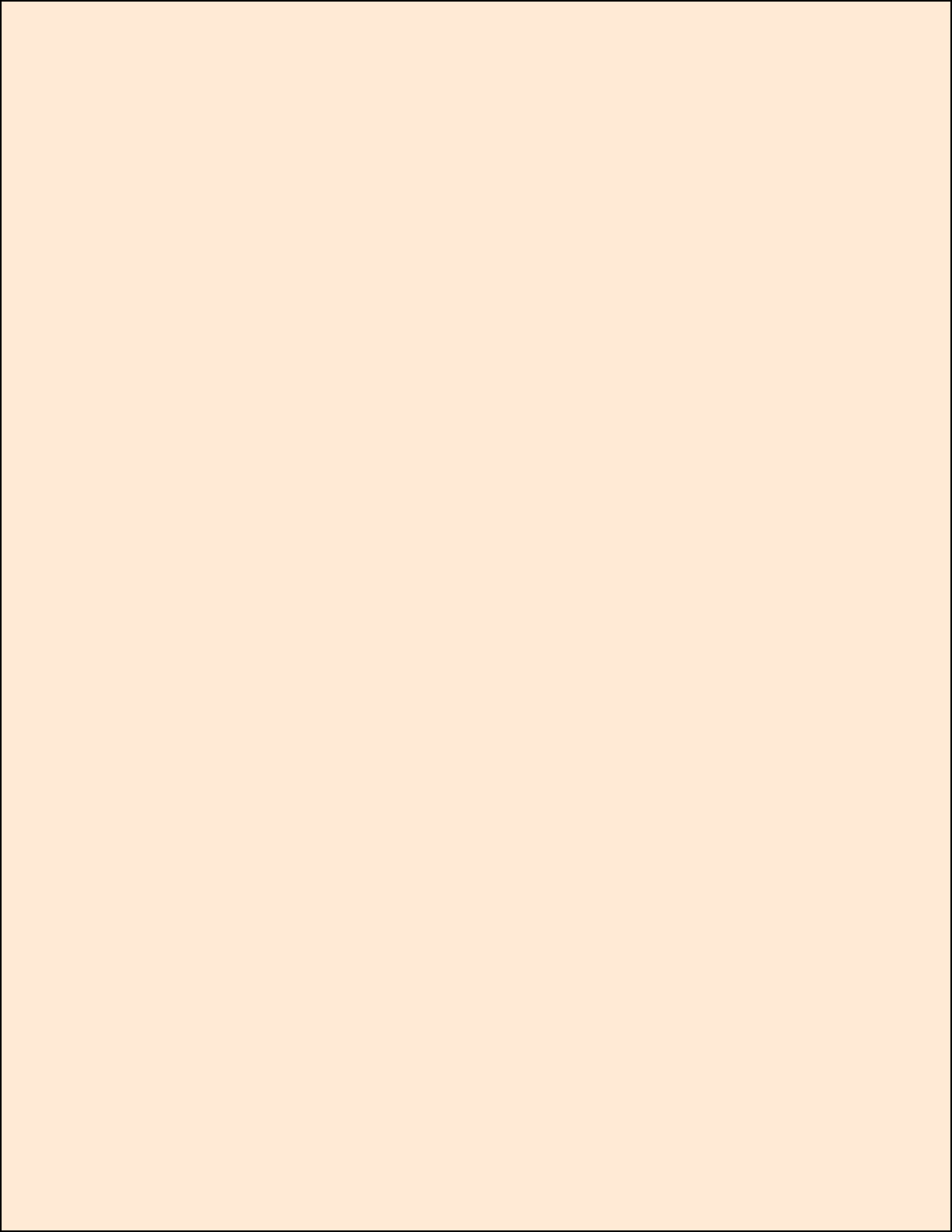




# **FY09 Quarter Three Performance Report**

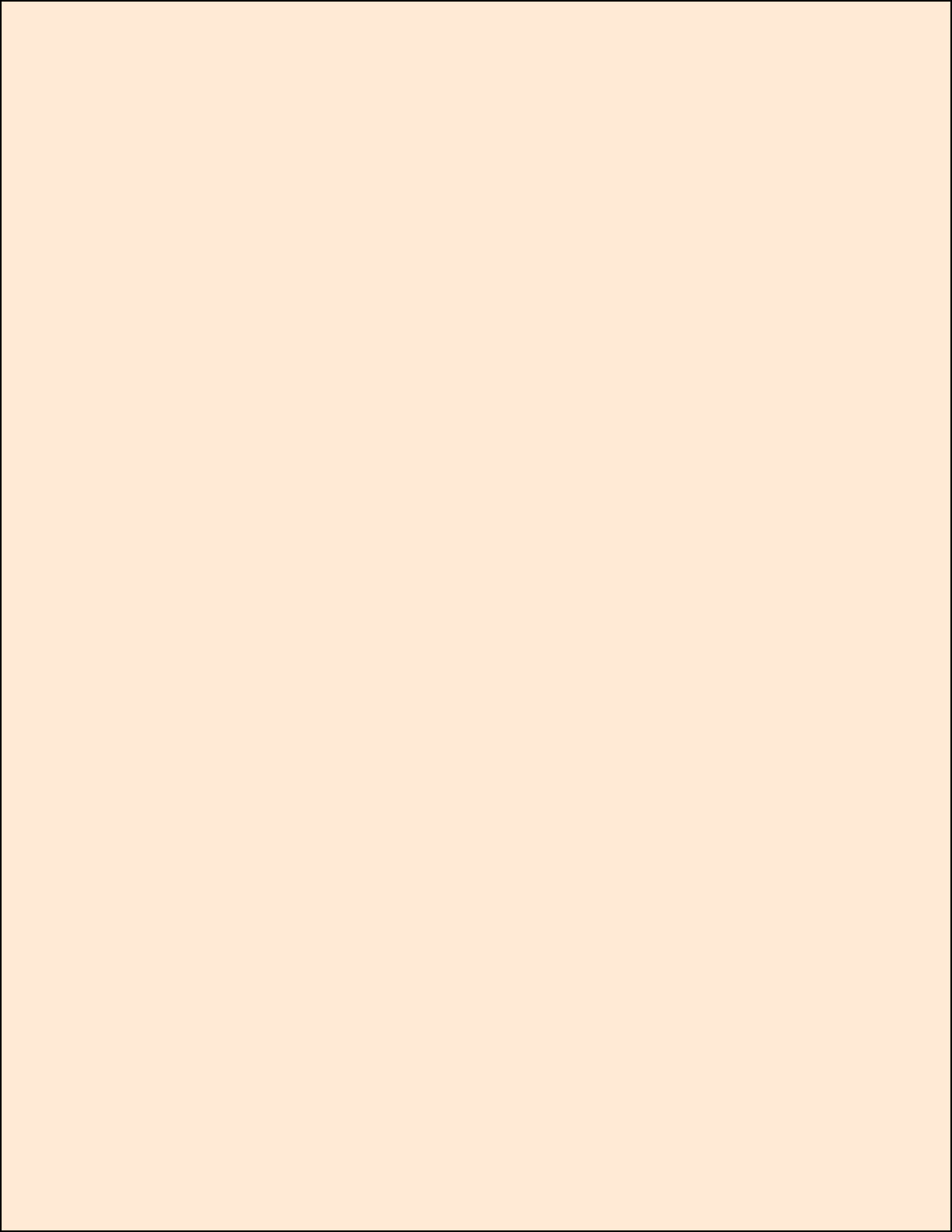
**January 1, 2009 - March 31, 2009**

Alfredo Vigil, M.D., Cabinet Secretary Designate  
Karen Armitage, M.D., Chief Medical Officer  
Katrina Hotrum, Deputy Secretary of Facilities  
Duffy Rodriguez, Deputy Secretary of Finance  
Jessica Sutin, Deputy Secretary of Programs  
Kathy Kunkel, General Counsel



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# New Mexico Department of Health

## MISSION:

The mission of the Department of Health is to promote health and sound health policy, prevent disease and disability, improve health services systems and assure that essential public health functions and safety net services are available to New Mexicans.

## VISION:

Building a **HEALTHY** New Mexico!

