



New Mexico Department of Health
FY17 Quarter 3
Key Performance Measures Report

January 1, 2017—March 31, 2017

Lynn Gallagher, Cabinet Secretary

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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: \$287,558,800

Other Transfers: \$32,931,700

Federal Funds: \$110,435,900

Other State Funds: \$112,897,500

Fund Balance: \$2,952,000

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

Supports Services

(800) 283-5548

Health Certification Licensing Oversight

(505) 476-9093

Public Health

(505) 827-2389

At-A-Glance

| Performance Measure | FY13 | FY14 | FY15 | FY16 | FY17 Q1 | FY17 Q2 | FY17 Q3 | FY17 Target |
|---|-------------|-------------|-------------|-------------|--------------------|--------------------|--------------------|------------------------|
| Public Health (P002) | | | | | | | | |
| Number of high school youth trained in the Evolvement youth engagement program to implement tobacco projects in their school/community (Cumulative, year-to-date) | | | | | 0 | 187 | 273 | ≥ 350 |
| Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up | 33.0% | 32.0% | 31.5% | 32.5% | 33.7% | 26.1% | 35.0% | ≥ 33% |
| Number of teens ages 15-17 receiving family planning services in DOH funded clinics | 3,678 | 2,717 | 1,334 | 1,405 | 588 | 961 | 935 | ≥ 3,616 |
| Percent of female clients ages 15-17 seen in DOH public health offices who are given effective contraceptives | 65.0% | 53.0% | 54.6% | 56.0% | 59.5% | 56.3% | 62.9% | ≥ 66% |
| Epidemiology and Response (P003) | | | | | | | | |
| Ratio of infant pertussis rate to total pertussis rate | 6.0 | 4.5 | 7.3 | 6.1 | 13.2 | 6.0 | 8.2 | ≤ 4.4 |
| Percent of vital records front counter customers who are satisfied with the service they received | | 80.0% | 97.6% | 95.3% | 93.2% | 95.9% | No Data | ≥ 95% |
| Percent of retail pharmacies that dispense naloxone (Cumulative, year-to-date) | | 3.9% | 12.5% | | 23.0% | 27.0% | 32.0% | ≥ 40% |
| Percent of New Mexico hospitals certified for stroke care | | 6.8% | 9.3% | 9.3% | 14.0% | 14.0% | 14.0% | ≥ 14% |
| Number of New Mexicans who have completed an evidence-based or evidence-supported sexual assault primary prevention program | | | | | 745 | 2,585 | 2,082 | ≥ 2,500 |
| Percent of NM population served by methods other than open points of dispensing (POD) for antibiotics/or vaccinations in the event of a public health emergency | | | | | 11.5% | 11.5% | 12.2% | ≥ 10% |
| Scientific Laboratory (P004) | | | | | | | | |
| Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within fifteen calendar days | | | 93.6% | 85.2% | 83.1% | 71.6% | 27.8% | ≥ 90% |

| At-A-Glance | | | | | | | | |
|--|-------|-------|-------|-------|---------------|---------------|---------------|---------------|
| Performance Measure | FY13 | FY14 | FY15 | FY16 | FY17 Q1 | FY17 Q2 | FY17 Q3 | FY17 Target |
| Office of Facilities Management (Poo6) | | | | | | | | |
| Percent of eligible third-party revenue collected at all agency facilities | 56.6% | 91.2% | 88.0% | 93.8% | 88.0% | 92.0% | 92.0% | ≥ 92% |
| Vacancy rate for direct care positions | | | | | 22% | 24% | 22% | ≤ 10% |
| Number of falls resulting in major injury per 1,000 long-term care patient days | | | | | 0.2 per 1,000 | 0.2 per 1,000 | 0.1 per 1,000 | ≤ 3 per 1,000 |
| Developmental Disabilities Supports (Poo7) | | | | | | | | |
| 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% | 73.0% | 92.2% | ≥ 95% |
| Percent of adults receiving community inclusion services through the DD Waiver who receive employment services | 30.0% | 27.0% | 29.0% | 36.0% | 34.0% | 35.0% | 36.0% | ≥ 33% |
| Number of individuals receiving developmental disabilities waiver services | 3,829 | 4,403 | 4,610 | 4,660 | 4,619 | 4,635 | 4,644 | ≥ 4,700 |
| Number of individuals on the developmental disabilities waiver waiting list | 6,248 | 6,133 | 6,365 | 6,526 | 6,529 | 6,580 | 6,775 | ≤ 6,300 |
| Health Improvement (Poo8) | | | | | | | | |
| Abuse rate for DD Waiver and Mi Via waiver clients | | | | | 6.2% | 6.1% | | ≤ 8% |
| Medical Cannabis (P787) | | | | | | | | |
| Percent of complete medical cannabis client applications approved or denied within thirty calendar days of receipt | 85.0% | 90.0% | 95.0% | 68.0% | 72.0% | 92.0% | 99.0% | ≥ 98.5% |
| Percent of registry identification cards issued within five days of application approval | | | | | 98% | 99.0% | 99.0% | ≥ 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: \$51,446,700

Other Transfers: \$16,590,300

Federal Funds: \$72,586,900

Other State Funds: \$34,079,200

Fund Balance: \$2,952,000

Total: \$177,655,100

PROGRAM AREA 002: Public Health

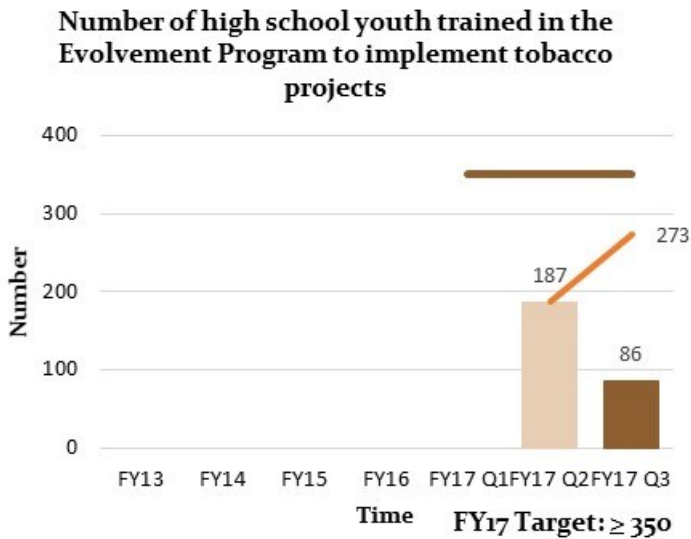
ACCOMPLISHMENTS

During the third quarter of FY17, some of the Public Health Division's accomplishments included:

- The Southeast Region Disease Prevention and Health Promotion Teams' community partner training efforts in Lincoln County resulted in that county's decision to fully support the purchase of naloxone for their county law enforcement officers. Similar efforts also prompted Lea and Lincoln counties to launch naloxone pilot programs.
- The Association of Maternal and Child Health Programs accepted a proposal from Children's Medical Services to participate in an Action Learning Collaborative in partnership with the National Academy for State Health Policy and with support from the Lucile Packard Foundation for Children's Health, and other state teams interested in receiving peer-to-peer technical assistance in adopting the National Standards for Systems of Care for Children and Youth with Special Health Care Needs to improve their state system of care for this population of children.
- The Northeast Region completed MyCD workshops for residents in Los Alamos and Colfax counties. MyCD is a six-week long chronic disease self-management course for people with a chronic disease or people who care for someone with a chronic disease. The Santa Fe Southside WIC office opened a satellite office on the northeast side of town in March 2017. This site will provide easy access to WIC program benefits for people working in the South Capital area and people who live in Pojoaque, Tesuque, and other small communities north of town. The newly opened WIC clinic is scheduled every second Tuesday of the month.
- The Maternal Health Program (MHP) completed the award cycle for the Birthing Workforce Retention Fund, which is a financial incentive to retain birthing providers (midwives and doctors) in the state. The award is given to these providers and/or their practices to use towards malpractice liability insurance premiums. MHP received 13 applications and awarded seven providers/provider practices \$10,000 each.
- MHP processed 24 midwife licensure applications and 10 certified nurse-midwife licenses that were up for renewal in March 2017; the applications were processed in a timely manner, which supports the retention of qualified midwifery providers in the state.

PROGRAM AREA 002: Public Health

Number of high school youth trained in the Evolvment youth engagement program to implement tobacco projects in their school/ community



Partners

- Rescue (The Behavior Change Agency)
- NM School Districts
- NM Public Education Department
- Community-based Organizations
- NMDOH Public Health Promotion Teams

Story Behind the Data

- Youth cigarette smoking is at a historic low in New Mexico (11.4%), comparable to the national youth smoking rate (10.8%).
- Reducing smoking among youth is important because it is the leading cause of preventable death, and 90% of adult smokers start before age 18.
- An additional 86 youth statewide were trained in Evolvment youth engagement in FY17-Q3, bringing the total number trained so far this fiscal year to 273 (of the 350 target).
- FY17-Q3 efforts included strong recruitment and follow-up activities in targeted school districts. Three new schools joined the Evolvment Program (Silver, Cleveland, and Los Lunas High Schools). Also, there were ongoing relationships and provision of technical assistance to the ten previously recruited schools.
- The Tobacco Use Prevention and Control (TUPAC) Program and Rescue, which oversees Evolvment program activities, will ensure ongoing support and communication with recruited schools, as well as planning and implementing additional training in FY17-Q4 before the end of the school year.

