



FY13 Quarter Three Performance Report

January 1, 2013 - March 31, 2013

New Mexico Department of Health
Retta Ward, Cabinet Secretary

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NEW MEXICO DEPARTMENT OF HEALTH

VISION:

A healthier New Mexico!

MISSION:

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

FY13 OPERATING BUDGET:

General Funds: 291,991.5

Federal Funds: 105,906.1

Other State Funds: 113, 938.7

Other Transfers: 26,452.1

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Goal 1: Improve Health Outcomes for New Mexicans

PROGRAM AREA 2: Public Health

Purpose:

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

FY13 OPERATING BUDGET:

General Funds: 66,764.5

Federal Funds: 79,152.8

Other State Funds: 29,589.3

Other Transfers: 13,171.8

PROGRAM AREA 3: Epidemiology and Response

Purpose:

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

FY13 OPERATING BUDGET:

General Funds: 8,023.4

Federal Funds: 13,949.5

Other State Funds: 1,416.5

Other Transfers: 182.7

PROGRAM AREA 4: Laboratory Services

Purpose:

Laboratory Services fulfills the DOH mission by providing laboratory analysis and scientific expertise for public health policy development, environment and toxicology programs in New Mexico. The laboratory provides timely identification in order to prevent, identify, and respond to threats to public health and safety from emerging and unusual infectious diseases in humans, animals, water, food, and dairy, as well as chemical and radiological hazards in drinking water systems and environmental water, air, and soil. The laboratory also performs drug testing and provides expert witness testimony for forensic investigations of DWI/DUID and cause of death from drugs and infectious disease. The laboratory is the primacy bioterrorism and chemical terrorism response laboratory for the state and provides training for clinical laboratories throughout New Mexico. New Mexico statute dictates that SLD is the primacy laboratory for the New Mexico Department of Health, the New Mexico Office of the Medical Investigator, the New Mexico Environment Department, and the New Mexico Department of Agriculture.

FY13 OPERATING BUDGET:

General Funds: 7,206.1

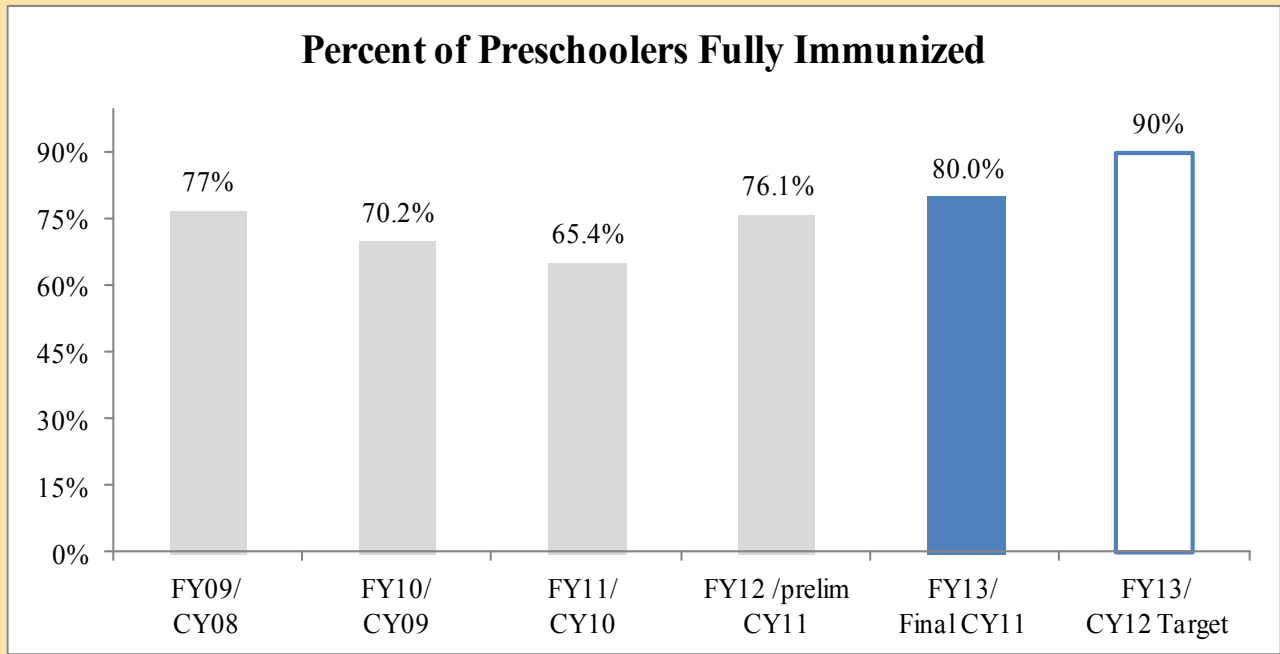
Federal Funds: 2,138.7

Other State Funds: 2,837.5

Other Transfers: 0.0

Results At-A-Glance

Program Area	Performance Measure	FY12 Actual	FY13 Target	FY13 Q1	FY13 Q2	FY13 Q3
Public Health	Percent of preschoolers (19 to 35 months) fully immunized	Preliminary CY11 76.1%	90%	Final CY11 80.0%	Final CY11 80.0%	Final CY11 80.0%
Public Health	Number of teens ages 15-17 receiving family planning services	5,631	7,000	1,395	1,223	1,248
Laboratory Services	Percent of blood alcohol tests from DWI cases analyzed and reported within ten business days	44.6%	95.0%	90.8%	86.1%	94.4%