### \* FY09 OPERATING BUDGET:

**General Funds:** 301,712.3

**Federal Funds:** 102,956.1

**Other State Funds:** 76,022.3

**Other Transfers:** 93,242.3

\* The FY09 Operating Budget includes HB2 Section 4, Comp and SB 165 "Jr." special appropriations that were deemed recurring by DFA.

## Contact Information

### Office of the Secretary

(505) 827-2613

### Public Information Office

(505) 827-2619

### Administration and Finance

(505) 827-2555

### Public Health

(505) 827-2389

### Border Health

1-800-784-0394

### Immunization Program

1-888-231-2367

### Developmental Disabilities Supports

(505) 827-2574

### Policy and Performance

(505) 827-1052

### Scientific Laboratory

(505) 841-2500

### Epidemiology and Response

(505) 827-0006

### Information Technology Services

(505) 827-2744

### Health Certification Licensing Oversight

(505) 476-9093

# PROGRAM AREA 1: ADMINISTRATION

## PURPOSE:

Administration provides leadership, policy development, information technology, administrative and legal support to the Department of Health so that the Department achieves a high level of accountability and excellence in services provided to the people of New Mexico.

## GOAL:

Improve accountability and effectiveness of services and infrastructure.

## PROGRAM AREA 1 OBJECTIVES:

### OBJECTIVE 1:

Expand healthcare access in rural and underserved areas through telehealth services.

### OBJECTIVE 2:

Increase awareness about health disparities.

### OBJECTIVE 3:

Improve fiscal accountability within the Department of Health.

## FY09 OPERATING BUDGET:

**General Funds:** 13,458.1

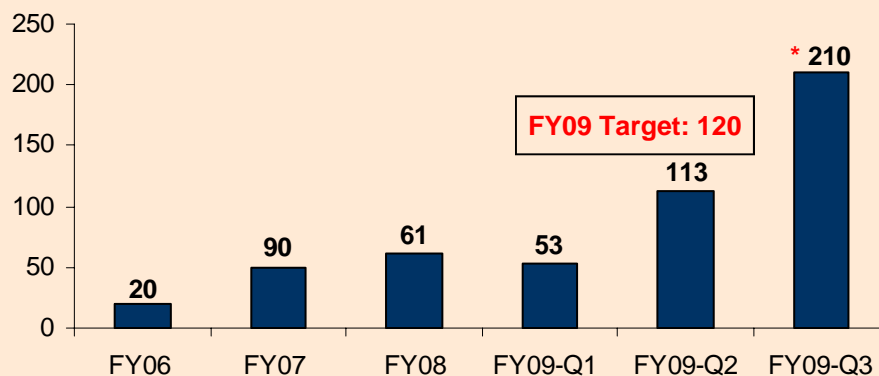
**Federal Funds:** 5,388.8

**Other State Funds:** 343.5

**Other Transfers:** 770.7

## OBJECTIVE 1: EXPAND HEALTHCARE ACCESS IN RURAL AND UNDERSERVED AREAS THROUGH TELEHEALTH SERVICES.

**Number of Telehealth Sites Throughout the State Used for Patient Services**



## Data Reported Quarterly

### Data Source:

Telehealth database

### Goal:

To increase the number of telehealth sites by 59.

### Note:

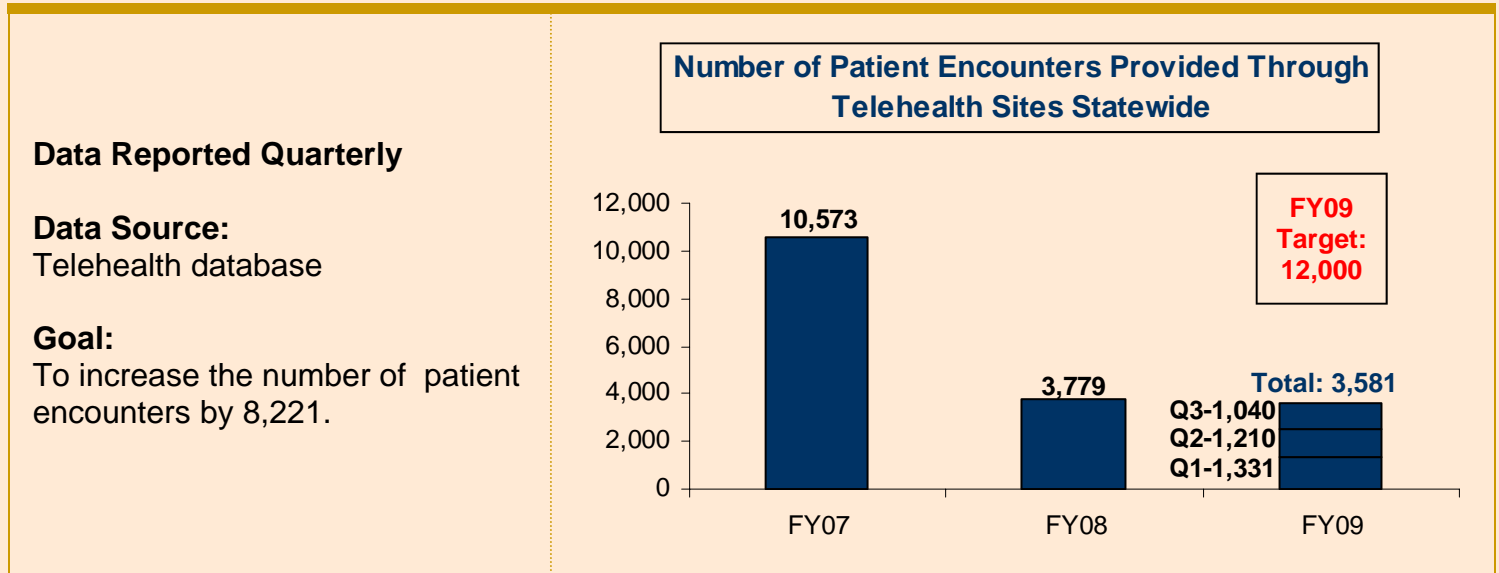
\* FY09 target exceeded by 90.

## ACTION PLAN:

- Hold monthly video teleconferencing consultation for infant mental health.
- Support and train providers involved in four quality improvement initiatives targeting 36 School Based Health Centers (SBHCs).

## ACTION PLAN (CONTINUED):

- The following SBHC locations received funding for televideo equipment: Belen HS, Carlsbad HS, Cuba MS, Deming HS, Des Moines, Dulce HS, Carlos Vigil MS, Gadsen HS, Gallup HS, Mescalero School, Career Prep, Mountainair HS, Pojoaque HS, Ruidoso HS, Roy and Santa Rosa. SBHCs at Las Cruces and Ocate HS, Gadsen and Chaparral have advanced equipment that enables students to receive care and support from providers off site. This program will be evaluated and recommendations will be made regarding cost and future use for this specific approach.



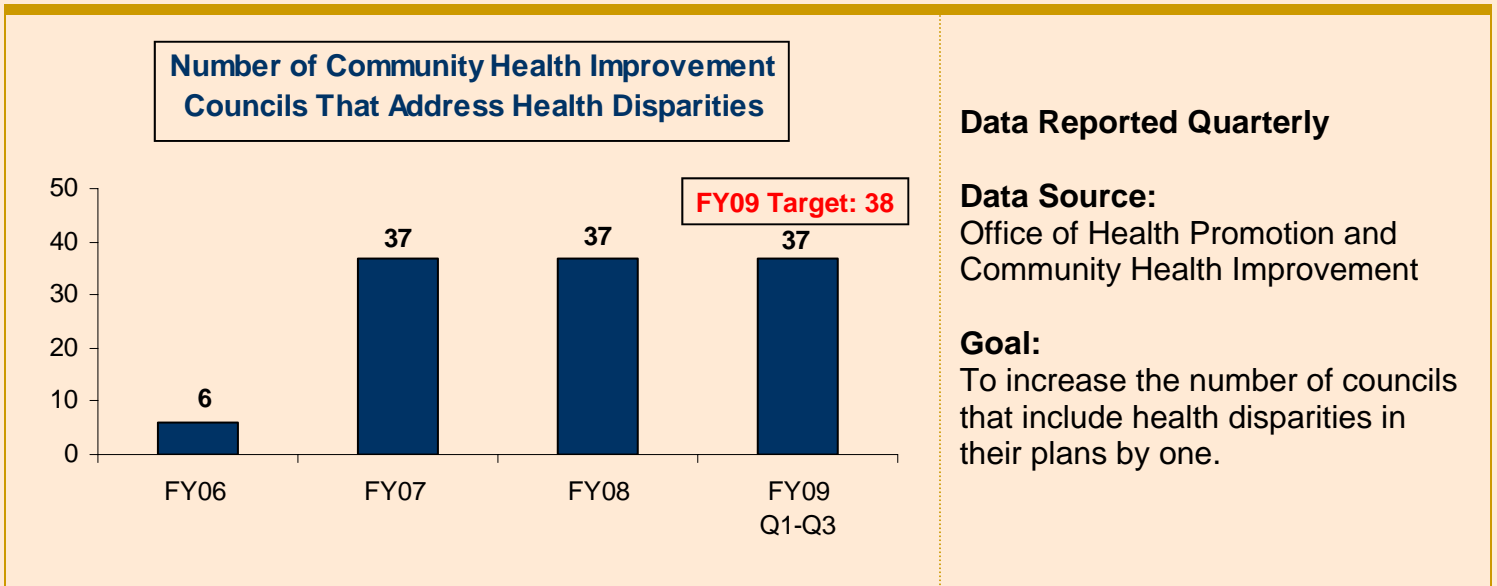
## ACTION PLAN:

- UNM child psychiatrists specializing in case consultation, training, technical assistance, direct patient assessment and management provided a total of 94 hours of telepsychiatry services to 12 SBHC locations statewide.
- UNM's MFM OB/GYN department began a monthly telehealth clinic in Roswell, NM where they served 20 patients. They will now hold two clinics per month and begin similar clinics at two sites in Las Cruces.
- Envision is using telehealth to support and train providers involved in four quality improvement initiatives targeting 36 SBHCs. The four initiatives are teen lifestyle changes, behavioral health, infrastructure, overweight prevention and community outreach.
- In the Envision program, the Childhood Overweight Medical Management Telehealth Consultation links pediatric specialists from UNM with rural primary health care providers to provide instruction regarding the care of overweight children and their co-morbid conditions. Specialty consults include endocrinology, nephrology, hepatology, cardiology, psychology, psychiatry, nutrition and adolescent medicine.
- The Center for Rural and Community Behavioral Health conducted telehealth trainings on the topics of critical debriefing after suicide, critical incident following suicide and solution focused therapy for conduct disorder kids. Over 100 school staff, behavioral health staff, primary care staff, family and peers attended.

### ACTION PLAN (CONTINUED):

- REACH is implementing telehealth consultation for infant mental health in response to requests from early intervention network partners. They are working with four early intervention programs to identify the strengths and issues confronting the programs.
- REACH is collaborating with the UNM School of Medicine Department of Pediatrics to bring Grand Rounds (an expert giving a talk to medical students) to health care providers at rural sites. The first monthly Continuing Medical Education was implemented in September and planning began for school nurse training with the identification of two high priority training topics and the development of an implementation plan.
- Specialty services offered through REACH include speech language pathology, physical therapy, infant and child mental health, occupational therapy, specialized instruction and nutrition.

### OBJECTIVE 2: INCREASE AWARENESS ABOUT HEALTH DISPARITIES.



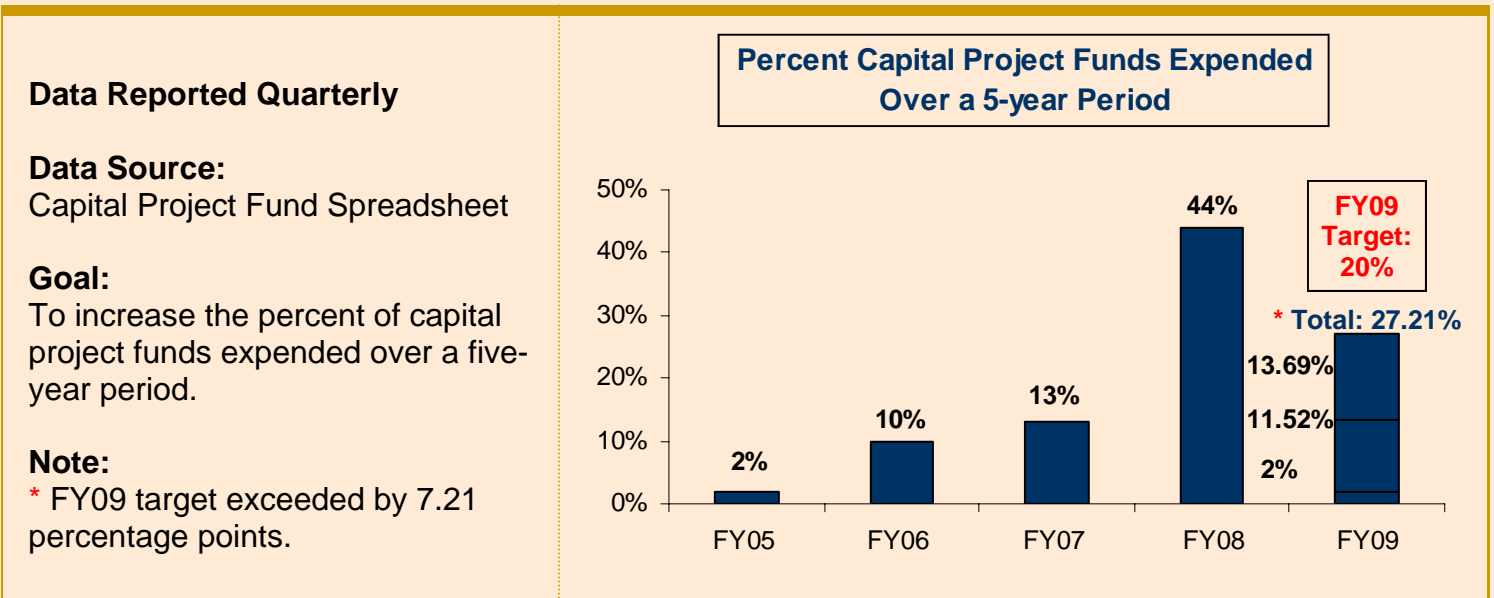
### ACTION PLAN:

- In Q3, six mini-grants were funded to create a script and produce teen pregnancy prevention videos. The programs funded are from the northern, central and southern parts of the state. In order to receive funding, the programs had to have youth involved throughout the planning and development of the script and production. The scripts for the videos were approved by the review team and scheduled to go into production with some recommended adjustments.
- In Q3, 104 documents and 295 pages were translated by the Office of Health Equity (OHE) Translator and 16 students participated in the basic Spanish class for health care staff.
- In Q3, the OHE Minority Health Educator completed outreach activities in five communities and met with five community based organizations.
- In Q3, 16 students completed the Spanish medical interpreter training class. To date, a total of 166 participants have completed the training.

## ACTION PLAN (CONTINUED):

- OHE staff worked with the Culturally and Linguistically Appropriate Services (CLAS) Work Group and the Department of Health (DOH) Training Bureau to provide CLAS training to all DOH employees through new employee orientation. In Q3, 13 staff received the training, for a total of 569 staff.
- In Q3, the CLAS and Language Access Assessment Surveys distributed to the five Public Health Division Regions and the six facilities were returned to DPP. Of the 59 surveys distributed, 51 were completed. The CLAS Work Group will develop reports to identify gaps in service and provide training to address the gaps identified.
- DPP is developing a website that provides a self directed CLAS training available at no cost to the user, which will be active by Q4.