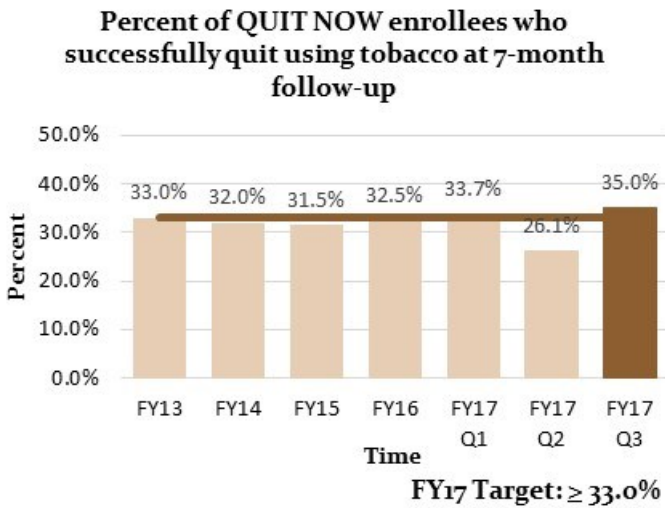
Action Plan

Train a total of 350 youth in FY17 by:

- Q1: Planning and recruiting youth into the Evolvment youth engagement program. Ongoing.
- Q2: Training 50 youth leaders. Met and exceeded Q2 milestone: 187 youth leaders trained.
- Q3: Training 63 youth leaders. Met and exceeded Q3 milestone: 86 youth leaders trained.
- Q4: Training 100 youth leaders.

PROGRAM AREA 002: Public Health

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



Partners

- Optum Health (tobacco cessation services provider)
- Media Matched (media contractor)
- TUPAC Evaluation Team
- TUPAC Statewide Contractor
- Health Care Providers

Story Behind the Data

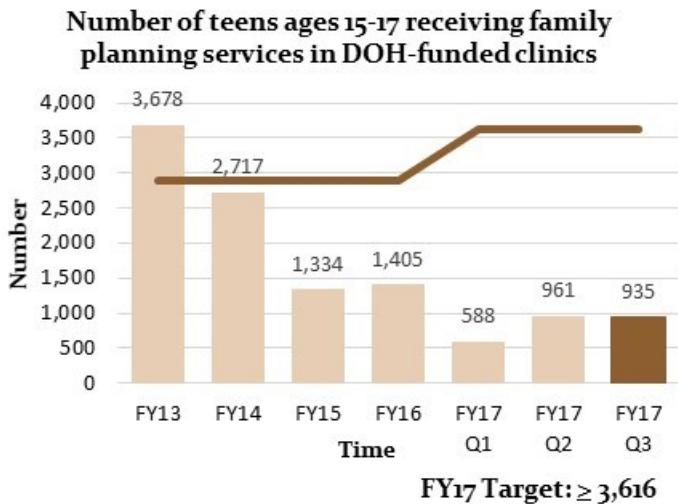
- The 7-month quit rate among smokers in the U.S. averages 29% and is usually slightly higher among New Mexicans (about 33%).
- Tracking quit rates at 7-month follow-up is important in measuring the effectiveness of quitting services and support.
- The FY17-Q3 smoking quit rate for New Mexicans using tobacco cessation services was 35.0%, which is an improvement over FY17-Q2 (26.1%) and higher than the target of 33%.
- Although tobacco cessation services were scaled back toward the end of FY16, interested tobacco users' name and contact information were still collected, and they were immediately contacted at the beginning of FY17 to complete their enrollments and begin receiving the full suite of services.
- The TUPAC Program is closely tracking use of cessation services and adjusting state-level promotion of services to account for any additional national promotion by the Centers for Disease Control and Prevention (CDC). In addition, the TUPAC Program is evaluating program data to determine whether any adjustments to cessation services are needed in Q4 of FY17.

Action Plan

- Q1: 33% of QUIT NOW enrollees successfully quit using tobacco at their 7-month follow-up. Met: 33.7%
- Q2: 33% of QUIT NOW enrollees successfully quit using tobacco at their 7-month follow-up. Did not meet: 26.1%.
- Q3: 33% of QUIT NOW enrollees successfully quit using tobacco at their 7-month follow-up. Met: 35.0%
- Q4: 33% of QUIT NOW enrollees successfully quit using tobacco at their 7-month follow-up.

PROGRAM AREA 002: Public Health

Number of teens ages 15-17 receiving family planning services in DOH-funded clinics



Partners

- Primary care clinics
- Community-based clinical providers
- Schools, 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

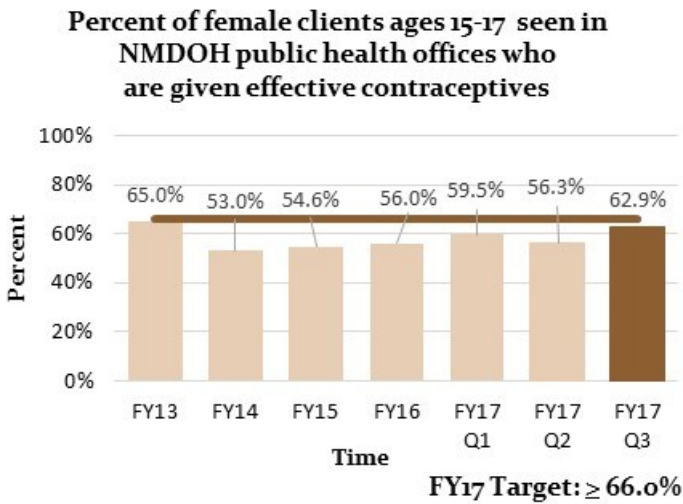
- Since 2010, the teen birth rate in New Mexico (NM) for 15-17 year olds has declined by 43%, to 17.1 per 1,000 in 2015, which is greater than the national decline of 42.8% between the same years; the national rate in 2015 was 9.9 per 1,000.
- A decreasing teen birth rate can be attributed to aspects of NM Family Planning Program (FPP)'s goals: increasing the use of effective contraceptives and providing educational programming to teens.
- 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 PHOs and community health clinics across the state by supporting the provision of evidence-based family planning clinical services.
- It is not expected that NM FPP will meet the target set by DFA/LFC, as our client count has been dropping each year for multiple reasons including Public Health Offices offering limited hours of service and the increased reliance by teens on highly-effective, low-maintenance contraceptive methods that do not require annual reproductive health visits.

Action Plan

- Q1: Provided family planning services to at least 450 teens aged 15-17 years. Completed.
- Q2: Provided family planning services to at least 450 teens aged 15-17 years. Completed.
- Q3: Provide family planning services to at least 450 teens aged 15-17 years. Completed.
- Q4: Provide family planning services to at least 450 teens aged 15-17 years.

PROGRAM AREA 002: Public Health

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



Story Behind the Data

- Since 2010, the teen birth rate in New Mexico for 15-17 year olds has declined by 43% to 17.1 per 1,000 in 2015, which is greater than the national decline of 35% between the same years.
- 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.
- NM FPP is committed to providing year-round services at local PHOs and community health clinics across the state by supporting the provision of evidence-based family planning clinical services and by increasing knowledge about and awareness of availability of highly- and moderately-effective contraceptives in this population.

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

Action Plan

- Q1: At least 55.6% of female clients ages 15-17 seen in NMDOH public health offices will be given highly- or moderately-effective contraceptives. Met.
- Q2: At least 55.6% of female clients ages 15-17 seen in NMDOH public health offices will be given highly- or moderately-effective contraceptives. Met.
- Q3: At least 55.6% of female clients ages 15-17 seen in NMDOH public health offices will be given highly- or moderately-effective contraceptives. Met.
- Q4: At least 55.6% of female clients ages 15-17 seen in NMDOH public health offices will be given highly- or moderately-effective contraceptives.

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: \$12,779,200

Other Transfers: \$801,487

Federal Funds: \$17,697,680

Other State Funds: \$387,032

Total: \$31,665,339

PROGRAM AREA 003: Epidemiology and Response

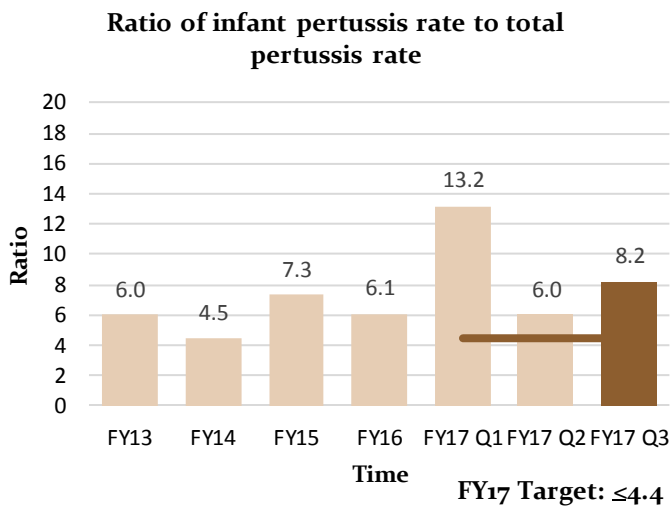
ACCOMPLISHMENTS

During the third quarter of FY17, some of the Epidemiology and Response Division's (ERD's) accomplishments included:

- In November 2016, New Mexico began issuing driver's licenses and identification cards that comply with the federal Real ID Act of 2005. The Real ID Act requires that a person provide proof of identity to obtain a driver's license or identification card. Because a birth certificate meets this requirement, the Bureau of Vital Records and Health Statistics experienced a large increase in requests for birth certificates in the first quarter of 2017 compared to the same quarter last year. Increases occurred in the following areas: birth certificate issuance at the counter (100%), birth certificate issuance via mail (120%), credit card orders (135%), and delayed birth registrations (400%).
- The Department was recognized for its efforts in drug overdose prevention when the state's drug overdose death ranking fell from the 2nd highest in the nation to the 8th highest. This is the first time that NM has been out of the top three since the Department began reporting drug overdose deaths.
- The Health Systems Epidemiology Program worked closely with the New Mexico Health Information Collaborative (NMHIC) to initiate onboarding the DaVita Medical Group (formerly ABQ Health Partners) to the CDC National Syndromic Surveillance Program (NSSP, formerly BioSense). For the first quarter of 2017, DaVita Medical Group had approximately 130,000 syndromic records from 97 clinics (including urgent care facilities) in 15 locations in the Albuquerque metropolitan area.
- The Emergency Medical Systems (EMS) Bureau licensing staff completed the renewal of 2,843 EMS licenses during the third quarter, completing 1,790 criminal background checks as part of that renewal process.
- The Environmental Health Epidemiology Bureau and the Health Systems Epidemiology Program successfully implemented the transition between ICD-9 coding to ICD-10 for both NM emergency department and hospitalization data.
- The Health Alert Network (HAN) is the Department's main approach to alert health care providers and others of key information to help address public health emergencies and outbreaks of disease. The Bureau of Health Emergency Management has implemented an ongoing evaluation of the HAN, and initial survey results showed that 83% of persons receiving the HAN found it useful.
- The Infectious Disease Epidemiology Bureau and regional staff from the Public Health Division investigated and intervened in 15 influenza and 11 gastrointestinal illness outbreaks this quarter.

PROGRAM AREA 003: Epidemiology and Response

Ratio of infant pertussis rate to total pertussis rate



Story Behind the Data

- Pertussis (whooping cough) is a relatively common vaccine preventable disease.
- Despite generally high childhood vaccination rates, and the introduction of an adolescent/adult pertussis vaccine (Tdap), the burden of disease among all age groups has increased. Given limited resources and the severity among infants, the focus is on strategies that decrease the proportion of infant cases.
- In Q3 for FY17, infants were eight times more likely than the total population to have a reported pertussis infection. This was an improvement from Q1 (13 times more likely) and progress towards meeting the goal of improving the ratio of infant pertussis rate to total pertussis rate to the FY17 target of 4.4. Challenges include community-wide outbreaks throughout the state, which have recently occurred, and changes in lab testing methods which make collecting clinical samples to better understand possible genetic changes to the bacteria nearly impossible.
- Public health nurses and epidemiologists conducting public health investigations of pertussis will continue to collaborate to assure surge capacity and participate in special studies to better understand prevention and control of this contagious respiratory disease.

Partners

- NM Immunization 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

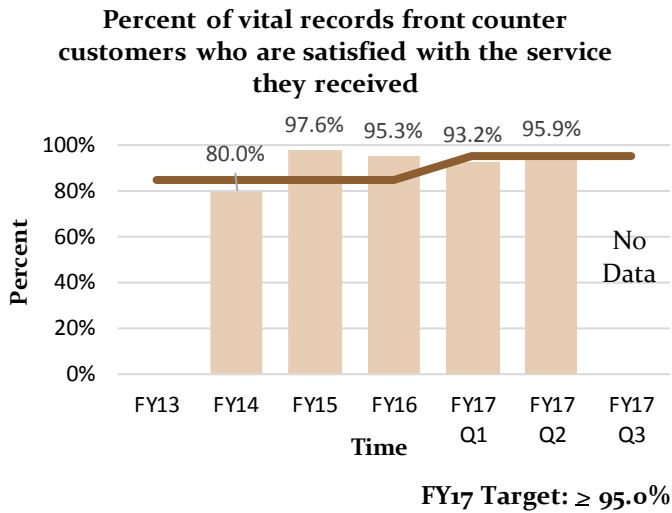
Action Plan

The Infectious Disease Epidemiology Bureau (IDEB) will work to decrease the ratio of infant pertussis rate to total pertussis rate to the FY 17 target of 4.4 by:

- Q1: Train all IDEB on-call staff in the use of the new Statewide Immunization Information System (NMSIIS) platform to allow for pertussis vaccination verification during pertussis investigations. In progress.
- Q2: Conduct a training on how to conduct pertussis investigations with public health nurses to assure provision of post-exposure prophylaxis to contacts of cases. Completed January 2017.
- Q3: Create a fact sheet to educate community members on the epidemiology of pertussis in New Mexico. Completed.
- Q4: IDEB staff will give an education presentation on pertussis to an outside organization such as the New Mexico Vaccine Coalition or New Mexico Immunization Practices Advisory Committee to further promote vaccine uptake.

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, from \$5 to \$10 for a death or birth certificate 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.
- At this time, only the Santa Fe office is conducting the customer satisfaction survey. This survey consists of a single question: "Please let us know how we did in serving you today." A single question survey is simple, low-cost, and accessible for all customers, including those with limited literacy skills.
- The Vital Records office experienced a significant increase in customers due to the implementation of the Real ID Act driver's license by MVD in November 2016. In order to serve these customers, the Vital Records office implemented a new procedure for processing the large volume of birth certificate requests. The procedure successfully relieved congestion in the front lobby and provided better customer service for New Mexicans. However, due to the surge in the demand for birth certificates, implementation of the customer satisfaction survey was suspended during FY17-Q3.

Partners

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

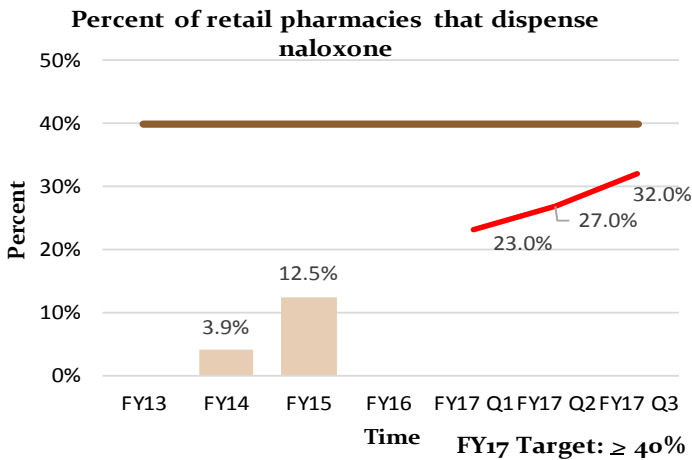
Action Plan

The Bureau of Vital Records and Health Statistics will work to increase customer satisfaction to the FY17 target of 95% by achieving the following quarterly milestones:

- Q1: Achieve a customer satisfaction rating of 90% or higher using a short survey in English and Spanish. Achieved for Q1.
- Q2: Analyze the data from Q1 to determine the time of day that is busiest with customers so that vital records can supplement the front counter with additional staff. Due to the implementation of the Real ID driver's license, the volume of customers has caused the office to be continually busy all day long. Achieved for Q2.
- Q3: Pilot test a new procedure for processing large birth requests, such as Tribal Enrollment Officer requests, by moving those requests to the back office for processing. In Process.
- Q4: Conduct the customer satisfaction survey in the Albuquerque office and establish a quarterly baseline for the Albuquerque office.

PROGRAM AREA 003: Epidemiology and Response

Percent of retail pharmacies that dispense naloxone



Story Behind the Data

- New Mexico had the second highest drug overdose death rate in the nation in 2014. Naloxone is a safe and effective medication that reverses the effects of prescription opioids and heroin, thereby preventing opioid overdose death.
- In 2014, the NM Board of Pharmacy approved pharmacist prescriptive authority for naloxone. The Human Services Department expanded the state Medicaid plan to include coverage of intranasal naloxone to make it available and accessible to Medicaid patients in pharmacies statewide.
- Through Q3 of FY17, the substance abuse epidemiologists tracked naloxone dispensed from outpatient (retail) pharmacies using Medicaid claims data and 32% of retail pharmacies dispensed naloxone, just shy of achieving the Q3 milestone of 35%.
- In Medicaid claims data for July 2016 through March 27, 2017, 112 of 346 retail pharmacies dispensed naloxone.
- The Statewide Overdose Prevention Coordinator provided technical assistance to numerous pharmacies with billing questions about naloxone.

Partners

- New Mexico Board of Pharmacy
- Human Services Department - Office of Substance Abuse and Prevention
- Human Services Department - Medicaid
- New Mexico Pharmacists' Association
- Local community and chain pharmacies and pharmacists
- Local managed care organizations and insurance payers
- Pharmacy wholesalers (currently being explored)
- University of New Mexico College of Pharmacy
- Southwest CARE Center Pharmacy

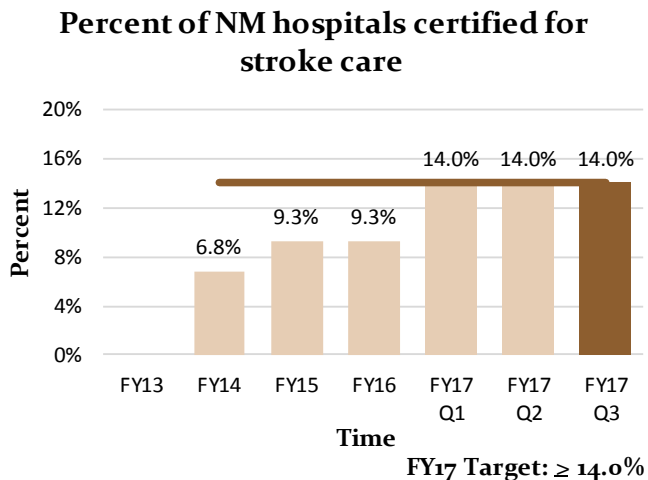
Action Plan

NMDOH's Prescription Drug Overdose Prevention Program within the Infectious Disease Epidemiology Bureau (IBEB) will work to increase the percent of retail pharmacies that dispense naloxone to reach the FY17 target of 40% as follows:

- Q1: 15% of retail pharmacies dispensed naloxone. Exceeded for Q1 at 23%.
- Q1-Q2: 25% of retail pharmacies dispensed naloxone. Exceeded for Q2 at 27%.
- Q1-Q3: 35% of retail pharmacies dispensed naloxone. Missed for Q3 at 32%.
- Q1-Q4: 40% of retail pharmacies dispensed naloxone.