Measure History

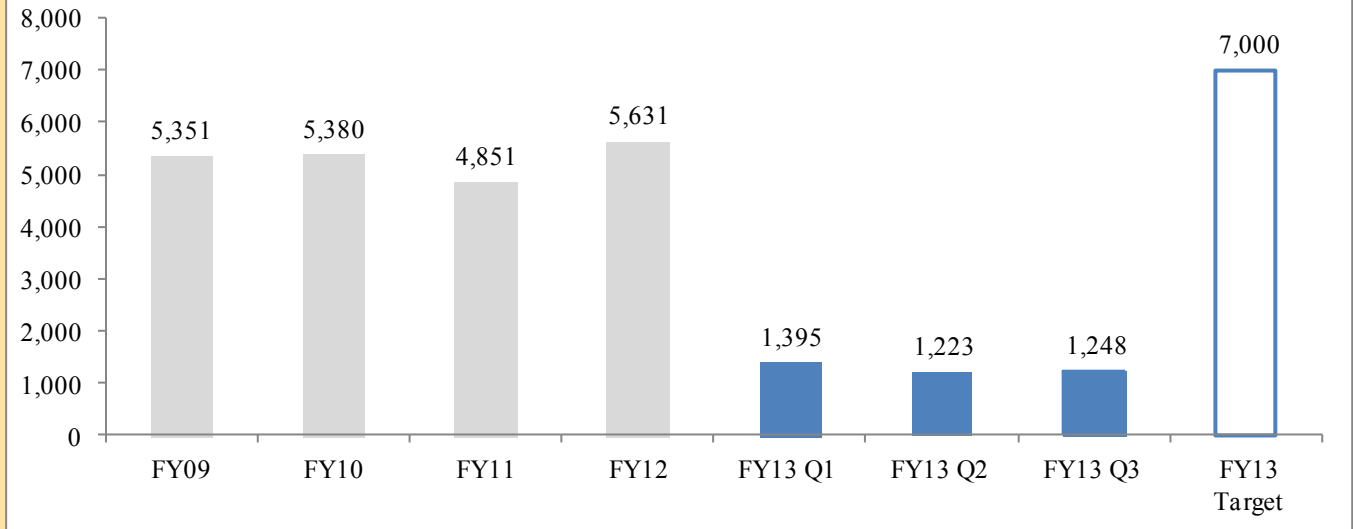
Data for this measure comes from the National Immunization Survey (NIS) conducted by the Centers for Disease Control and Prevention (CDC). The (NIS) has been conducted annually since 1994 by the National Immunization Program and the National Center for Health Statistics (NCHS), and the CDC. The NIS is a random digit dialing telephone survey of households with age-eligible children followed by a mail survey of the children's vaccination providers to validate immunization information.

% Preschoolers Fully Immunized	CY08	CY09	CY10	CY11
New Mexico	77.0%	70.2%	65.1%	80.0%
United States	76.1%	63.6%	70.2%	77.0%

Action Plan

- Deliver all pediatric vaccine (~1.2 million doses) to approximately 500 *Vaccines for Children* Providers statewide.
- Provide education, training and approval for use of the NM Statewide Immunization Information System (NMSIIS). In addition to yielding reports and information for infectious disease control, NMSIIS will be accessed by providers to deliver needed immunizations on a timely basis, to reduce over- or under-immunization of the population.
- Collaborate with healthcare providers and schools to conduct outreach immunization clinics (*i.e.* weekend and after-hours clinics, back-to-school clinics, Tribal Health, school-located influenza immunizations).
- Provide oversight for protection of the state's vaccine supply through: professional education; issued equipment (*e.g.*, thermometers); and consistent monitoring of vaccine storage and handling practices.
- Conduct annual quality assurance visits, with consultation for improving rates of immunization among children 19-35 months of age to *Vaccines for Children* providers.

Number of Teens Ages 15-17 Receiving Family Planning Services in Agency-Funded Family Planning Clinics



Measure History

The Family Planning Program (FPP) promotes and provides comprehensive family planning services, including clinic-based services and community education and outreach, to promote health and reproductive responsibility. These family planning services aid individuals and families in making choices regarding the spacing and number of their children. Family planning is an integral component of the DOH's efforts to reduce teen pregnancy, prevent unintended pregnancies and STDs, reduce infant mortality and morbidity, and improve the health of women and men of all ages.

The cumulative number for FY13 will be available in February 2014 when the Family Planning Annual Report is completed. The cumulative number cannot be determined at this time because clients might have more than 1 visit per year, and these repeat visits have not yet been de-duplicated from the dataset.

Activities

The FPP implemented the Teen Outreach Program (TOP), a nine-month program that aims to decrease teen pregnancy and increase school success with curriculum guided activities and a community based service learning component to high risk teens during after school hours. Completing the TOP program with fidelity means that participants must: consent to participate; complete the pre- and post-survey; attend weekly curricula; complete at minimum 20 hours of community service learning; and attend the program for the full nine months. The FPP's goal was to serve 500 youth statewide with fidelity in TOP.

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

And, the FPP works toward comprehensive sex education for Latino teenagers like *Cuidate!* ("Take Care of Yourself!") which focuses on reducing risk of contracting STIs (including HIV) and preventing unplanned pregnancy.

