adults on the DD Waiver. New adults participants will receive budget approvals solely through the Outside Review (OR) process.



## 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 (I/DD) experience greater levels of unemployment, underemployment, low wages, and poverty compared to those without disabilities. New Mexico has made steady progress toward increasing community integrated outcomes and performs above the national average, but strives to be included in the group of states exhibiting successful employment outcomes.
- Community-Integrated Employment (CIE) includes job development and support services so individuals with developmental disabilities may participate as active community members.
- With better data collection methods, and an increase in training and outreach opportunities, the fiscal years of 2014-2016 saw a positive trend in increased numbers of individuals in supported employment going from 27% in FY2014 to 36% in FY2016.
- In FY15, concerns over the fluctuation of data reports resulted in the development of a new tracking system, modeled after the State Employment Leadership Network National Annual Survey. This effort resulted in building a community inclusion and supported employment client database, which is currently being automated as a web application. The FY17-Q1 data point is pending because the database has not been completed.
- DDS anticipates the new database will assist in overcoming provider challenges with reporting, as well as, offer a better system of monitoring and compliance of the number of individuals placed in meaningful employment and community activities. CIE will attempt to re-implement manual tracking during the completion of beta testing.

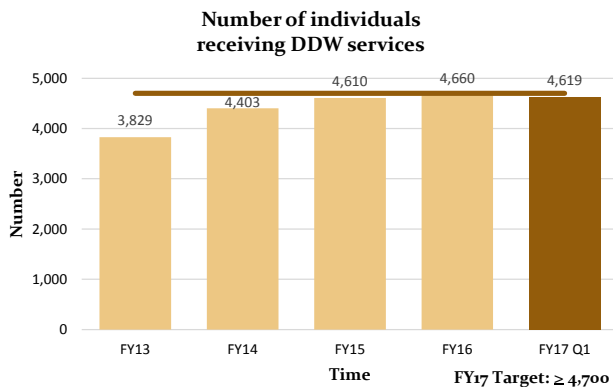
#### Action Plan

- Q1-Q2: Continue to collect and report feedback from staff and providers on the new database during the beta testing period. In process.
- Q3: The development of an Employment First Policy/Procedure and Communication Plan.
- Q4: Continue modifying and designing program goals and operating practices that clearly relate to achievement of community integrated objectives.
- Q1-Q4: 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. In process.



## PROGRAM AREA 007: Developmental Disabilities Supports

### Number of individuals receiving developmental disabilities waiver services



#### Story Behind the Data

- Nationwide, forty-four (44) states and the District of Columbia provide home and community-based Medicaid waiver services to people with developmental disabilities (DD).
- The Developmental Disability Waiver program (DDW) serves as an alternative to institutional care, providing an array of services so that people with developmental disabilities can live as independently as possible and participate as active community members.
- At the end of FY17-Q1, there were 4,619 persons receiving DDW services, a decrease of 19 participants from FY16 Q4 (note, FY16 Q4 waiver counts were updated/corrected from 4662 to 4638 participants). This small decrease may reflect the undercounting of persons due to continuing issues with the transition to a new Third Party Assessor and procedures involving the outside review process. Claims may be suppressed due to the lag in prior authorization updates and budget approvals, affecting client counts.
- Since FY12, DDSD, with legislative appropriations, has increased the number of individuals served on the DDW program by almost 20%. Due to current appropriations/budgetary constraints, funding to offer services to those on the waiting list may be severely limited for FY17.
- Currently, NMDOH is undertaking a rate study, which may result in monies that could potentially allow more people to be added to waiver services in FY17.

#### Partners

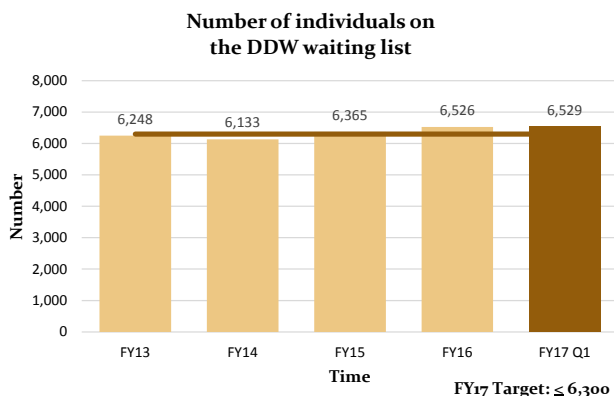
- Human Services Division's (HSD) Medical Assistance Division (MAD)
- Human Services Division's (HSD) Income Support Division (ISD)
- Qualis (replaced Molina), Third Party Assessor (TPA)
- Healthcare providers, parent support groups, and case managers
- Community Providers
- Case Management Agencies