## OBJECTIVE 3: IMPROVE FISCAL ACCOUNTABILITY.

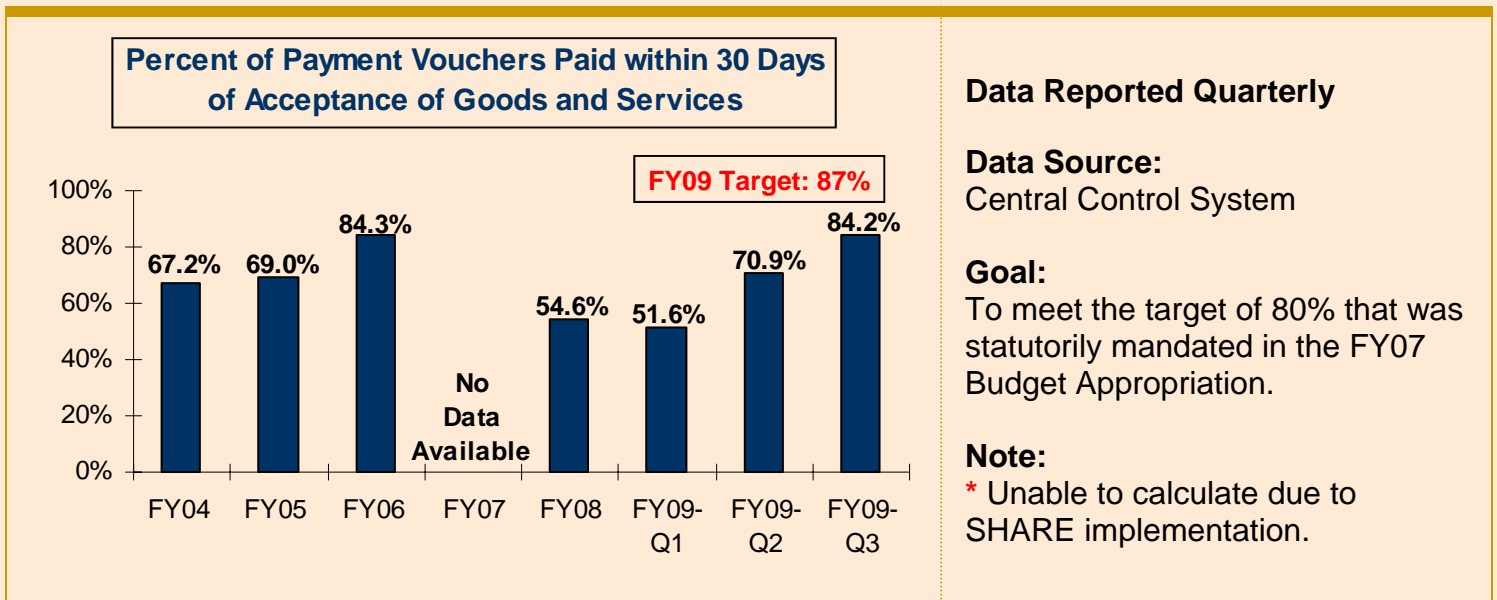


## ACTION PLAN:

- Tri-Services Laboratory Construction Project: Construction is well underway, the Superstructure has been completed and construction is ahead of proposed schedule for completion in May 2010. Additional funding was requested and authorized in the 2010-2014 DOH Infrastructure Capital Improvement Plan (ICIP), for casework and analytical equipment moving expenses; the legislature approved a supplementary amount of \$3,500,000. Project is on target and within the projected budget.
- Eastern New Mexico University-Roswell / New Mexico Rehabilitation Center Construction Project (Studio Southwest Architects, Inc.): The construction documents have been completed, reviewed and advertised. Pre-Bid Construction Conference was held April 8, 2009 with proposals due to the GSD Property Control Division by May 8, 2009 and contract signing by September 18, 2009. Timelines have been adjusted and the FF&E request of \$1,984,500 was placed in Year Two of the 2010-2014 ICIP request for consideration during the 2010 legislative session. The project is on target, on time and within the projected budget. **Continued...**

## ACTION PLAN (CONTINUED):

- Behavioral Health Institute Nursing Home Construction Project – (ASA Architects, Inc.): Additional appropriation of General Obligation Bonds (GO Bonds) in the amount of \$10,000,000 was approved by the voters in the November 2008 General Election. This brought the available funding to \$21,000,000. Direction was given to the architecture and engineering (A&E) firm to design the 180 bed proposal and prepare to phase the construction of the project with the core segment including appropriate mechanical infrastructure and a 32 bed unit planned as the first phase. General Services Department – Property Control Division has authorized the A&E firm to prepare construction documents for the phased implementation and the construction of the initial 32 bed segment of the project.
- The cigarette tobacco tax projects approved in September 2005 continue to move forward towards completion. Property Control Division is managing the Sequoyah Adolescent Treatment improvement projects of re-roofing the residential lodges A & B through a statewide price agreement and the erosion control project is to be advertised through the competitive bid process. The erosion control project has been bid and awarded and completion is planned prior to the summer monsoon season.



## ACTION PLAN:

- A sample of 50 documents a month are being used to calculate the result.
- The Administrative Services Division and program financial personnel will continue evaluating the payment voucher process and carefully monitor encumbrances.
- Provide training to DOH staff in processes that will improve turnaround time.

## PROGRAM AREA 2: PUBLIC HEALTH

### MISSION/PURPOSE:

The Public Health program provides a coordinated system of community-based public health services focusing on disease prevention and health promotion in order to improve health status, reduce disparities, and ensure timely access to quality, culturally competent health care.

### GOAL:

Improve health outcomes and family support for New Mexicans.

### FY09 OPERATING BUDGET:

**General Funds:** 86,051.8

**Inter-Agency Funds:** 23,126.8

**Federal Funds:** 71,918.3

**Other Transfers:** 25,862.1

### PROGRAM AREA 2 OBJECTIVES:

#### OBJECTIVE 1:

Increase immunizations for children and adolescents.

#### OBJECTIVE 2:

Reduce teen pregnancy.

#### OBJECTIVE 3:

Decrease the transmission of infectious disease cases and expand services for persons with infectious diseases.

#### OBJECTIVE 4:

Reduce child and adolescent obesity and diabetes in all populations.

#### OBJECTIVE 5:

Reduce youth suicide.

#### OBJECTIVE 6:

Reduce tobacco use.

#### OBJECTIVE 7:

Expand healthcare for school-age children and youth through school-based health centers.

## OBJECTIVE 1:

### INCREASE IMMUNIZATIONS FOR CHILDREN AND ADOLESCENTS.

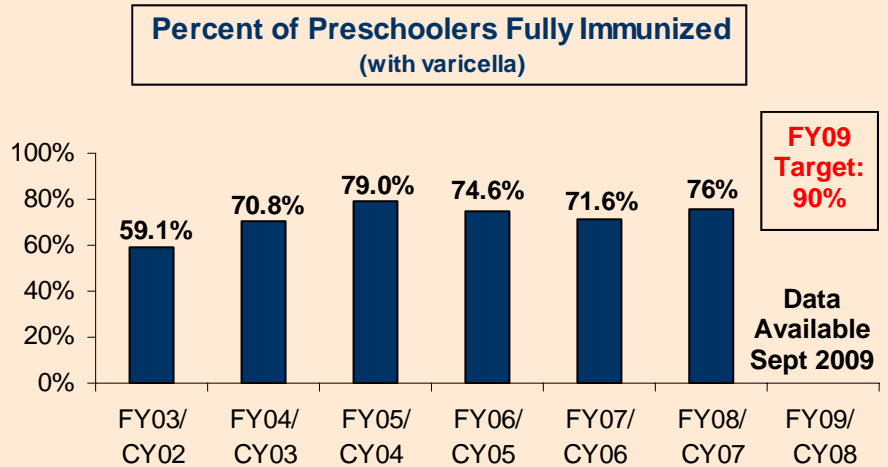
#### Data Reported Annually

#### Data Source:

National Immunization Survey

#### Goal:

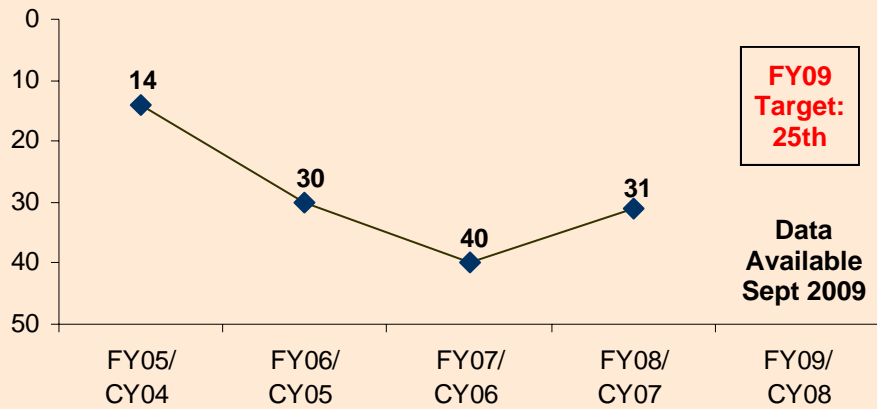
To increase the percent of preschoolers immunized by 14 percentage points.