Activities (continued)

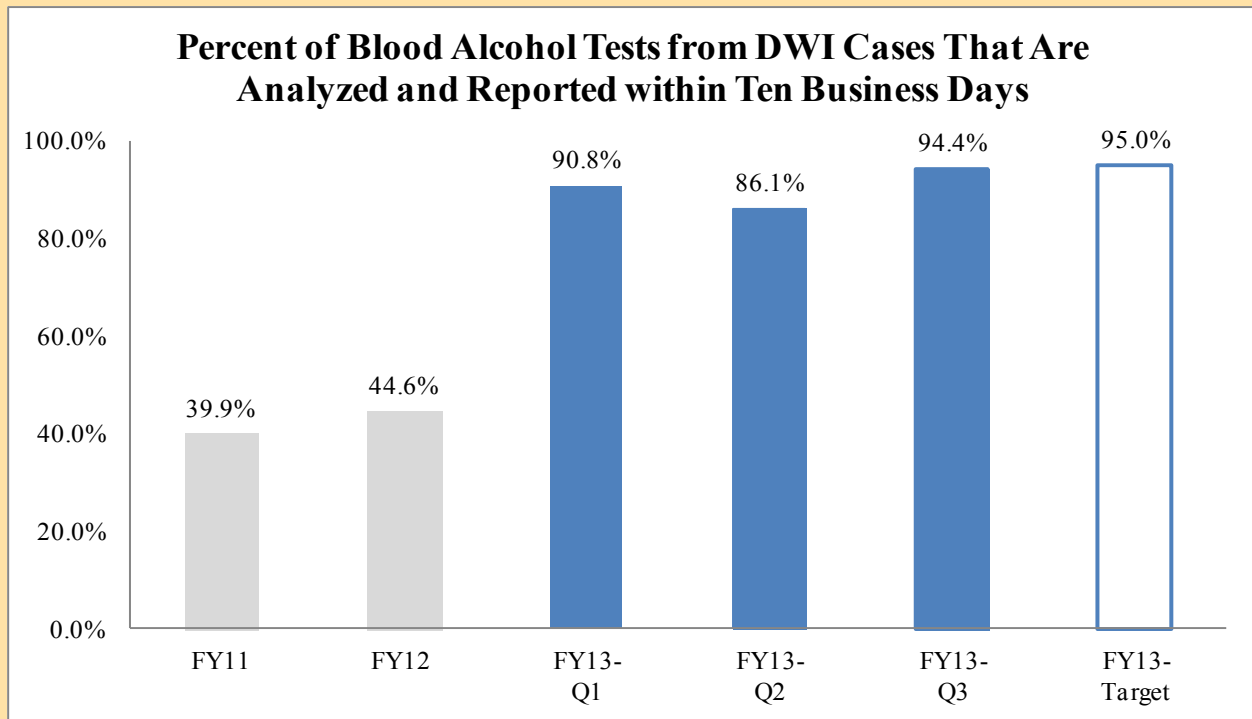
Teen pregnancy presentations were provided in Las Vegas, Columbus and Dona Ana County. The San Miguel Public Health Office hosted 25 youth in the TOP (Teen Outreach Program) from the West Las Vegas School District in a tour of the health office and a program titled: “*Abstinence, Sexual Coercion, Date Rape, and Birth Control — Talking With Your Parents.*” Students inquired about the WIC and CMS programs and were given a brief description of what services those programs offer.

On January 8th, 15th, and 22nd Dave Daniels, the HIV/ AIDS Health Educator, and Delaine Rubio, Disease Prevention Specialist, presented “*Cuidate*”, a CDC-approved evidence based intervention, to 18 participants of Ben Archer’s TOP program in Columbus. *Cuidate* is a culturally-based program designed to reduce HIV sexual risk among Latino youth. *Cuidate* introduces effective ways to prevent unwanted pregnancy and sexually transmitted diseases, including HIV/AIDS, by enhancing negotiation and refusal skills regarding condom-use and other related sexual behaviors.

On March 5th, 2013 Dave Daniels, the Southwest Region HIV/ AIDS Health Educator, presented “*Sexual Health: What you need to Know*”, to 18 high risk girls at Families and Youth Inc.’s (FYI) Girls Stepping Stones Youth Housing Unit. *Sexual Health: What you need to Know*, is a comprehensive and interactive discussion targeting teens between the ages of 13-19 who have not or have newly engaged in sexual activity to educate them about their options regarding sexual health.

Action Plan

- The FPP funded clinics will continue to provide confidential, family planning services to teen clients aged 15-17 at over 100 sites in Public Health Offices, Primary Care Clinics & School Based Health Centers (SBHC).
- Continue to promote four population-based strategies (*e.g.*, service learning programs, adult-teen communication programs, comprehensive sex education and male involvement programs) to work in concert with the clinical family planning direct services to prevent teen pregnancy.



Measure History

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

During FY13 Q3, 94.4% of blood alcohol samples were tested and reported within 10 business days. The target of 95% was almost reached this quarter, even though subpoenas increased by 8.8% from last quarter. Relative to FY11 and FY12, performance for this measure has improved greatly.

Activities

Since October 2011 the Toxicology Bureau has been actively working on decreasing the Implied Consent (IC) backlog by doing mandatory overtime for analyzing and reviewing DWI/DUID cases. As of September 1, 2012 the backlog of cases has been eliminated and the bureau is reporting IC cases within an 8 week time frame.

Action Plan

- Continue to encourage the use of video testimony. Video testimony allows the analysts to stay in the laboratory building to testify and, therefore, be available to continue testing samples. When an analyst travels to court, travel time plus testimony time can take up to 2 days away from the SLD building.
- Monitor and maintain equipment. The SLD last received dedicated legislative funding for capital equipment replacement in FY09. As a result, a growing number of analytical instruments are failing, and these instruments are in constant use.
- Continue method development. Evaluation and validation of new methods is critical to develop better turn-around times and efficient usage of available staff.
- Continue staff training. It takes from 6 months to one year for employees to become proficient in analysis of samples, depending on the type of testing being done.