PROGRAM AREA 003: Epidemiology and Response

Percent of New Mexico hospitals certified for stroke care



Story Behind the Data

- In the US and NM, stroke is the fifth leading cause of death and a leading cause of adult disability. There are three levels of stroke center certification. Six out of 43 acute care hospitals (14%) in NM are certified for stroke care, and six submit their data to the American Heart Association (AHA) Get with the Guidelines (GWTG) Stroke Registry.
- A benefit to communities is for patients to be directed in a timely manner to the nearest certified stroke care hospital. Stroke care center designation cannot be awarded until stroke data is submitted to a national registry, enabling facilities to analyze and improve health care outcomes.
- In Q3 of FY17, Rebooth McKinley Christian Hospital expressed interest in becoming an Acute Stroke Ready Hospital (ASRH). This would be the only hospital in McKinley County to have this certification to provide stroke care in emergencies.
- There is a benchmarking group for stroke data for the six hospitals now submitting data to the GWTG -Stroke Registry who can now review blinded data from American Heart Association for process improvement in stroke care.
- Continued outreach to rural facilities will occur statewide.

Partners

- NMDOH Public Health Division Chronic Disease Bureau, Million Hearts Program
- NMDOH Epidemiology and Response Division 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
- EMS agencies
- American Heart Association
- American College of Cardiology

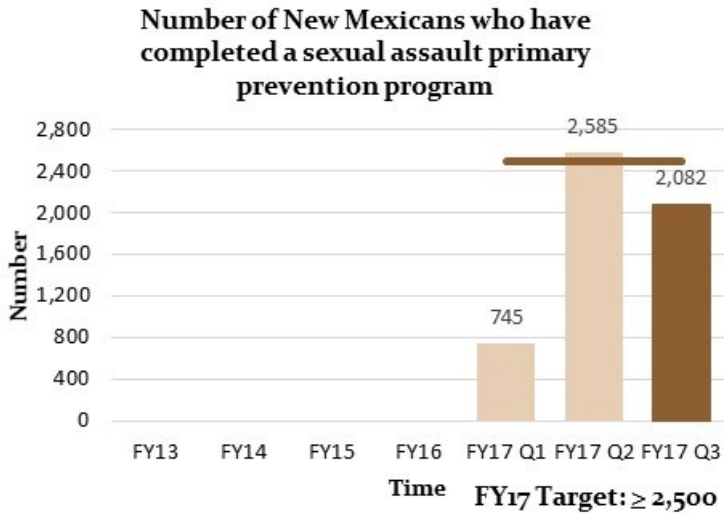
Action Plan

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 two hospitals in the southern and central regions with national data registry and participation in stroke system of care activities. Completed.
- Q2: Assist at least two new hospitals in the southern or central region not reporting to GWTG to begin reporting their data directly to the EMS Bureau for quality improvement and benchmarking. Completed.
- Q3: Identify at least one hospital capable of becoming acute stroke ready by working with the University of New Mexico (UNM) Health System's Center for Telehealth. Completed.
- Q4: Continue outreach at quarterly meetings and document success stories to disseminate to hospitals for their use.

PROGRAM AREA 003: Epidemiology and Response

Number of New Mexicans who have completed an evidence-based or evidence-supported sexual assault primary prevention program



Story Behind the Data

- Sexual assault (also called rape, sexual violence, or sexual abuse) is any type of sexual activity to which a person does not consent. Sexual assault is never a victim's fault. It can happen to anyone.
- Findings from the National Intimate Partner and Sexual Violence Survey show that sexual violence in youth, without appropriate trauma-informed interventions, can result in immediate and lifelong consequences, including poor physical, emotional, behavioral and social health, future violence victimization, or future violence perpetration, which continues the cycle in adulthood. Sexual violence can be prevented and efforts are best focused on stopping sexual violence before it starts.
- In FY17-Q3, evidence-based primary prevention education reached 2,082 youth in New Mexico. Cumulatively, the program has delivered evidence-based primary prevention education to 4,667 youth statewide.
- IBEB continues to work with partners to lower the sexual assault rate by implementing multi-level prevention strategies such as a sexual violence primary prevention program.
- A sexual violence prevention coordinator is actively being hired to continue implementation of NM – Sexual Violence Free: A Statewide Strategic Plan for the Primary Prevention of Sexual Violence 2015-2020.

Partners

- NM Coalition of Sexual Assault Programs; Rape Crisis Center of Central New Mexico; Community Against Violence; La Pinon Sexual Trauma and Recovery Center; Solace Crisis Treatment Center; Sexual Assault Services of NW New Mexico; TEWA Women United; IMPACT Personal Safety; Arise; Silver Regional Sexual Assault Services; Valencia Shelter Services; Aging and Long Term Service Department- Adult Protective Services; Attorney General's Office; NM Asian Family Center; UNM Prevention Resource Center; Fierce Pride; Disability Advisory Group about Tobacco/Sexual Assault; NM Crime Victims Reparation Commission; CYFD - Domestic Violence; NM Coalition Against Domestic Violence; NM Public Education Department.

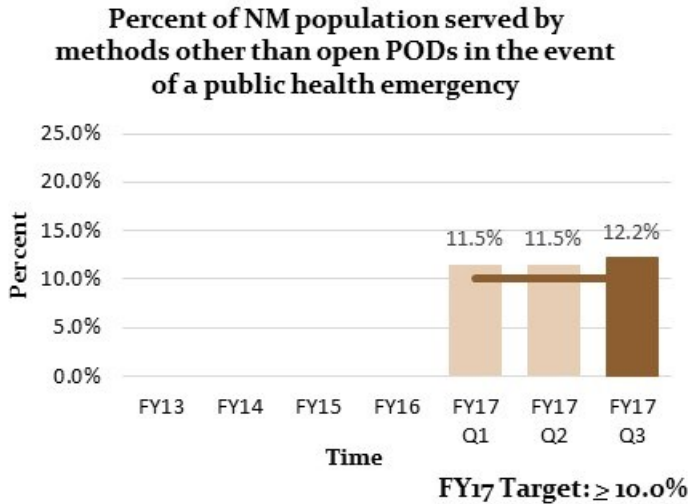
Action Plan

The IBEB Sexual Violence Prevention Program will work with partners to lower the sexual assault rate by training 3,000 New Mexicans (FY17 target = 2,500) on an evidence-based or evidence-supported sexual assault primary prevention program.

- Q1: Deliver evidence-based primary prevention programming to at least 500 youth in New Mexico. Exceeded Q1 milestone with 745 youth.
- Q2: Deliver evidence-based primary prevention programming to at least 1,000 youth in New Mexico. Provide technical assistance to six partners throughout the state working on environmental-level strategies for sexual violence prevention. Exceeded Q2 milestone with 2,585 youth.
- Q3: Deliver evidence-based primary prevention programming to at least 1,000 youth in New Mexico. Exceeded Q3 milestone with 2,082 youth.
- Q4: Deliver evidence-based primary prevention programming to at least 500 youth in New Mexico.

PROGRAM AREA 003: Epidemiology and Response

Percent of NM population served by methods other than open points of dispensing (POD) for antibiotics or vaccinations in the event of a public health emergency



Story Behind the Data

- The Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) emphasizes that pandemic influenza response is a public health responsibility.
- The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths in the U.S. between April 2009 and March 2010.
- In FY17-Q3, the population served by private partners increased to approximately 253,900 (12.2%). The New Mexico Gas Company (NMGCO) signed an agreement with NMDOH as a closed POD partner.
- Efforts to increase the state's population served by closed PODs continues through bringing awareness at stakeholder meetings and conferences. BHEM staff presented at New Mexico's annual Pharmacy Association Conference and was given support by the NM Board of Pharmacy for moving forward on developing closed POD partnerships with commercial/retail pharmacies in the state, which will also provide resources for public mass immunization operations. We anticipate that this partnership will help to increase our capabilities for mass prophylaxis events.
- BHEM staff have also initiated contact with Immigration and Customs Enforcement (ICE) staff for the development of a closed POD at the ICE Complex in Albuquerque. This would serve federal employees from several law enforcement agencies.

Partners

- NMDOH and statewide health care organizations
- Counties and municipalities
- Private sector businesses
- U.S. Department of Defense and federal installations
- Other state agencies

Action Plan

- Q1: Develop additional hospital closed POD plans that will increase the population served by closed PODs by over 30,000. Hold a meeting with the NMGCO to review a proposed closed POD plan that will serve another 2,100 state residents. Initiate a formal agreement. Completed.
- Q2: Collect information from Public Health Regions regarding progress on the identification and development of closed POD partnerships including the number to be served. Increase the state's population served by closed PODs to 32,000. Completed.
- Q3: Ascertain the results of regional closed POD partnering efforts. Calculate the increase and adjust recruitment efforts as needed to produce an 18,000 resident increase in those served by closed PODs. Completed.
- Q4: Recruit closed POD partners that will serve at least another 18,000 residents.