#### ACTION PLAN:

- Initial preliminary results for kindergarteners was 86%, however after factoring in valid vaccine exemptions and catch-up immunizations, the final percent of fully immunized kindergarteners was 95%.
- A multi-phase immunization awareness and promotion media campaign using television, radio and “bus wrap” ads, billboards and collaboration with UNM athletic events will run July 2008 through June 2009. The media broadcasts will coincide with quarterly statewide immunization events coordinated by the New Mexico Immunization Coalition and the New Mexico Primary Care Association.
- Work directly with the almost 500 immunization providers statewide that serve children zero to three years of age to improve their immunization practices.
- Reach the state’s low immunization zones by researching and creating new opportunities, processes and systems with less-used resources such as promotoras, medical assistants and other community health workers.
- Assist with quarterly statewide immunization events coordinated by the NM Immunization Coalition. Involve as many Vaccine for Children Providers as possible who offer free, easy-to-access immunization opportunities statewide.
- Collaborate with partners such as the NM Immunization Coalition, NM Medical Society, Indian Health Services, Public Education Department, Women, Infant, Children program and Children, Youth and Families Department to disseminate immunization information, minimize missed immunization opportunities and increase rates of completed childhood immunizations.

**National Ranking of New Mexico Children Who are Fully Immunized**



**Data Reported Annually**

**Data Source:**  
CDC National Immunization Survey

**Goal:**  
To rank higher than half the nation.

**ACTION PLAN:**

- Report weekly immunization activities from all 55 public health offices to immunization program managers in order to better coordinate immunization services statewide.
- Partner with the New Mexico Immunization Coalition and local providers to conduct quarterly week-long immunization events to be held in November, February, April and August.
- Analyze available data to identify communities with lower immunization coverage and work with local providers, families and other key agencies to establish sustainable ways to increase immunization coverage.

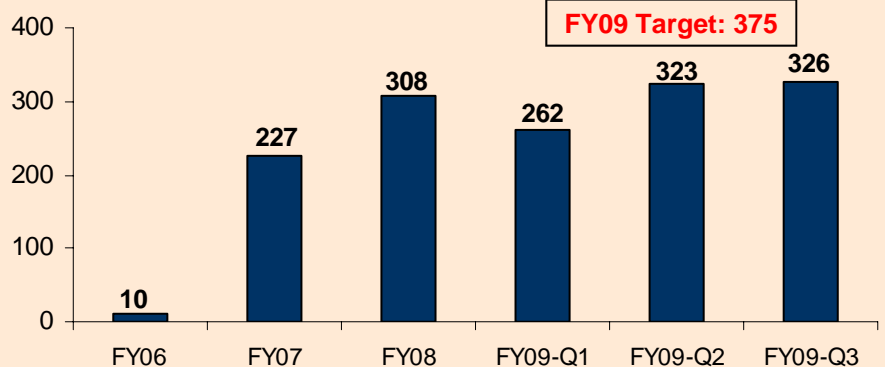
**Data Reported Quarterly**

**Data Source:**  
New Mexico Statewide Immunization Information System (NMSIIS)

**Goal:**  
To increase the number of providers using the NMSIIS by 5%.

**Note:**  
Out of 475 VFC Providers, 326 (68%) are actively using NMSIIS.

**Number of Providers Utilizing the Statewide Immunization Registry**



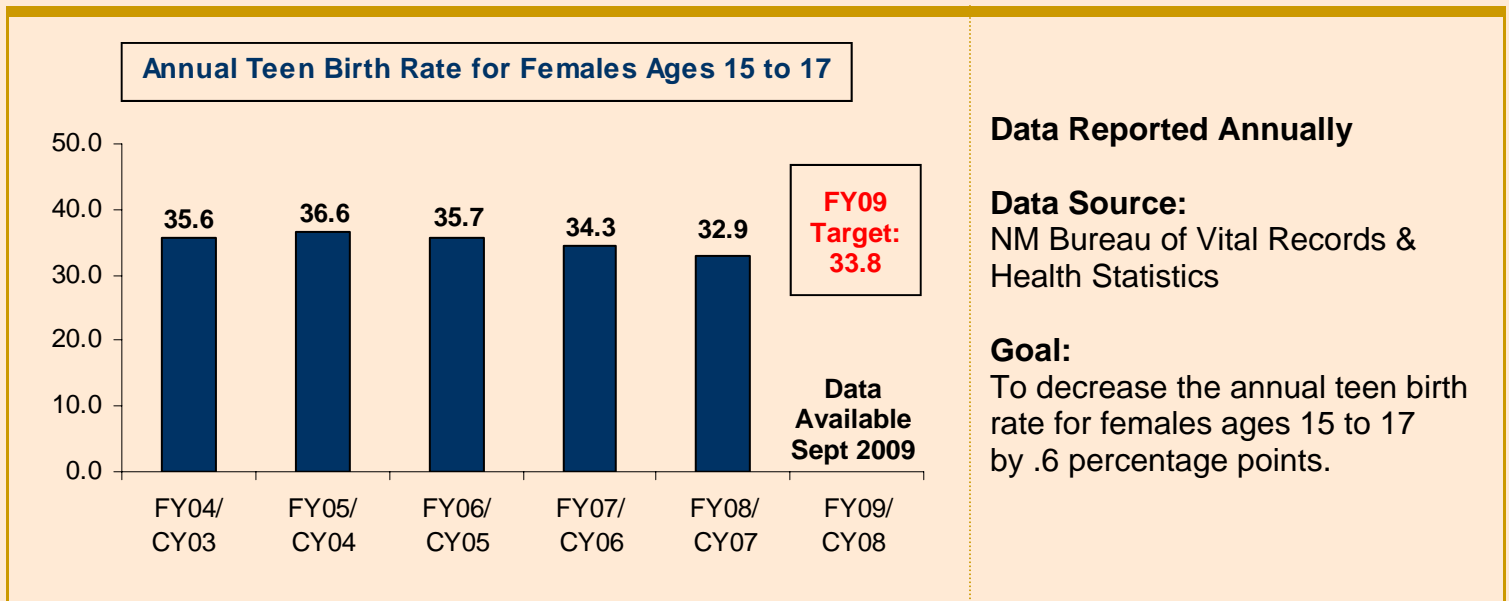
**ACTION PLAN:**

- Include wording in the Human Services Department’s Managed Care Organization contracts that provide guidelines for 1) immunization measure tracking, 2) pay for performance and 3) a reminder that all Vaccines for Children Providers should be entering immunization data directly into NMSIIS.

## ACTION PLAN:

- Develop, test and implement an electronic interface (HL7) for immunization data exchange between NMSIIS and providers. This will enable direct, bi-directional immunization data exchange, alleviate double-entry of data by providers, increase accuracy and timeliness of registry data and increase provider usage of NMSIIS.
- NMSIIS is in the process of being upgraded to the newest system version, which will stabilize and enhance user functionality and capabilities.
- Increase provider awareness and use of the NMSIIS by providing training and technical support.

## OBJECTIVE 2: REDUCE TEEN PREGNANCY.



## ACTION PLAN:

- Students with the Teen Outreach Program (TOP) in Torrance County take great pride and ownership in their service learning project helping to organize a mobile food pantry. The TOP students call the families who are invited to the food pantry, arrange the set up of the food and assist the families with getting the food to their cars. They were featured in a segment on Channel 13 news in March.
- The Valencia County TOP has after school programming twice a week at both Los Lunas and Belen Middle Schools with three Americorp volunteers working with the project. One volunteer, who is a senior in high school, will receive a \$1,000 college scholarship after completing his volunteer service.
- At the request of parents, the Valencia County Teen Outreach Program with the help of AmeriCorps volunteers is now offering tutoring to participants who need help with classes like pre-algebra.
- Jimmy Masters, Health Educator from Roswell, presented information on Sexual Responsibility to over 100 cadets of the New Mexico Youth Challenge. The presentation was given to five groups over a three-day period. The topics covered were STDs, pregnancy and accountability.