Goal 2: Improve Healthcare Quality

Program Area 7: Developmental Disabilities Support

Purpose:

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

FY13 OPERATING BUDGET:

General Funds: 131,682.7

Federal Funds: 2,601.5

Other State Funds: 1,400.0

Other Transfers: 7,567.2

PROGRAM AREA 8: Health Certification, Licensing and Oversight

Purpose:

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

FY13 OPERATING BUDGET:

General Funds: 4,364.4

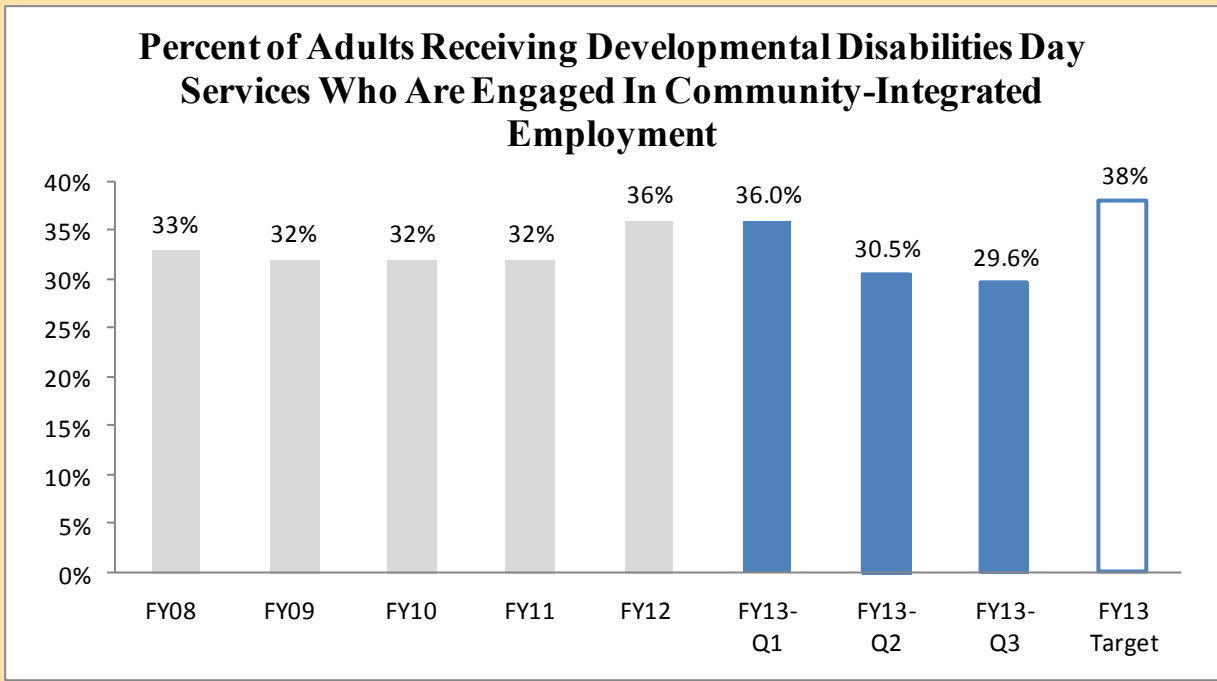
Federal Funds: 3,433.2

Other State Funds: 2,256.1

Other Transfers: 3,440.0

Results At-A-Glance

Program Area	Performance Measure	FY12 Actual	FY13 Target	FY13 Q1	FY13 Q2	FY13 Q3
Developmental Disabilities Support	Percent of adults receiving developmental disabilities day services who are engaged in community-integrated employment	36.0%	38.0%	36.0%	Revised 30.5%	29.6%
Developmental Disabilities Support	Percent of developmental disabilities waiver applicants who have a service plan in place within 90 days of income and clinical eligibility	98.3%	100.0%	95.0%	87.0%	83.0%
Developmental Disabilities Support	Number of individuals on the developmental disabilities waiver waiting list	5,911	No target; informational only	6,005	6,113	6,205
Developmental Disabilities Support	Number of individuals on the developmental disabilities waiver receiving services	3,888	No target; informational only	3,820	3,923	3,991
Health Certification, Licensing and Oversight	Percent of developmental disabilities, medically fragile, behavioral health and family, infant toddler providers receiving a survey by the quality management bureau	71.0%	100.0%	100.0%	100.0%	80.0%



Measure History

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

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

The Developmental Disabilities Waiver (DDW) program is designed to provide services to allow eligible individuals with developmental disabilities to participate as active community members. The DDW is one of several waiver programs available, and the DDW program serves as an alternative to institutional care. The DDW program provides an array of residential, habilitation, employment, therapeutic and family support services.

Activities

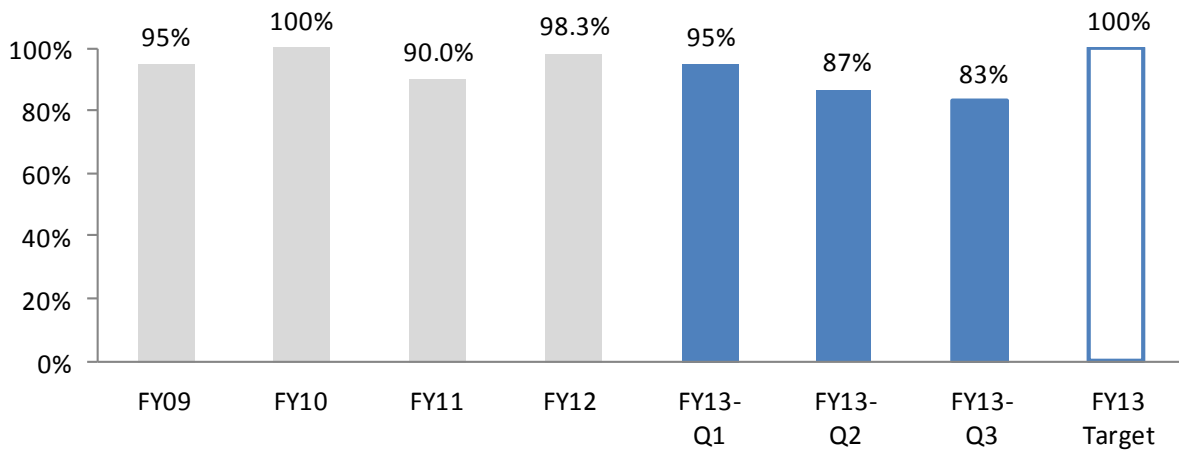
The DOH is making significant efforts to increase employment for individuals with developmental disabilities (IDD). Eligibility workers across the state process applications within timelines. Eligibility workers also process case closures and other changes promptly. Status reports are reviewed to determine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

In Q3, 29.6% of adults receiving day services were engaged in community-integrated employment. Although this percentage is less than Q2 (30.5%), DDS D has improved in this measure relative to FY09-FY12 and hopes to achieve the 38% FY13 target.