#### Action Plan

- Q1: Present information on the Scorecard project to stakeholders for feedback and evaluation. Completed: The Scorecard was presented at all statewide provider regional meetings.
- Q1-Q2: The web-based Provider Scorecard project was developed to facilitate participant selection of providers services. This project is being reviewed internally for approval.
- Q1-Q4: Explore provider capacity, compensation, and services, statewide. In process: DDSD's Data Management Unit is currently assisting with a statewide rate study to identify, and incentivize, underserved areas.

## PROGRAM AREA 007: Developmental Disabilities Supports

### Number of individuals on the developmental disabilities waiver waiting list



#### Story Behind the Data

- According to the Kaiser Foundation (2012-2014), wait lists for IDD waiver services vary widely across states. In our state, more than 900 individuals apply for Developmental Disabilities Waiver (DDW) services each year. Of those applicants, over 300 are approved and placed on the DDW waiting list, or Central Registry (CR). Registrants are offered waiver services once the Legislature makes new funding available to provide services to additional individuals. Currently, it is estimated that the average wait time for persons who have applied for DDW services is approximately ten years.
- The DDW program is designed to provide services to allow individuals with developmental disabilities to live as independently as possible and actively participate as community members. Hence, this measure is important in gauging and responding to the need for services.
- In FY17-Q1, the waiting list grew by only 4 applicants.
- Although 108 allocation letters for FY17 were sent out, the list did not see significant decline or growth due to efforts made to partner with the Bureau of Vital Statistics to remove deceased individuals from the waiting list.
- In the last 6 months, increased outreach by the Intake & Eligibility Bureau has improved the quality of case file information supplied by the applicant, which decreases time spent attempting contact with eligible allocates.

#### 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 DDS Mi Via Waiver Program
- NMDOH's Bureau of Vital Records and Health Statistics (BVRHS)
- Community Providers

#### Action Plan

- Q1-Q4: Conduct trainings on the allocation process for case managers and DDS staff, which will include a presentation to the divisions' FY 17 all-staff meeting, in addition to at least 5 regional provider meetings (Q1-Q4). In process.
- Q1-Q4: Continue to conduct trainings for Case Managers, Consultants, and DDS staff in FY17 on the allocation process as well as DD Waiver eligibility criteria. In process.
- Q1-Q4: Continue regular meetings with the Medical Assistance Division, Income Support Division, Qualis Healthcare and other agencies involved in the allocation process.  
In process: These monthly meetings have been helpful in identifying problems during the allocation process, both systemic and case-specific.
- Q2-Q4: Refer individuals with mental and behavioral health issues to the appropriate behavioral health system.

## **PROGRAM AREA 008: Health 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 all persons in New Mexico.

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.



### **FY17 OPERATING BUDGET:**

**General Funds: \$4,421,800**

**Other Transfers: \$4,188,800**

**Federal Funds: \$2,517,000**

**Other State Funds: \$1,911,800**

**Total: \$13,039,400**

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

### ACCOMPLISHMENTS

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

During the first quarter of FY17, DHI welcomed a new Division Director, Joseph Foxhood. DHI also started reporting on several new population-based performance measures for FY17. DHI was also granted a Centers for Disease Control (CDC) Public Health Associate Program (PHAP) Fellow under a two year assignment which started on October 3, 2016. The associate will be working on a variety of DHI regulations, policies, performance measures and other special initiatives.

Program Accomplishments this quarter include:

#### **Incident Management Bureau (IMB):**

- IMB is actively working to complete and meet its Jackson disengagement requirements. During the first quarter IMB submitted evidence of compliance to disengage from six Jackson evaluative components. So far, two of the six components have been reviewed by the Jackson Compliance Administrator and have been accepted and approved.
- IMB has also eliminated the backlog of old cases requiring closure.