**Data Reported Quarterly**

**Data Source:**

NM Bureau of Vital Records & Health Statistics

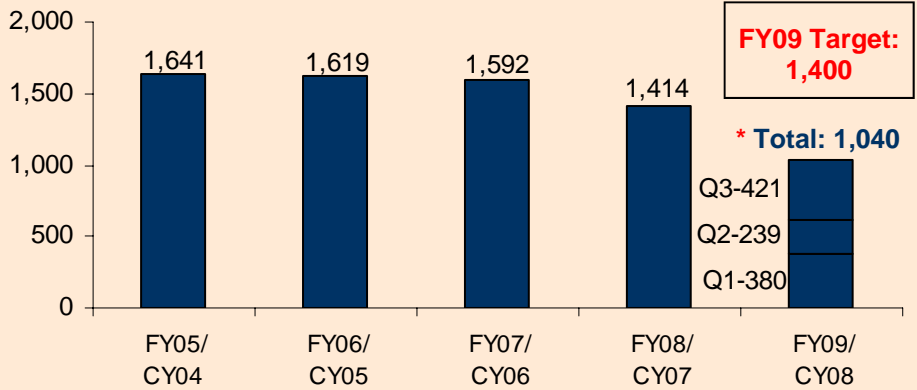
**Goal:**

To decrease the number of births for females age 15 to 17 by 14.

**Note:**

\* This is for births to female residents age 15-17 that occurred in NM and were registered during the specified time period.

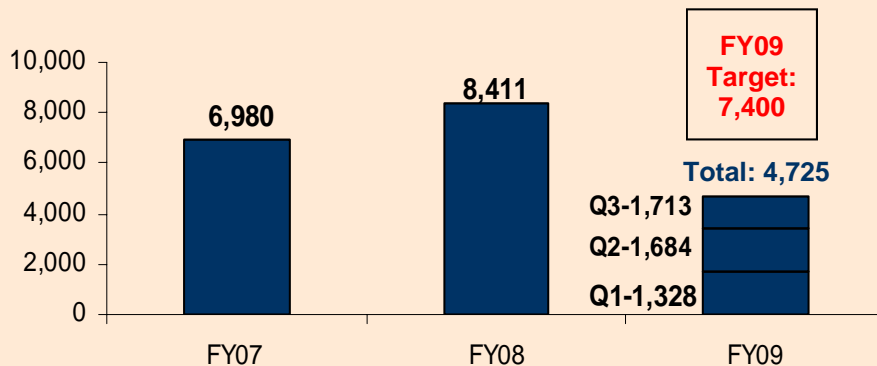
**Annual Number of Births Registered at Vital Records for Females Ages 15 to 17**



**ACTION PLAN:**

- The TOP/Elev8 students at Wilson Middle School were recognized by the State Legislature for their service learning activities. House Memorial 41 congratulates Wilson Middle School students on their campaign to help solve local and school based hunger problems. The students sold over \$3,000 worth of anti-hunger buttons and provided 56 baskets with complete Thanksgiving dinners to families in the community. The students also petitioned APS to provide free lunches to all Wilson Middle School students and testified to the Albuquerque public school board.
- Region 1 staff from the San Juan County Public Health Offices in Farmington and Bloomfield developed and presented the program “Health Education Related to Human Sexuality” to 20 girls and 15 boys who are students at the Mosaic Academy, a charter school in the Aztec Municipal School District. The course provided information on puberty, conception, STDs, responsible sexual decision making and refusal skills.

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



**Data Reported Quarterly**

**Data Source:**

Provider databases

**Goal:**

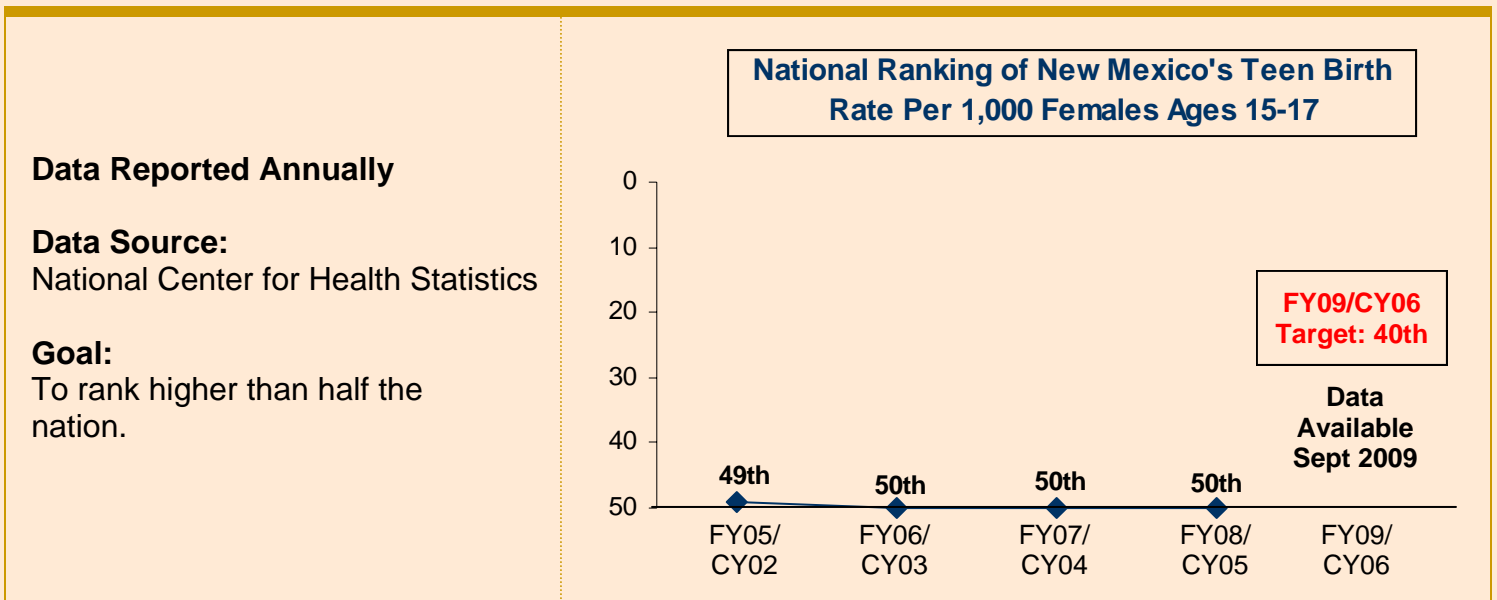
To increase the number of teens ages 15-17 receiving family planning services.

**Note:**

Results for all three quarters changed.

## ACTION PLAN:

- Velia Luna, CNP with the Luna Public Health Office in Deming, gave an STD presentation to students in the GRADS program at Hofacket Middle School. Topics included: types of STD's, STD transmission and prevention; pamphlets on pregnancy, suicide and tobacco; and information on services at the Public Health Office.
- Staff from the San Juan County Public Health Office in Farmington participated in a Young Parents Conference. PHD staff they provided birth control education and handed out pamphlets, condoms and contraceptive foam at a booth. They also helped attendees make appointments at the San Juan County Public Health Office.