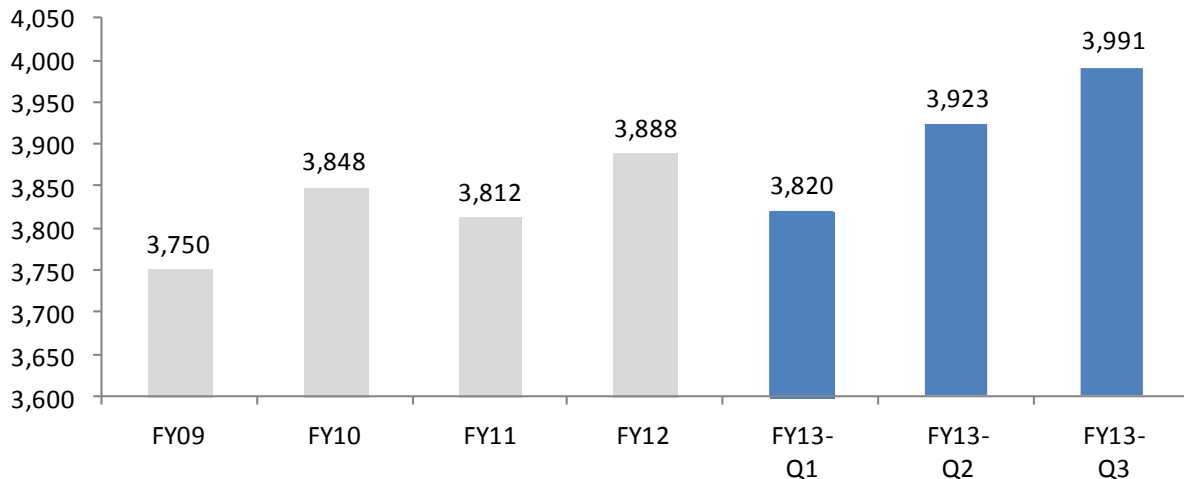
Action Plan

- Continue to utilize the New Mexico Employment Institute (NMEI) in areas of job development and technical assistance to train and assist providers.
- DDS D hopes to achieve the 38% FY13 target, through continued technical assistance to supported employment providers; trainings from national speakers; utilization of NMEI and other consultants; and continue an emphasis on Employment First by DDS D staff.
- Continue to schedule and conduct local Employment Leadership Network meetings to support employment efforts among providers, employers and individuals served.
- Continue to work closely with the National Supported Employment Network of which we are a mentor state. Medicaid Infrastructure Grant funding has been secured to facilitate training of providers.

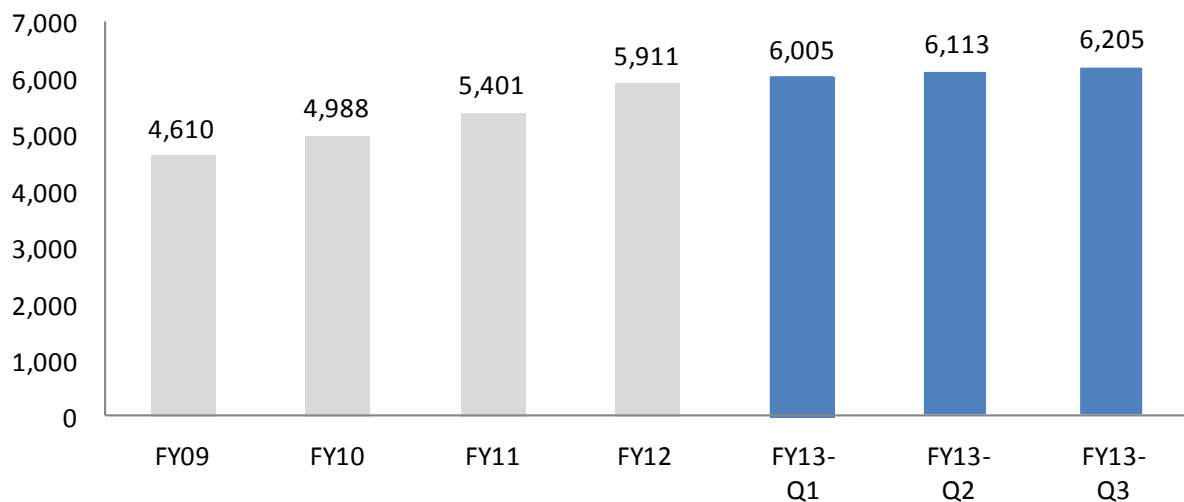
Percent of DD Waiver Applicants with a Service Plan in Place within 90 Days of Eligibility Determination



Number of individuals on the Developmental Disabilities Waiver Receiving Services



Number of Individuals on the Developmental Disabilities Waiver Waiting List



Measure History

The Developmental Disabilities Waiver (DDW) program serves as an alternative to institutional care and is designed to provide services and support to allow eligible individuals with developmental disabilities (IDD) to participate as active members of their community.

As part of ongoing activities to improve quality in the developmental disabilities service system, DDSD has begun a targeted initiative to redesign case management services under the DDW. Specifically, the DDW Case Management Redesign Initiative aligns with DDSD efforts to improve the individual service plan (ISP). Two of the four DDSD performance measures (specifically, those measures involving waiver services and the waiting list) are informational only and, hence, are not compared with a target.