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: \$7,575,000

Other Transfers: \$1,168,400

Federal Funds: \$2,368,000

Other State Funds: \$1,368,200

Total: \$12,479,600

ACCOMPLISHMENTS

During the third quarter of FY17, some of SLD's accomplishments included:

Chemistry Bureau:

The Chemistry Bureau was approved to participate in the fourth of the EPA's Unregulated Contaminants Monitoring Rule (UCMR) projects. The three-year sampling period will begin in 2018 and will affect many public water supply systems in New Mexico. The Metals section at SLD successfully passed the first proficiency test for Manganese and Germanium. The Organics section is currently doing method development and will process proficiency samples later this year.

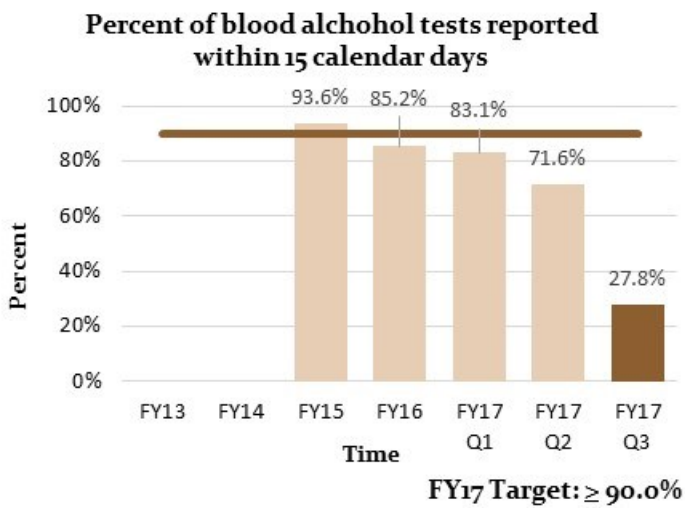
Biological Sciences Bureau:

The Biological Sciences Bureau had the following accomplishments:

- Completed bacterial sequencing test validation. This test will be able to identify bacteria that are difficult to identify. In particular, this test will be a faster, cheaper way to identify non-*Mycobacterium tuberculosis* (TB) bacteria.
- Tested 174 samples for the Pertussis outbreak from southwestern New Mexico, of which 27 were positive from November-February. At one point during the outbreak, the positivity rate was at 42% which is the highest seen at SLD since 2014. Pertussis, also known as Whooping Cough, causes a severe respiratory illness in young children that can lead to death.
- Implemented the revised Total Coliform Rule requirements for reporting drinking water test results. This new Rule has increased reporting requirements.
- Maintained turnaround times through aggressive cross-training between sections. This does compete with the effort to develop new tests and implement new technology.

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 calendar days



Story Behind the Data

- Nationally, New Mexico has the highest alcohol-related death rate since 1997.
- The Scientific Laboratory Division (SLD) Toxicology staff analyze samples for blood alcohol concentration (BAC) and drugs determining cause of impairment in drivers, as well as Office of Medical Investigator (OMI) samples for cause of death, and serve as court expert witnesses.
- In Quarter 3, 27.9% of BAC testing was reported out in 15 calendar days. Target is 90%.
- The target was not met due to duplicate testing per accreditation requirements which doubles testing time (started FY16-Q3). The Drug Screening Section was short-staffed by two people (in a section of seven analysts), as well as having a new person start at the beginning of FY17-Q1. NOTE: It takes over a year to become proficient in testing and to become competent for expert witness testimony. Subpoenas and Discovery Orders increased, 7% and 81% respectively. The Laboratory Information Management System upgrade was also being tested during this quarter.
- SLD strives to meet the FY17 Action Plan by addressing challenges. The Division endeavors to serve New Mexicans with the highest quality and most efficient program by filling staffing vacancies as budget allows.

Partners

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

Action Plan

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

PROGRAM AREA 006: Office of Facilities Management

Purpose:

The Office of Facilities Management (OFM) fulfills the NMDOH mission by overseeing six health care facilities and one community program; the safety net services provided throughout New Mexico include programs in mental health, substance abuse, long term care, and physical rehabilitation in both facility and community-based settings. Facility staff care for both New Mexico adult and adolescent residents who need continuous care 24 hours-a-day, 365 days-a-year. Most individuals served by 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 third quarter of FY17, some of OFM's accomplishments included:

Turquoise Lodge Hospital (TLH)

- Admitted 296 New Mexico residents into our Adult Detoxification program this quarter, resulting in a 92% occupancy rate for the hospital.
- Reduced the average number of days from approval of a priority client request for treatment (RFT) to first scheduling contact for admission to the hospital from 4.8 days to 1.5 days.
- Submitted an application for approval to provide intensive outpatient services for review by the Human Services Department.

New Mexico Behavioral Health Institute (NMBHI)

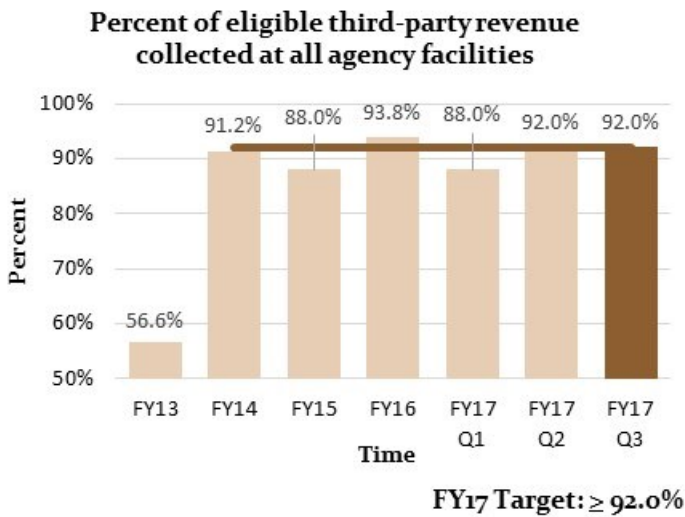
- CARE Unit received their annual Children, Youth & Families Department Survey, and from 03/07/2016 through 03/08/2017, there were no deficiencies found.
- Community Based Services Division received their annual Survey, and from 03/28/2017 through 03/31/2017, there were no deficiencies found.
- NMBHI is projecting that for FY17, third party revenue will increase by approximately \$500,000 in their Long-Term Care facility. This increase is attributed to an increase in the average census from 152 to 156.

New Mexico Rehabilitation Center (NMRC)

- In March 2017, NMRC filled a key vacancy with Shirley Donaldson, who was hired as the Financial Director. Ms. Donaldson comes to NMRC with 37 years of experience with financial management.

PROGRAM AREA 006: Office of Facilities Management

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



Partners

- Facility and community program financial managers and billing/collection staff
- Managed Care Organizations under Centennial Care
- Commercial insurance providers
- NMDOH Human Resources Bureau
- Veterans Administration
- Human Services Department (HSD)

Story Behind the Data

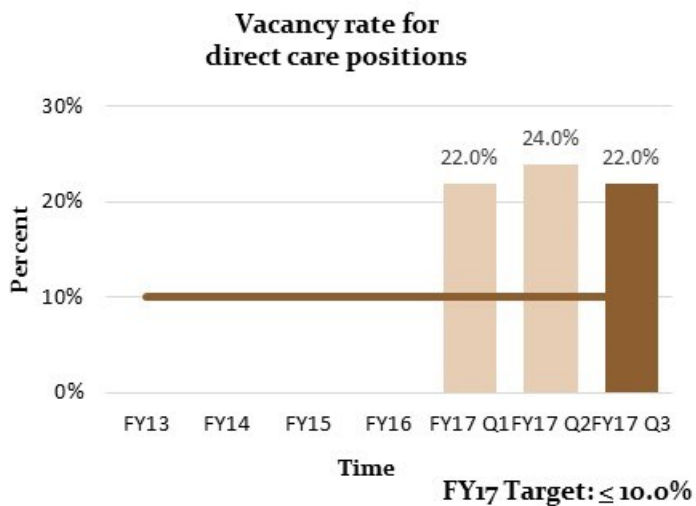
- The Affordable Care Act has increased the number of insured nationally. This puts more emphasis on third-party billing and collections.
- Collection of revenue is important to maintain services across the state. Greater revenue collection allows NMDOH to provide an enhanced level of care to our consumers.
- Our third-party collection rate for FY17-Q3 is 92%.
- Staffing challenges across NMDOH have limited our capacity to collect revenue timely and efficiently at each facility. Rejections of claims increased due primarily to changes in coding rules and regulations. An inability to recruit and/or retain highly skilled medical billing staff also contributed to the increase in claims rejected. Uncollectible write-off remains high across the facilities.
- Facilities continue to focus on revenue collection through weekly meetings with billing agents and with third-party payers. These meetings are facilitated by senior staff at the facilities and the NMDOH Administrative Services Division (ASD) to ensure timely collection of billable claims. Recruitment and retention remains a priority for revenue-generating positions, including medical coding and billing staff.

Action Plan

- Q1-Q4: Recognize revenue on a monthly basis following the new policy "Recording Patient Revenue and Accounts Receivable." In process.
- 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. In process.
- Q4: Careful review and appropriate collection efforts of aging medical claims prior to writing off revenue. In process.