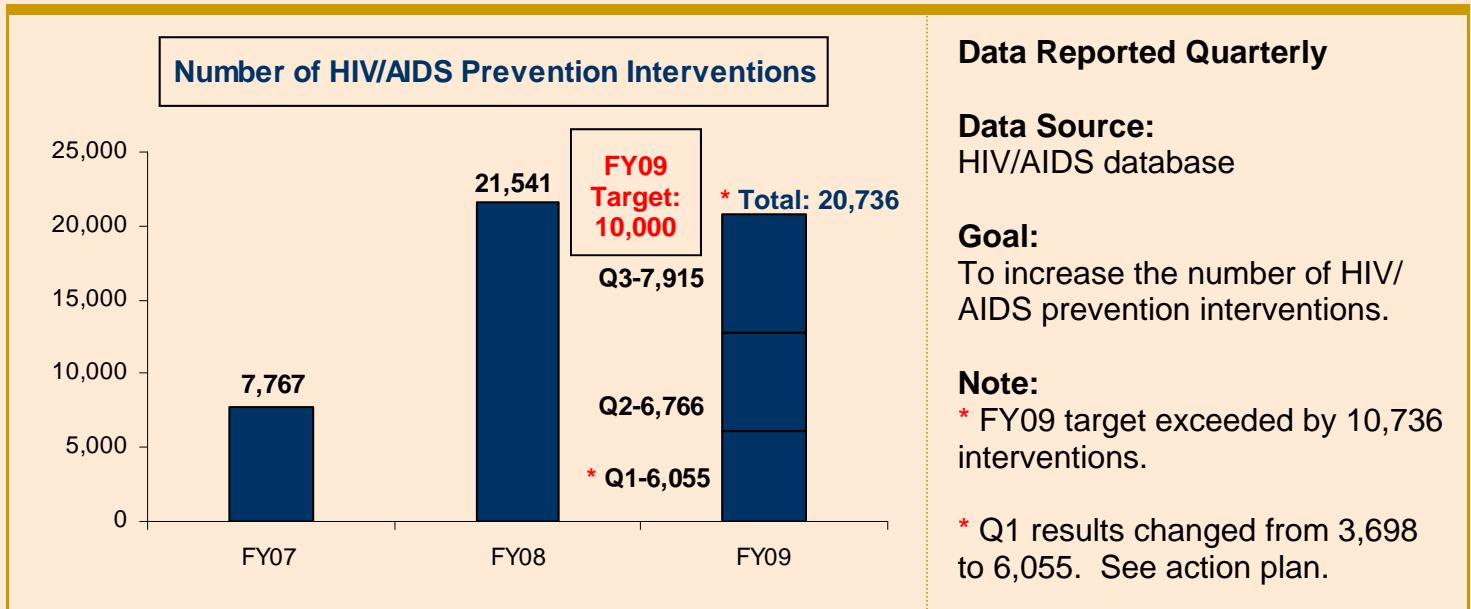
## ACTION PLAN:

- The Valencia County Teen Outreach Program held a parent training for 31 parents, including an activity on the importance of parent-child communication and knowing your child's friends.
- Staff from the South Valley Male Involvement Project (SVMIP) presented at the South Valley Academy Integrated Day Activities event to more than 250 students about SVMIP's reproductive health education, and the upcoming teen clinics they will offer at the South Valley Academy.
- Beatriz Butler, liaison to the Lea County Health Council Teen Pregnancy Prevention Committee, coordinates the opportunity for the young men of Hobbs GRADS to attend monthly meetings where they provide input on how best to address the teen pregnancy problem in Lea County from a teen perspective.

## ACTION PLAN (CONTINUED):

- The Division of Policy and Performance awarded one of the mini-grant awards for the teen pregnancy prevention video contest to the Hobbs GRADS Dads program. The GRADS teens began filming a teen pregnancy prevention video on Wednesday, February 11th with the assistance of Beatriz Butler, Lea County Nurse Manager. The South Valley Male Involvement Project also met with the group to help with the video project.
- The South Valley Male Involvement Project will provide sessions at three middle schools using the Wise Guys curriculum.

## OBJECTIVE 3: DECREASE THE TRANSMISSION OF INFECTIOUS DISEASE CASES AND EXPAND SERVICES FOR PERSONS WITH INFECTIOUS DISEASES.

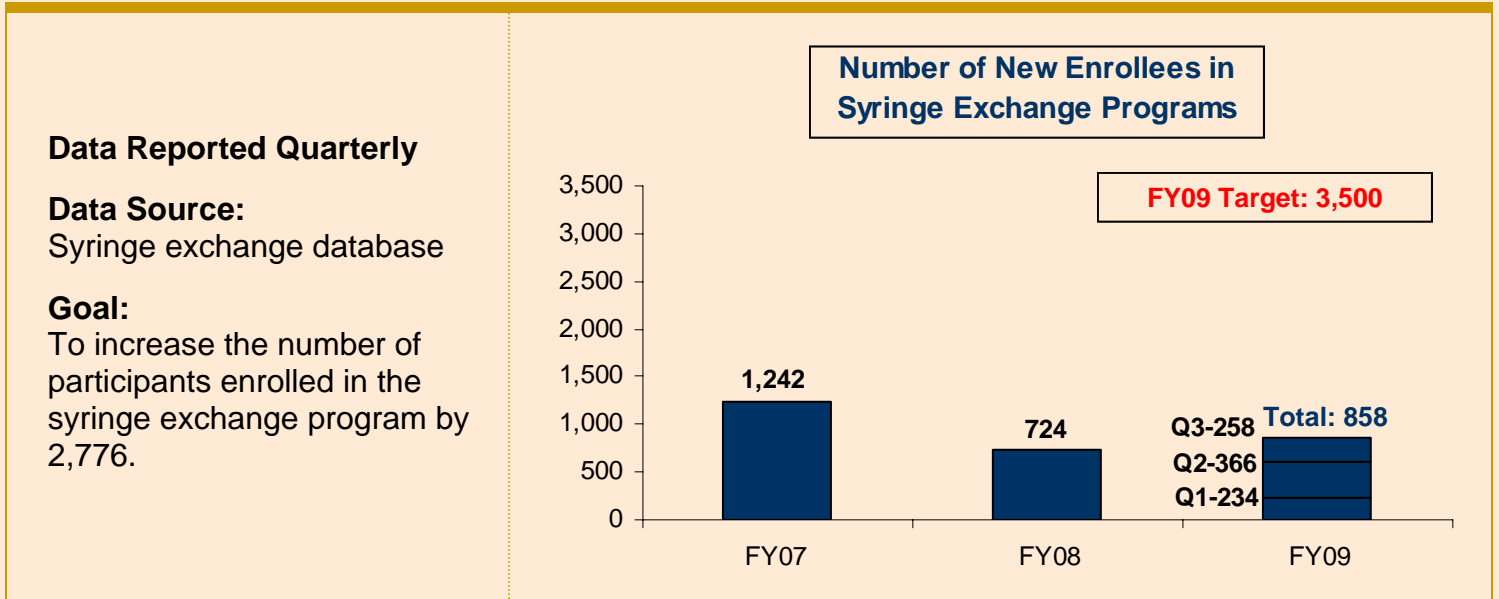


## ACTION PLAN:

- Data reflects all HIV prevention interventions delivered during the three quarters. Recent cleaning and quality assurance of the HIV prevention "Aggregate Database" during November and December 2008 ensures that these figures are more accurate and complete.
- The HIV Prevention Program hired a new Data and Reporting Coordinator in October 2008, who is 1) correcting errors in records that prevent them from being counted, 2) removing duplicate records and 3) following up with providers to ensure all reports are entered. As a result, the new figure now reflects an accurate picture of the work delivered during this period.

## ACTION PLAN:

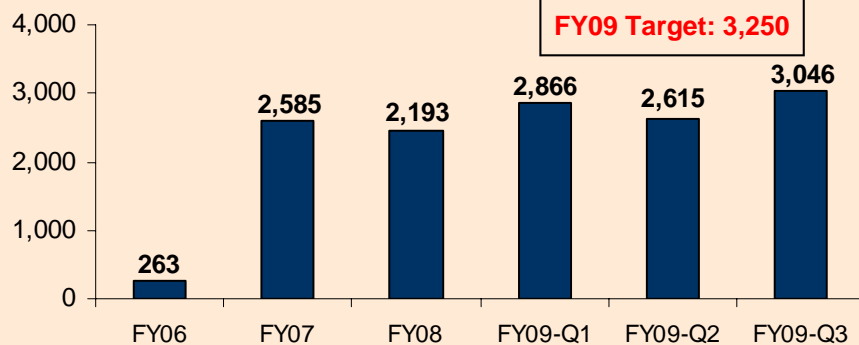
- HIV prevention interventions are delivered by 12 community-based agencies and disease prevention teams at each of the five Department of Health regions. HIV prevention contractors are now in the third year of multi-year contracts with new evidence-based Diffusion of Effective Behavioral Interventions. As their capacity to deliver these models improves, the number of persons served is growing as well.