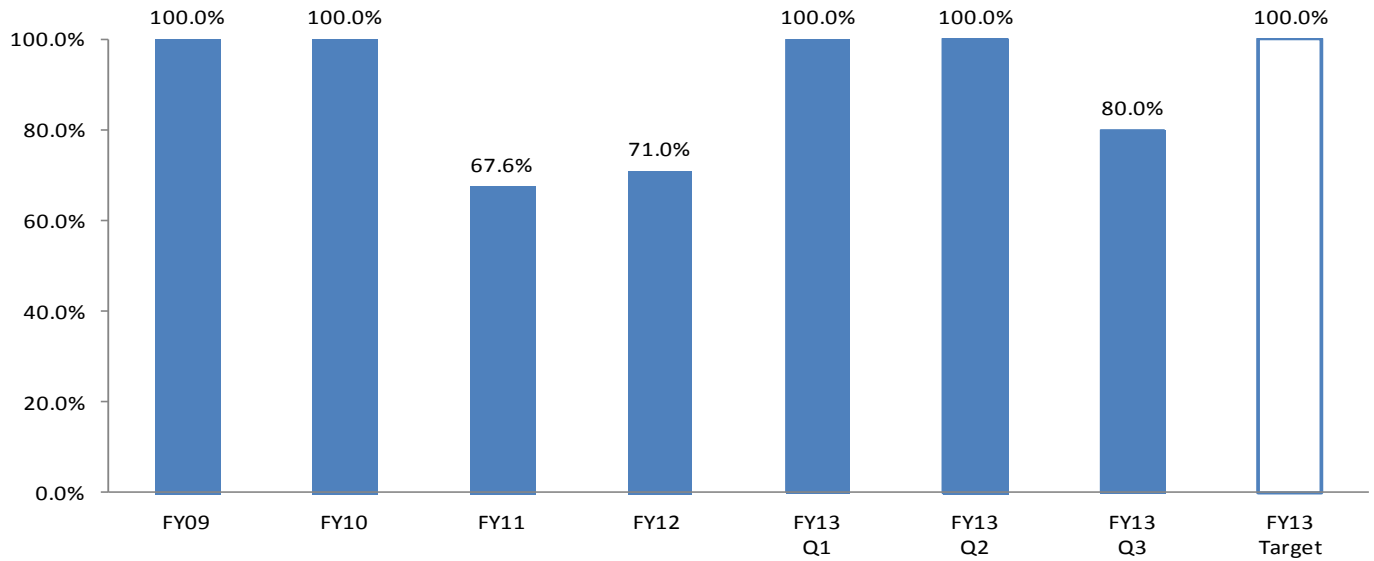
Activities

Eligibility workers receive biweekly status reports from Case Managers (or from applicants, if the applicant chose the *Mi Via* waiver). Status reports identify potential barriers to the completion of eligibility determinations. Eligibility workers also process case closures and other changes promptly. Subsequently, information obtained from status reports is provided to appropriate DDSD personnel. The number of days for a status report review is calculated by subtracting the date of income and clinical eligibility determination from ISP initiation. Status reports are reviewed to determine if systemic or case-specific problems are encountered during the process of eligibility determination.

Action Plan

- The DDSD is field testing a new personalized approach to ISP with approximately 30 persons with developmental disabilities. The new process is designed to capture more precise information about the individual interests and needs of persons being served in order to improve the quality of services available to the individual and his/her family.
- The intended outcomes for the ISP redesign include: streamlining procedures and documentation; increasing consistency and efficiency during the intake process; increasing attention to person-centered planning and natural supports; increasing consumer self-direction in planning, budgeting and service delivery; increasing case management monitoring of service plan implementation and of consumer health and safety; and clarifying roles of case managers in relation to other members of the interdisciplinary teams. Strategies to achieve these outcomes include: revisions of relevant service standards; bringing intake functions "in-house" to the Central Registry Unit; and training of new expectations.
- *Meaningful Days in New Mexico*: The DDSD is revising standards for "day" services. Day services include: adult day habilitation, supported employment, and community membership. The purpose of this initiative is to facilitate development of individualized learning and work opportunities that better reflect the individual's interests, aspirations and needs in the context of meaningful and relevant engagement in the community.
- The DDSD is instituting a standardized assessment program to help alleviate the problem of lengthy waiting lists.

Percent of Developmental Disabilities, Family Infant Toddler, Medically Fragile and Behavioral Health Providers Receiving a Survey by the QMB



Measure History

The purpose of community provider surveys is to monitor compliance with state and federal regulations, statutes, requirements, standards and policies in order to protect the health and safety of people served. The Division of Health Improvement’s (DHI) Quality Management Bureau (QMB) conducts compliance surveys of community based providers for the following services: the Developmental Disabilities Waiver (DDW); Medically Fragile Waiver (MFW); the Family Infant Toddler (FIT) program; Behavioral Health Services (BHS); Community Mental Health Centers (CMHC) and Comprehensive Community Support Services (CCSS).

Activities

During Q3, 34 surveys were scheduled and, subsequently, 30 completed:

- Developmental Disabilities Waiver - 22 surveys scheduled, 22 completed
- Family Infant Toddler Program - 5 surveys scheduled, 1 completed; Medically Fragile Waiver - 1 surveys scheduled, 1 completed
- Behavioral Health Program -6 surveys scheduled, 6 completed

Action Plan

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

Goal 3: Improve Fiscal Accountability

PROGRAM AREA 1: Administration

Purpose:

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

FY13 OPERATING BUDGET:

General Funds: 11,471.1

Federal Funds: 4,630.4

Other State Funds: 40.2

Other Transfers: 1,336.9

Program Area 6: Facilities Management

Purpose:

Facilities Management fulfills the DOH mission by overseeing six health care facilities and one community program; the safety net services provided throughout New Mexico include programs in mental health, substance abuse, long term care, and physical rehabilitation in both facility and community-based settings. Facility staff care for both New Mexico adult and adolescent residents who need continuous care 24 hours-a-day, 365 days-a-year. Most individuals served by DOH facilities have either complex medical conditions or psychiatric disorders that manifest in violent behaviors, and private sector providers are either unable or unwilling to serve these complex individuals, many of whom are remanded to DOH facilities by court order.