PROGRAM AREA 006: Office of Facilities Management

Vacancy rate for direct care positions



Story Behind the Data

- There is a shortage in direct care providers nationwide.
- There are many consequences and costs associated with a high direct care vacancy rate. High vacancy rates can negatively impact a facility's ability to provide quality care, to accept new patients, and result in higher labor costs due to outsourced medical professional labor.
- NMDOH facilities and the community program in Los Lunas experienced a 22% vacancy rate among direct care positions during the third quarter of FY17.
- Recruitment and retention continue to be a challenge for the facilities. On the recruitment side we cannot quickly respond to changes in market rates for direct care positions. On the retention side it is our experience, through exit interviews, that a lack of career advancement opportunities and physically and emotionally difficult specialized care requirements contribute to the turnover of direct care staff.
- Facilities continue to focus on recruitment by holding rapid-hire events, attending career fairs, and advertising at local colleges. They also continue to focus on retention issues through the use of exit interviews to improve employee job satisfaction.

Partners

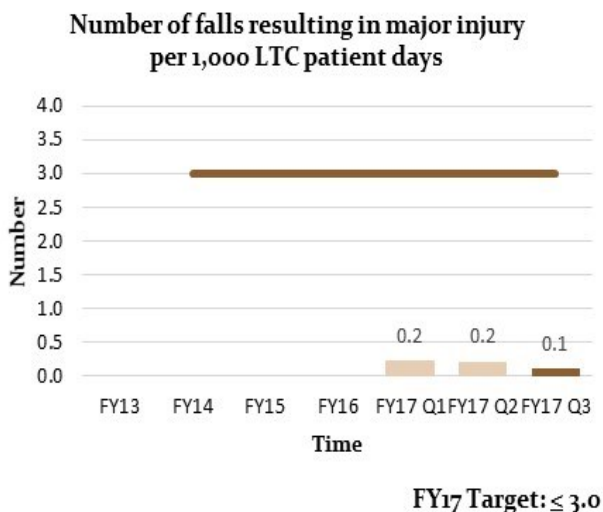
- State Personnel Office
- NMDOH Human Resource Bureau
- NMDOH Public Health Division
- Colleges and Universities

Action Plan

- Q1-Q4: Explore efficiencies in the way services can be provided and share talent and resources within the Department to utilize 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 area. In process.
- Q1-Q4: Hold frequent rapid-hire events to quickly fill direct care vacancies. 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 are common in long term care facilities and they often have serious consequences, especially in frail older residents. Falls are a major safety concern for long-term care facilities.
- Many long-term care facilities have falls programs in place, but recognize that there is always room for improvement. Tracking and prevention of falls with major injuries is a major effort within our long-term care facilities. While not all falls and injuries can be prevented, it is critical to have a systematic process of assessment, intervention, and monitoring to minimize fall risk.
- Falls data are aggregated across the three NMDOH long-term care facilities. The FY17-Q3 data follows:
 - ⇒ Total number of falls: 261
 - ⇒ Total number of falls with any injury: 81
 - ⇒ Total number of falls with major injury: 3
 - ⇒ Total number of resident days: 37,352
 - ⇒ Falls with major injury per 1,000 patient days: 0.1
- The long-term care facilities continue to exceed the goal and have improved over the first three quarters.
- Every new resident is assessed for fall risk. This information is then included in each individual residents' care plan, contributing to the success of this measure. It is a significant challenge to balance each resident's need for independence with the inherent risk for falls.
- Individual facilities, and treatment teams within the facilities, evaluate every fall to help determine the root cause of the fall and then incorporate interventions such as closer observation, assistance with transfers, etc. into the treatment plan.

Partners

- HealthInsight New Mexico is the Centers for Medicare and Medicaid Services contracted Quality Improvement Organization for New Mexico
- The Joint Commission on Accreditation of Health Care Organizations
- New Mexico Department of Veterans' Services
- NMDOH Division of Health Improvement
- Governing Body for facility oversight

Action Plan

Continuously implement successful strategies to maintain a very low incidence of falls resulting in major injury, with the goal of exceeding the target of 3 or fewer falls with major injury per 1,000 patient days every quarter.

- Q1: Q1 milestone was met, the outcome was below the target of 3.
- Q2: Q2 milestone had hoped to be below the Q1 outcome by 10%, this was not met as the outcome was unchanged. This milestone will be carried over to Q3.
- Q3: milestone was met, the number of falls resulting in major injury declined from 0.2 to 0.1 per 1,000 patient days.
- Q1 - Q4: Staff education, close observation, individualized care plans, and improvement of resident strength and balance will be ongoing indefinitely.

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

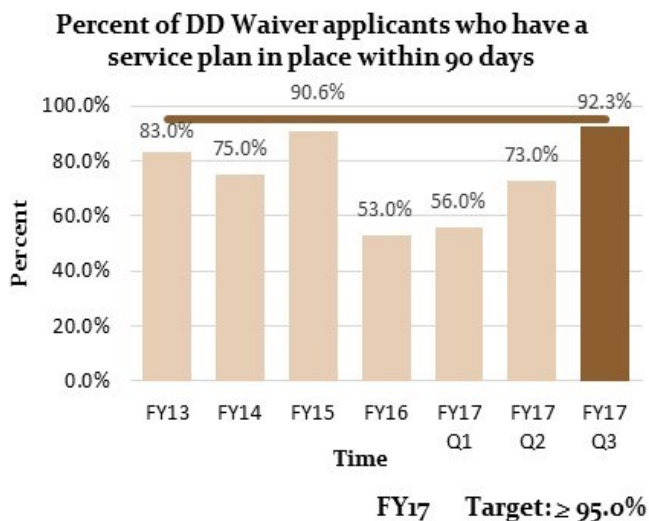
ACCOMPLISHMENTS

During the third quarter of FY17, some of DDS's accomplishments included:

- The Know Your Rights Steering Committee hosted 10 statewide Know Your Rights Campaign Town Hall Meetings for individuals with intellectual and developmental disabilities, families and guardians. Over 500 people attended.
- DDS and HSD submitted the Mi Via Waiver amendment to Centers for Medicare and Medicaid Services (CMS).
- Developmental Disabilities (DD) Waiver was revised, public comment received and the waiver renewal request was submitted to CMS.
- The NM Statewide Transition Plan regarding the CMS Final Rule: Home and Community Based Services (HCBS) Settings Requirements received its Initial Approval from CMS.
- Five expedited allocations were approved.
- The Central Registry Unit (CRU) implemented a plan to systemically address the backlog of applications for individuals on the Central Registry. The Central Registry is the database that houses information on all applications for DD Waivers. Applications in the Central Registry can be in four different statuses: Start, Complete, Hold, and Pending. The backlog plan will increase the number of individuals who are on the waiting list in a "Complete" status and significantly decrease the number of individuals on the Central Registry in a "Start" or "Pending" status.
- The Pre-Admission Screening and Resident Review (PASRR) unit approved the use of the revised Level I Screening Tool on February 1, 2017. Approximately 103 hospital and nursing facility staff were trained via webinar during the weeks of January 5 - 24, 2017. The webinars were recorded and are available for hospital and nursing facility staff through their respective association websites. The new screening tool addresses the deficiencies referenced in LFC Report #16-10, Cost, Quality and Performance of Nursing Homes in New Mexico.

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

- The DDSD Intake & Eligibility Bureau works closely with both internal and external partners to ensure individuals complete the necessary eligibility requirements to enroll individuals into waiver services in a timely manner.
- This performance measure is important in meeting the requirements of Lewis v. New Mexico Department of Health and ensuring those allocated receive needed services in a timely manner.
- During FY17 Q3, 92% of the 13 individuals who came into service during the quarter had a service plan in place within 90 days of income and clinical eligibility. Although the target for this measure was not met, this is a significant (19%) improvement from past quarters.
- The Central Registry Unit (CRU) staff coordinate with case managers/consultants to track applicant allocation progress. The CRU has worked to improve communication with the case managers/consultants and regularly communicate the importance of applicants receiving services in a timely manner.
- The CRU staff will continue to communicate with providers in order to obtain accurate and timely information regarding applicant service plans. In addition, DDSD anticipates that the development of the Client Data Management System (CDMS) (in process) will help alleviate allocation tracking issues.

Partners

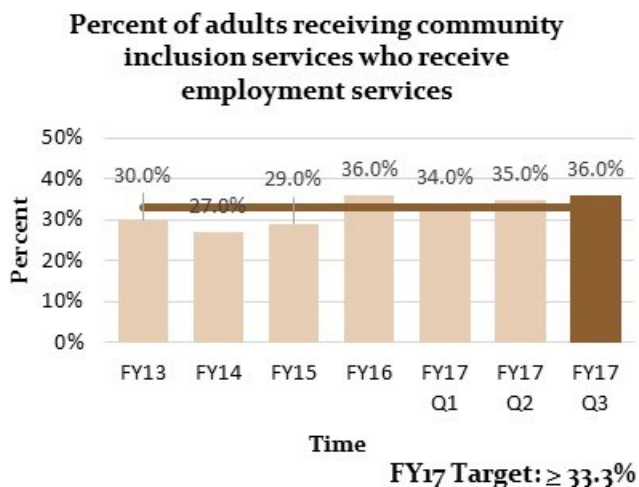
- Human Services Department (HSD) Medical Assistance Division (MAD)
- Human Services Department (HSD) Income Support Division (ISD)
- Qualis Health (HSD's contracted Third Party Assessor)
- UNM Center for Development and Disability
- NMDOH's Outside Review
- Advisory Groups
- NMDOH DDSD Mi Via Program
- Community Providers
- Case Management and Consultant

Action Plan

- Q1-Q4: Provide regional allocation fairs to new allocation groups to educate applicants on the allocation process. Complete.
- Q1-Q4: Increase direct contact with applicants who have not completed income and clinical eligibility; troubleshoot issues that are keeping the applicant from completing the allocation process. Complete and on-going.
- Q1-Q4: Standardize statewide reporting from all Case Managers and Consultants to ensure each applicant is followed through the allocation process and into services. Complete.
- Q2-Q4: Track all expedited allocations to ensure the small percentage of individuals who were allocated proceed through the income and clinical eligibility process in a timely manner. Complete and on-going.
- Q2-Q4: The CRU Eligibility Caseworker will receive additional guidance on the tracking and documenting of allocation timelines and clarification of acceptable and unacceptable delays.