#### **Quality Management Bureau (QMB):**

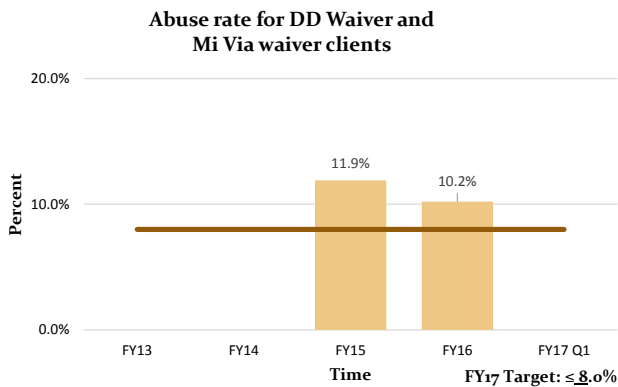
- During the first quarter, QMB continued to improve in reducing the time to write, edit, and distribute the survey Report of Findings improving the percent of survey reports issued within 20 days from 59% to 85%\* to date.  
*\*Based on available data for reports completed and due within the quarter (two reports' cycle time cross the quarter and are still in process).*
- QMB is continuing to partner with DOH IT to develop a new QMB database., Data on standards, regulations, policies and other requirements are now being entered into the beta version, and full implementation is expected in January, 2017.

#### **Health Facility Licensing: District Operations and Program Operations:**

- Completed the Federal Nursing Home Survey workload for the Federal Fiscal year ending September 30, 2016.
- All mission critical surveyor positions have been filled in three of four districts.
- Three recently hired Surveyors have completed and passed the Surveyors Minimum Qualification Test (SMQT) Federal Surveyor Competency protocol.
- DHI presented statewide nursing home survey data to the 2016 New Mexico Nursing Home Provider's Association annual conference. The data presented included detailed information of deficiency trends and best practice models.
- In an effort to improve long-term nursing care services to residents statewide, DHI has initiated a new effort focused on communication and collaboration with leadership representatives from some of the largest nursing home providers in New Mexico.
- DHI passed its most recent Federal Focus Evaluation Survey.

## PROGRAM AREA 008: Health Improvement

### Abuse rate for DD Waiver and Mi Via waiver clients



#### Partners

- Developmental Disabilities Supports Division (DDSD)
- Human Services Division (HSD)
- Community-based Providers
- Jackson Compliance Administrator (JCA)

#### Story Behind the Data

- Individuals with Intellectual and/or Developmental Disabilities (I/DD) are a diverse group of people with many different challenges and vulnerabilities.
- This is important because many adults with I/DD are unable to recognize danger, understand their rights, and protect themselves against actions or inactions that are illegal, abusive, or threatening to their health and wellbeing. Historically, people with I/DD have been discriminated against because of their disabilities, separated from society-at-large and denied opportunities for education and other life experiences.
- Abuse, neglect, and exploitation (ANE) of individuals with I/DD has a direct impact on their quality of life and results in increased emergency room visits, additional medications, and related medical treatment. The Incident Management Bureau (IMB) has worked with the Jackson Compliance Administrator and consultants to develop and implement a new ANE training. The new ANE training focuses on recognizing and reporting ANE and uses a train-the-trainer model with a focus on adult learning styles and a competency based evaluation.
- At the close of FY16, the abuse rate was 10.2%, down from 11.9% in FY15. During FY17-Q1, IMB successfully closed all outstanding ANE investigations.
- Data for FY17-Q1 will be available at the close of FY17-Q2.

#### Action Plan

- Q1: Complete and close all outstanding ANE investigations—Completed.
- Q2: Develop a new on-line annual recertification training on recognizing and reporting ANE.
- Q3: Continue development and pilot of a new on-line annual recertification training on recognizing and reporting ANE. Conduct fidelity monitoring or checks of certified trainers on ANE curriculum.
- Q4: Implement a new on-line annual recertification training on recognizing and reporting ANE.



## 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.



### **FY17 OPERATING BUDGET:**

**Other State Funds: \$1,513,200**

**Total: \$1,513,200**

## **PROGRAM AREA 787: Medical Cannabis**

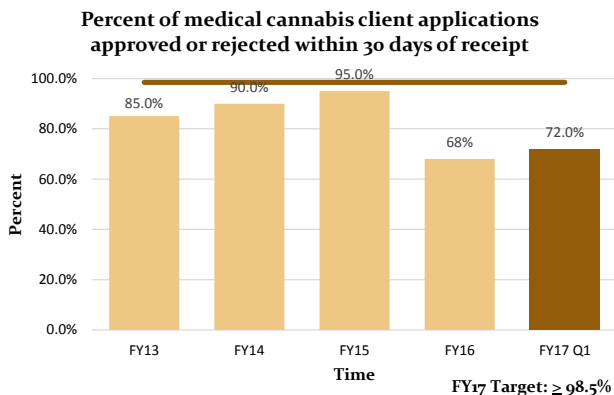
### **ACCOMPLISHMENTS**

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

- Reduced the average processing times for application from 42 days in July 2016 to 26 days in September 2016.
- Streamlined the application approval process by having staff members handle the application from beginning to end.
- Began the hiring process for five new permanent employees.