FY13 OPERATING BUDGET:

General Funds: 62,479.3

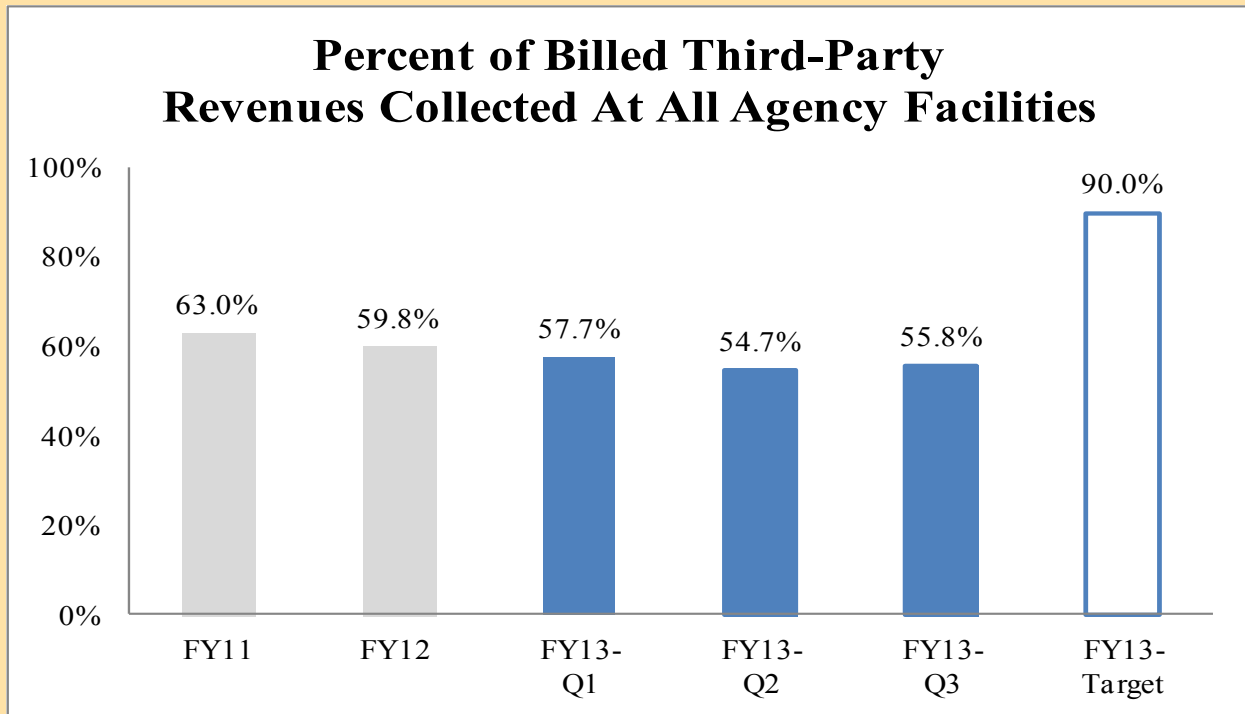
Federal Funds: 0.0

Other State Funds: 75,801.1

Other Transfers: 723.5

Results At-A-Glance

Program Area	Performance Measure	FY12 Actual	FY Target	FY13 Q1	FY13 Q2	FY13 Q3
Facilities Management and Administration	Percent of billed third-party revenues collected at all facilities	9.8%	90.0%	57.7%	54.7%	55.8%
Facilities Management and Administration	Total dollar amount in millions of uncompensated care at all agency facilities	\$36	\$38	\$11	\$11	\$11
Facilities Management and Administration	Percent of operational capacity (staffed) beds filled at all facilities	87.0%	100.0%	86.3%	86.8%	86.7%



Measure History

Facilities continue to have difficulties with collections from some private pay revenues. The vacancies in administrative hiring has negatively impacted billing functions. For FY13 Q3, the facilities have collected 55.8% of billed amounts. While billing is a priority, revenue posting could be delayed; thus, it is likely that revenues collected this quarter have not yet been posted.