PROGRAM AREA 007: Developmental Disabilities Supports

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



Partners

- Individuals with I/DD 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 and national business owners as employers
- 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 [1]. New Mexico has made steady progress toward increasing community-integrated outcomes and performs above the national average.
- Community-Integrated Employment (CIE) includes job development so individuals with developmental disabilities may participate as active community members and realize the benefits of employment.
- In FY17-Q3, 35% of CIE adults received employment services. This is the sixth consecutive quarter that the division performed above the 33% target.
- DDS launched statewide training for the new Employment First Policy and Procedure, which sets the expectation that individuals with I/DD who are of working age should be given the opportunity to work in the community, and that paid staff are responsible to help remove barriers to work. 10 trainings including one train-the-trainer session were held statewide. Approximately 230 people have received the training.
- Additional trainings and train-the-trainer sessions are scheduled for next quarter and beyond to sustain and improve I/DD employment.

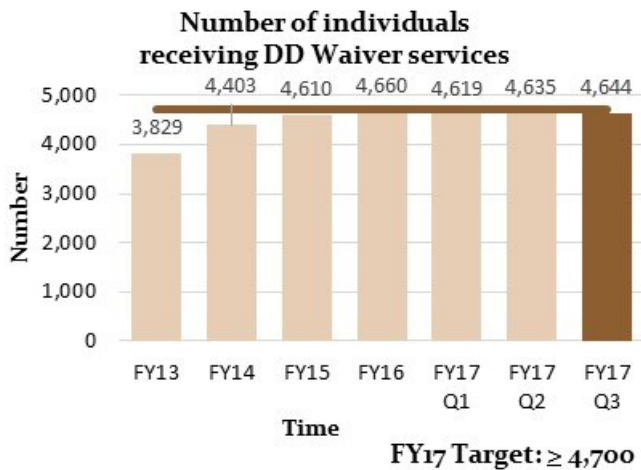
[1] *National Snapshot of Adults with Intellectual Disabilities in the Labor Force*. Disabilities-Cooperative Agreement/Grant Number: U01 DD000302-05

Action Plan

- Q1-Q2: Develop an Employment First Policy/Procedure and Communication Plan. Completed.
- Q1-Q3: Launch the Supported Employment database. In process. This database has been automated as a web application but continues to capture the employment status of individuals who receive other funding (data beyond this measure). Hence, the 35.8% reported for this quarter provides a broader snapshot of DDS clients with funded employment services. DDS continues to work with NMDOH's Information Technology Services Division to resolve this reporting issue.
- Q3: Communicate the Employment First Policy/Procedure to stakeholders statewide. On-going.
- Q4: Continue modifying operating practices toward the achievement of community integrated objectives. Continue to work with Partners for Employment to provide opportunities for outreach to key stakeholders and training on best practices in supported employment.

PROGRAM AREA 007: Developmental Disabilities Supports

Number of individuals receiving developmental disabilities waiver services



Story Behind the Data

- Every state in the nation has the option to provide home and community-based services that require approval by CMS. Nationwide, over 44 states and the District of Columbia provide home and community-based Medicaid waiver services to people with developmental disabilities (DD).
- The Developmental Disabilities Waiver (DDW) Program 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.
- Based on enrollment data, DDS D is serving less people on the DD Waiver in FY16 compared to FY15 but the cost remains close to the same as in FY15. Program costs increased slightly in FY16 to \$276.7 million compared to \$276.4 million in FY15.
- Factors contributing to the increase in cost include the Waldrop Settlement Agreement in FY 16 and rate increase for certain services not covered by a legislative appropriation. 39 new allocations have not yet made it into services, who were allocated in 2016.
- DDS D did not receive any legislative appropriations during the 2017 Legislative Session for new allocations. The Human Services Department and DDS D continue to monitor service utilization, expenditures, and attrition to determine if DDS D can allocate any new people into services with our existing resources.

Partners

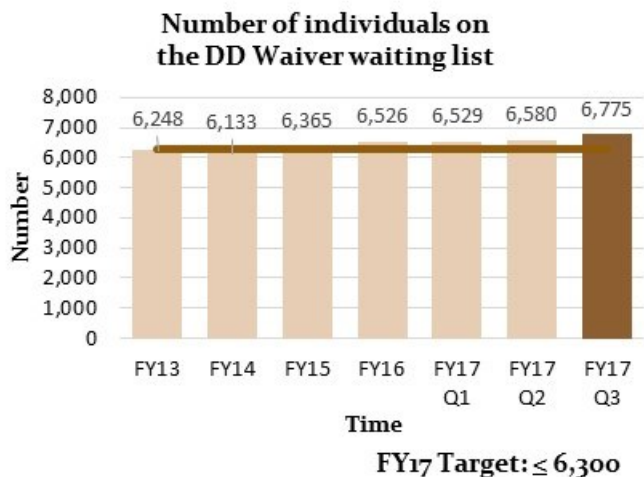
- Human Services Department (HSD)
- Medical Assistance Division (MAD)
- HSD Income Support Division (ISD)
- University of New Mexico Center for Development and Disability
- Qualis, Third Party Assessor (TPA) for HSD
- Health care and Community Providers
- Case Management Agencies
- Parent and Advocacy Support Groups

Action Plan

- Q2-Q4: DDS D and HSD will analyze utilization and expenditure data to determine if funding allows for attrition and regular new allocations. In Process.
- Q3-Q4: Get the last 39 new allocations into services in FY17. In Process.
- Q3-Q4: Identify why the average cost per person increased for both DD Waiver and Mi Via Waiver participants. In Process.
- Q3-Q4: Complete analysis to identify reasons behind the cost increase. In Process.

PROGRAM AREA 007: Developmental Disabilities Supports

Number of individuals on the developmental disabilities waiver waiting list



Story Behind the Data

- Waiting lists for home and community-based I/DD waiver services vary widely. In NM, registrants are offered waiver services when an allocation slot becomes available. The current average wait time is 10.2 years. Eligible persons can receive standard Medicaid benefits while on the waiting list.
- The DD Waiver program is designed to provide services to allow individuals with intellectual and developmental disabilities to live as independently as possible. This measure is important in gauging and responding to the need for services. The capacity of the program depends on combined state and Medicaid funding.
- The target of 6,300 individuals on the Central Registry was not met in FY17, Q3, as the number of individuals on the Central Registry increased to 6,775 from 6,580.
- The increase is because the number of new individuals added to the Central Registry exceeded the number of individuals that received an allocation or were removed from the Central Registry due to reasons other than allocation.
- The Central Registry Unit is addressing the backlog of applications by prioritizing both current and outstanding applications with the oldest registration dates. These are the applications without an eligibility determination and are either in the “start” or “pending” status.

Partners

- Health care providers, Community providers, Advisory and Support groups
- Case Management and Consultant Agencies
- Managed Care Organizations
- Statewide pre-k through 12 educational institutions
- NMDOH Family, Infant, Toddler (FIT) Program

Action Plan

- Q1-Q3: Conduct training for Case Managers, Consultants, and DDS staff on the allocation process as well as DD Waiver eligibility criteria. Complete.
- Q1-Q4: Establish monthly meetings with the Medical Assistance Division, Income Support Division, Qualis Health, and other agencies involved in the allocation process. Meetings have happened as needed.
- Q1 to Q4: Refer individuals with mental and behavioral health issues to the appropriate behavioral health system. Q1-Q3 Complete.
- Q3: Develop a written plan to systemically address the backlog of applications. Complete.
- Q3: Reorganize Intake & Eligibility Bureau to direct more managerial support to the Central Registry Unit. Second Central Registry Unit Manager started 4/10/2017. Complete.
- Q4: Implement the backlog plan which should reduce the backlog by approximately 5% per quarter.

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 health care facilities and providers of community support services deliver safe and effective health care 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: \$4,178,600

Other Transfers: \$4,188,800

Federal Funds: \$2,517,000

Other State Funds: \$1,911,800

Total: \$12,796,200

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

ACCOMPLISHMENTS

During the third quarter of FY17, some of DHI's accomplishments included:

- Completed updates to the DHI website, adding new resources, including a training webinar on reporting abuse in licensed health care facilities.
- DHI began conducting “Lean” strategic planning and mapping exercises to identify opportunities to improve services.
- The DHI data team is looking in-depth at how key data are collected and used by DHI in order to improve the quality of the data and its use in driving informed decision making. Certain performance measure data has already been reviewed and actions taken to improve the quality of the data.

Program Operations Bureau (POB):

- Conducted a live video-taped training for the New Mexico Health Care Association on self-reporting and conducting incident investigations for nursing homes. The training video has been posted to the association and DHI websites for additional provider training.

District Operations Bureau (DOB):

- DOB provided a survey data workshop to the New Mexico Nursing Home Association (NMNHA) outlining 2567 (statement of facility deficiencies) turnaround time, harm level and immediate jeopardy citations for the last 6 months.
- Improved 2567 turnaround time to facilities on an average increase of 25 percent in January and February 2017.
- The DOB had 4 staff members attend the QIS (Quality Indicator Survey) classroom training and subsequently all 4 staff members passed their survey skills assessment evaluations.