## PROGRAM AREA 787: Medical Cannabis

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



#### Story Behind the Data

- The Lynn and Erin Compassionate Use Act (the Act), which was passed in 2007, allows individuals with debilitating conditions to use medical cannabis as an alternate form of relief. About 25 states across the country now have medical cannabis programs.
- Timely review of and approval of applications is important to ensure patients have safe access to medicine.
- During the first quarter of 2017, the Medical Cannabis Program (MCP) improved average processing times for completed applications from 42 days in July to 26 days in September. This was as a result of an increase in temporary employees and a new streamlined process to approve applications.
- The average processing time was impacted this quarter due to the volume of applications. The program was under 30 days processing effective August 20, 2016 and continues to work diligently to maintain the 30 days processing time.
- While MCP did not meet its goal of approving or denying 98.5% of completed applications in 30 days, the program will continue to look for ways to streamline the approval process of applications, review the application process for patients. In the second quarter, there will be additional permanent employees trained to process applications.

#### Partners

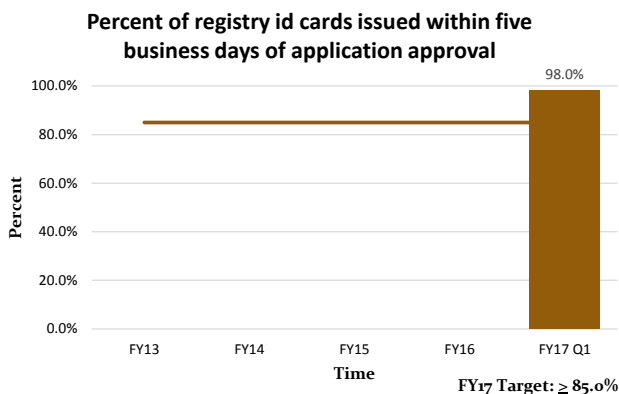
- Patients and their families; caregivers
- Advocates
- Licensed non-profit producers (LNPP)
- Licensed couriers, manufacturers and labs
- Legislature
- Medical and Nursing Boards
- Medical practitioner associations
- NMDOH and private IT networking and expertise
- State and local law enforcement
- BioTrack software

#### Action Plan

- Q1: Review current application process and identify strategies to expedite review and approval of applications. Begin the hiring process for five employees in the Patient Services Program. In progress.
- Q2: Hire and train five new staff.
- Q3: Develop electronic submission of application process.
- Q4: Identify a strategy for electronic records storage.

## PROGRAM AREA 787: Medical Cannabis

### Percent of registry identification cards issued within 5 business days of application approval



#### Story Behind the Data

- About 25 states allow for the use of medical cannabis. In New Mexico, there are 21 qualifying conditions to become a patient in the program. The Lynn and Erin Compassionate Use Act allows for the use of medical cannabis to provide individuals relief from debilitating conditions.
- Ensuring registry identification cards are issued within five business days of an application being approved helps patients with access to safe medicine.
- The Medical Cannabis Program met the FY17-Q1 target of 85 percent. Ninety-eight percent of patient registry ID cards were printed and mailed within five days of an application being approved.
- The day an application is approved, the registry identification card is printed. The card is mailed within 24 to 48 hours after printing.
- As patient enrollment increases, the program will continue to utilize the process currently in place and explore opportunities for commercial printing of cards.

#### Partners

- Patients and their families, caregivers
- Advocates
- Licensed Non-Profit Producers
- Licensed Manufacturers, Labs and Courier Services
- Medical and Nursing Boards
- Medical practitioner associations
- NMDOH and private IT networking and expertise
- Legislature
- State and local law enforcement
- BioTrack THC

#### Action Plan

- Q1: Explore options for printing of cards off site. In progress.
- Q2: Review current mailing process and develop standard operating procedures for application approval and printing of registry id cards.
- Q3: Develop a plan for printing cards offsite.
- Q4: Identify systems within the software utilized by the program that will allow enrollees to see when their identification card was mailed.

# NOTES



**New Mexico Department of Health  
Vision**

*A Healthier New Mexico!*



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