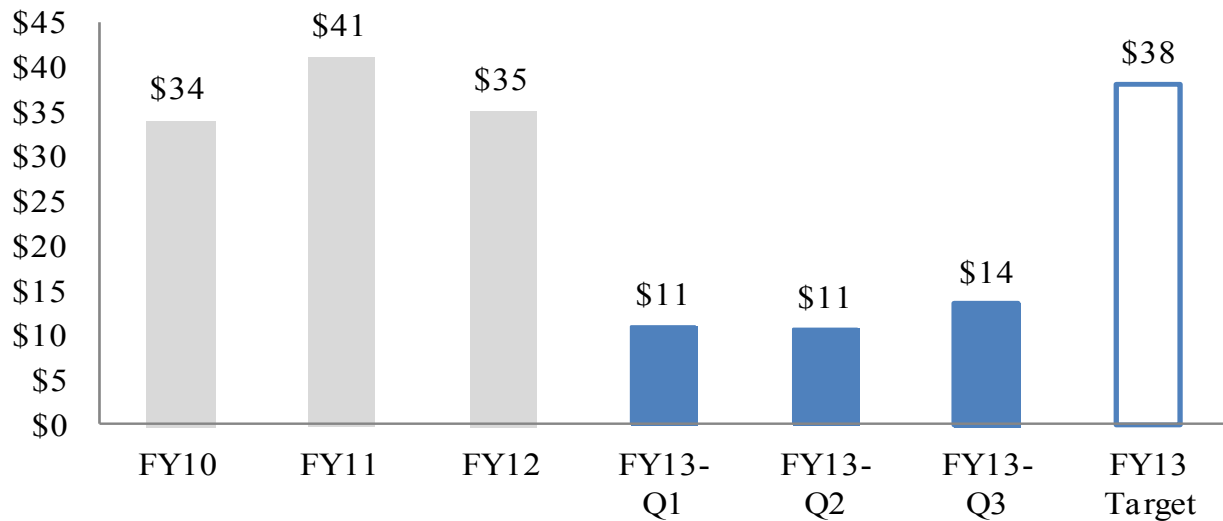
Activities

- Improved revenue collections by implementing electronic billing and dragon speak transcription services.
- Upgraded computers for faster processing.
- Focus on hiring additional administrative (billing-related) staff at Fort Bayard and Las Vegas facilities.
- Ensuring accurate billing.
- This quarter the facilities team met with our payer sources to improve and optimize our reimbursements. This will be a continuing process to work with our payer sources.

Action Plan

- Continue to improve revenue collections through the implementation of electronic billing and dragon speak transcription services.
- Fill vacant administrative (billing related) positions at Fort Bayard and Las Vegas facilities.
- Improve payment by continuing to ensure accurate billing.
- Continue to conduct ongoing, monthly meetings with third-party payers to improve revenue.

Total Dollar Amount (in millions) of Uncompensated Care At All Facilities



Measure History

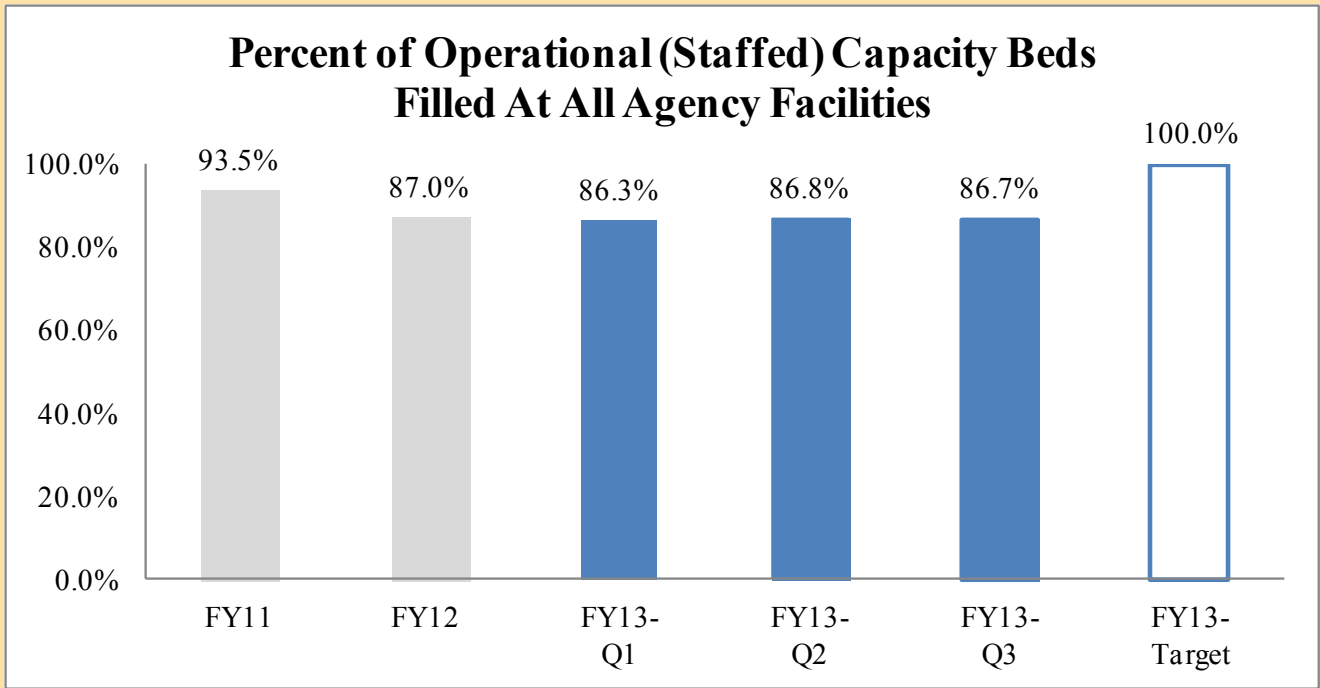
Facilities continue to have difficulties with collections from some private pay revenues. The vacancies in Administrative Services Division (ASD) has negatively impacted billing functions.

Activities

- Ensure quality residential care services in DOH facilities.
- This quarter the facilities worked with the payer sources to find ways to minimize uncompensated care. The facilities are also working toward Joint Commission certifications to aid in improved reimbursement of care.

Action Plan

- The DOH facilities are working to meet the target of \$38 million for uncompensated care. With a focus on billing, facilities are working to capture all possible revenues.



Measure History

The DOH is committed to follow healthcare and public health standards, and the industry standard is to report on “staffed” beds. This performance measure aims to increase the percent of operational capacity beds filled at all agency facilities. Historically, the target has been 90%, and for FY13 it is 100%; for FY13 Q3 the census is 86.7%.

Activities

This quarter the facilities worked to strengthen ties and improve response times with the referral sources to improve and optimize facility admissions. The overall purpose for these activities are to increase facility admissions and improve facility bed census.

Action Plan

Census enhancement has been a priority this quarter, and facilities are working to reach the current goal.



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