Incident Management Bureau (IMB):

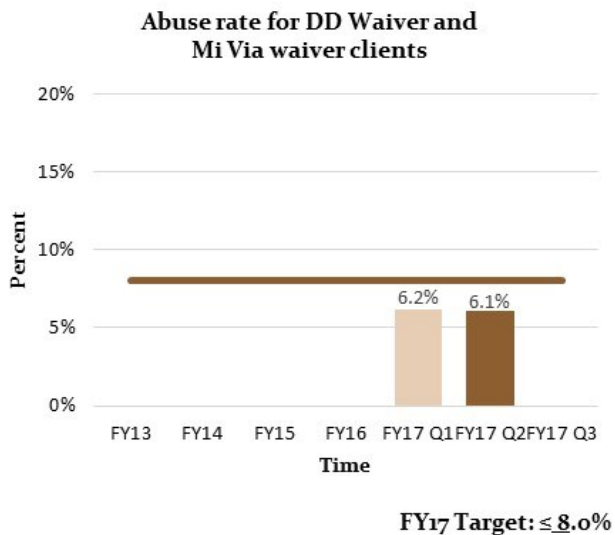
- The Incident Management Bureau has disengaged from five of the 11 Jackson lawsuit Objectives. The other six Objectives are being developed and evaluated for satisfactory evidence of compliance in conjunction with the Jackson Compliance Administrator.
- 168 trainers have been certified to train the new Recognizing and Reporting Abuse Neglect and Exploitation class.
- 2,379 community-based provider staff, DDS and DHI personnel and other stakeholders, have now completed the new Recognizing and Reporting Abuse, Neglect and Exploitation training.

Quality Management Bureau (QMB):

- Implemented new QMB electronic survey tools and database.

PROGRAM AREA 008: Health Improvement

Abuse rate for DD Waiver and Mi Via waiver clients



The Abuse Rate is calculated as a 12 month rolling average. Each quarter the previous 12 months are reviewed. There is a data lag due to the 45 day cycle time of an investigation; therefore, the prior quarter data is reported.

Partners

- NMDOH Developmental Disabilities Supports Division
- Human Services Department (HSD)
- Community-based Providers
- Community-based waiver provider professional organizations, such as the Association of Developmental Disabilities Community Providers (ADDCP)
- NMDOH Learning Center

Story Behind the Data

- Abuse, neglect, and exploitation (ANE) of individuals with intellectual/developmental disabilities (I/DD) has a direct impact on their quality of life and results in increased emergency room visits, additional medications, and related medical treatment. Neglect is the most common allegation. Lack of adequate supervision, failure to follow health care plans, and staff training are the most common reasons for substantiated neglect.
- It's important to measure ANE because many adults with I/DD are unable to recognize danger, understand their rights, and protect themselves.
- There is a one-quarter lag in reporting on the Abuse Rate performance measure. For the second quarter, the abuse rate was 6.1%.
- Incidents are tracked through the Incident Management Bureau (IMB) incident management data system. During the third quarter, IMB completed an analysis of the Abuse Rate performance measure. To more accurately track abuse, and to differentiate abuse from re-abuse, IMB revised the formula for calculation of the Abuse Rate performance measure. The revised formula calculates the percent of individuals who had one or more incident(s) of abuse, neglect, or exploitation, rather than the total number of ANE incidents.
- To help reduce and prevent abuse, IMB provides statewide ANE training focusing on recognizing and reporting ANE. The training uses a competency-based train-the-trainer model that focuses on adult learning styles.

Action Plan

Q1:

- Implement FY16 action items to improve and reduce the cycle time to complete investigations within 45 days. Complete.
- Implement the new training Recognizing and Reporting ANE for community based providers. Complete.
- Identify patterns and trends of abuse and other areas of concern from IMB data and reporting issues to DDSD at regional monthly meetings. Complete.

Q2:

- Partner with the NMDOH Learning Center to develop an on-line annual recertification training on recognizing and reporting ANE. Phase 1 complete, phase 2 in progress.

Q3:

- Partner with the NMDOH Learning Center to develop an on-line annual recertification training on recognizing and reporting ANE. Phase 2 complete, phase 3 in progress.

Q4:

- Develop and implement splash banner on reporting abuse for the NMDOH website homepage.
- Implement phase 4 pilot of 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: \$2,784,879

Total: \$2,784,879

PROGRAM AREA 787: Medical Cannabis

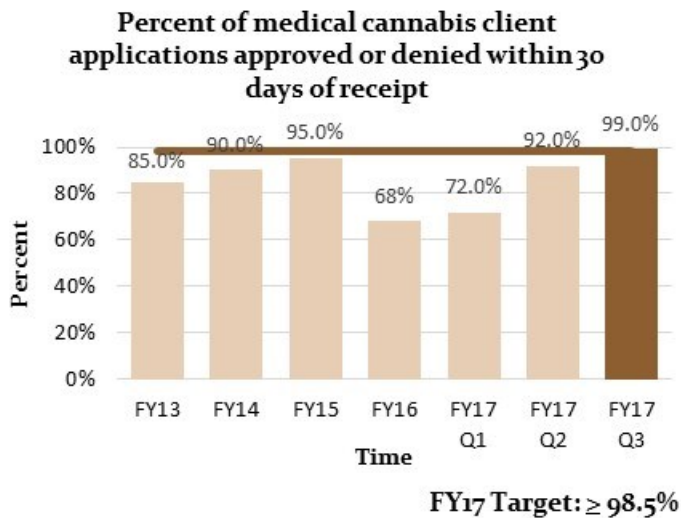
ACCOMPLISHMENTS

During the third quarter of FY17, some of MCP's accomplishments included:

- Hired and trained one new information and records clerk to process and approve applications.
- Completed training on operating procedures for all Patient Services staff.
- Conducted two educational presentations to about 35 medical providers about the Medical Cannabis Program.
- Met with BioTrackTHC, to talk about improvements to data quality.
- Worked with BioTrackTHC, to decrease printing time for patient registry cards from about four minutes per card to two minutes per card.
- Continued exploring options to outsource printing of patient registry cards.

PROGRAM AREA 787: Medical Cannabis

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



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
- BioTrackTHC

Story Behind the Data

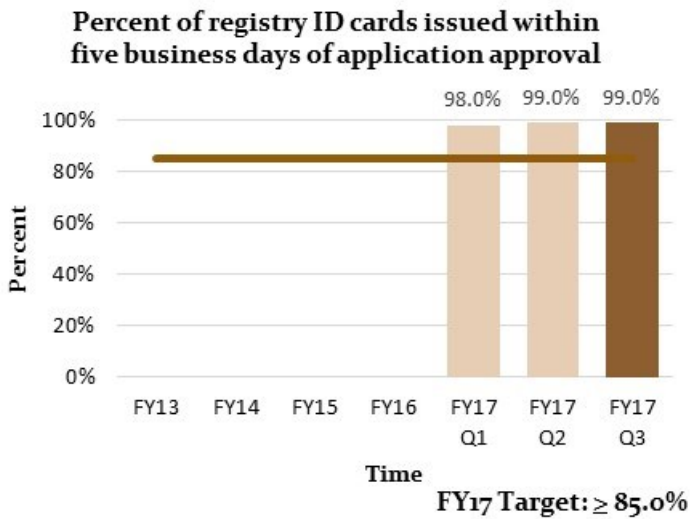
- New Mexico is one of about 28 states with a Medical Cannabis Program.
- The Lynn and Erin Compassionate Use Act (the Act) became law in 2007. It allows individuals with debilitating conditions to use medical cannabis.
- Timely review and approval of applications is important to ensure patients have safe access to medicine.
- Patient enrollment has increased substantially. About 26,000 patients were enrolled in the Medical Cannabis Program (MCP) at the start of fiscal year 2017. Each week, the Program is approving about 1,000 applications and printing and mailing about 1,000 patient registry cards. During FY17-Q3, the Program processed 99% of completed applications within 30 calendar days of receipt, up from 92% in the second quarter. The average processing time for completed applications in Q3 was 11 days.
- Hiring and training additional staff helped the Program exceed its target for this quarter. Development and implementation of standard operating procedures along with staff training also helped the program exceed its goal.

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. Completed.
- Q2: Hire and train five new staff. Completed.
- Q3: Identify a strategy for electronic submission of applications. In progress. Hire and train one new staff. Completed.
- Q4: Identify a strategy for electronic records storage. In progress.

PROGRAM AREA 787: Medical Cannabis

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



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
- BiotrackTHC

Story Behind the Data

- New Mexico is one of about 28 states with a Medical Cannabis Program.
- The Lynn and Erin Compassionate Use Act (the Act) became law in 2007. It allows individuals with debilitating conditions to use medical cannabis.
- In the third quarter of FY17, the Medical Cannabis Program (MCP) printed and mailed 99% of patient registry ID cards within five days of an application being approved.
- The day an application is approved, the registry ID card is printed. The card is mailed within 24 to 48 business hours after printing.
- Hiring additional staff helped lead to exceeding and maintaining our target goal in this area, as well as the implementation of a streamlined process where patient registry cards are printed the same day an application is approved.
- As patient enrollment increases, the program will continue to utilize the process currently in place and explore opportunities for commercial printing of cards.

Action Plan

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

NOTES

**New Mexico Department of Health
Vision**

A Healthier New Mexico!



**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**