## ACTION PLAN:

- Instituted three contracts for expanding needle exchange and harm reduction statewide. This will expand the clinical capacity for harm reduction and needle exchange at the local level, especially in rural areas.
- Provide Harm Reduction Certification and training to public health staff and contractors in Public Health Offices and community based organizations providing or planning on providing harm reduction syringe exchange services.
- Increase provider knowledge about harm reduction philosophies and practices, including how to properly conduct enrollment interviews and provide syringe exchange services, such as exchanges, basic wound care and knowledge of treatment options for injection drug users.
- Continue outreach to underserved communities to enroll active injection drug users in the Syringe Exchange Program.

**Number of Hepatitis C Clients Enrolled in a Disease Management Service Through Project ECHO**



**Data Reported Quarterly**

**Data Source:** UNM Project ECHO Database

**Goal:**

To increase the number of hepatitis C clients enrolled in disease management services through Project ECHO by 1,057.

**ACTION PLAN:**

- Provide hepatitis C counseling, referral training and orientation to public health staff in every region engaging in hepatitis C case investigation, relative to area ECHO providers and services. This will increase knowledge, expertise and success rates relative to hepatitis C positive client referrals between public health offices and area community-based ECHO providers.
- Facilitate establishment of referral and tracking system between New Mexico Corrections Department (NMCD), Public Health, and community-based ECHO Providers, on released inmates diagnosed with hepatitis C virus (HCV) during their incarceration. NMCD has implemented universal HCV screening in their facilities. As such, increasing numbers of inmates will be aware of their hepatitis C status prior to release. Estimates range from 25% to 40% of the current population (6,000+) housed in correctional facilities in the state have hepatitis C.
- Facilitate monthly meetings of ECHO Partners, with representation from Public Health Region 5, Infectious Disease Bureau, Epidemiology and Response Division, UNM ECHO and New Mexico Corrections Department to identify barriers and successes relative to referrals and access to medical care services.

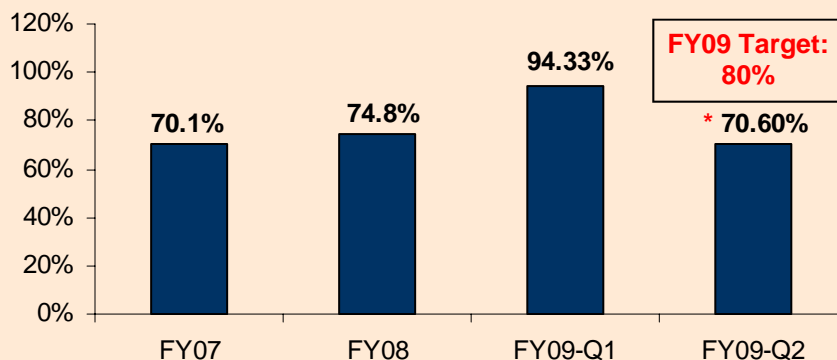
## Data Reported Quarterly

**Data Source:**  
STD Database

**Goal:**  
To increase the percent of partners of syphilis cases that are identified and treated by 5.2 percentage points.

**Note:** \* In order to present more accurate data, results will be reported one quarter behind.

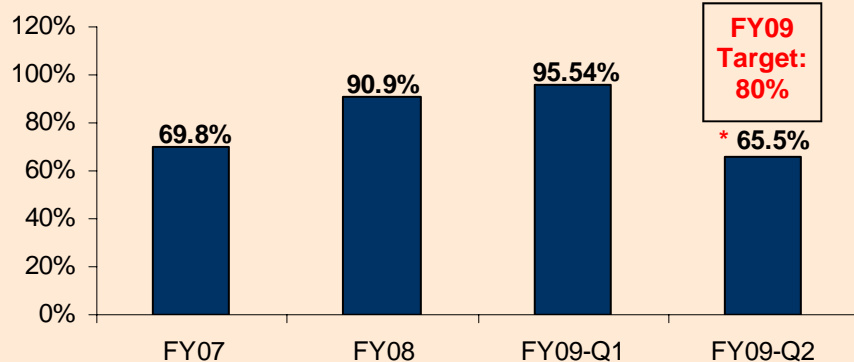
### Percent of Partners of Individuals with Syphilis Who are Identified and Treated



## ACTION PLAN:

- Conduct partner notification interviews of all reported cases of early syphilis.
- Identify, find and appropriately treat partners of individuals with syphilis, in an effort to control the disease.
- Use STD\*MIS, the STD Program's Database, to monitor the status and outcomes of these investigations. Assure that STD partner information is properly entered, analyzed and reviewed to determine statewide and regional performance and to identify problems.

### Percent of Partners of Individuals with Gonorrhea Who are Identified and Treated



## Data Reported Quarterly

**Data Source:**  
STD Database

**Goal:**  
To increase the percent of partners of gonorrhea cases that are identified and treated.

**Note:** \* In order to present more accurate data, results will be reported one quarter behind.

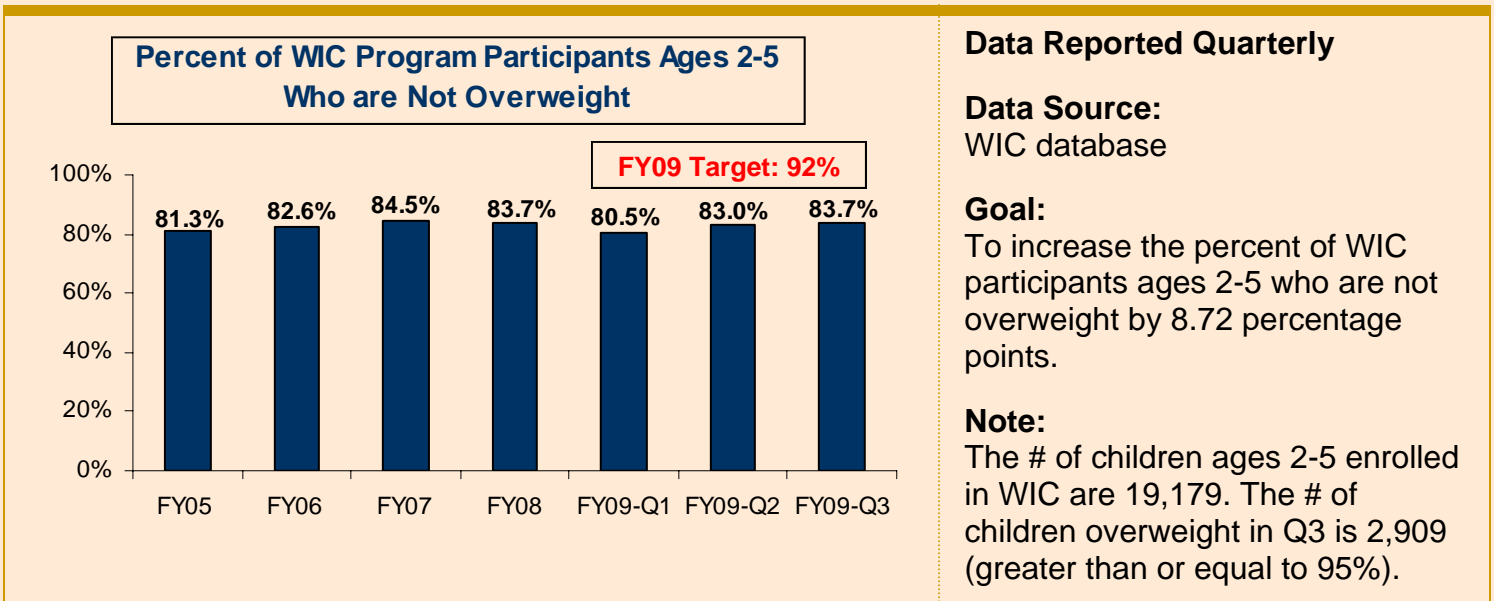
## ACTION PLAN:

- Conduct partner notification interviews of all reported cases of early gonorrhea.
- Identify, find and appropriately treat partners of individuals with gonorrhea, in an effort to control the disease.

## ACTION PLAN (CONTINUED):

- Use STD\*MIS, the STD Program's Database, to monitor the status and outcomes of these investigations. Assure that STD partner information is properly entered, analyzed and reviewed to determine statewide and regional performance and to identify problems.

## OBJECTIVE 4: REDUCE CHILD AND ADOLESCENT OBESITY AND DIABETES IN ALL POPULATIONS.



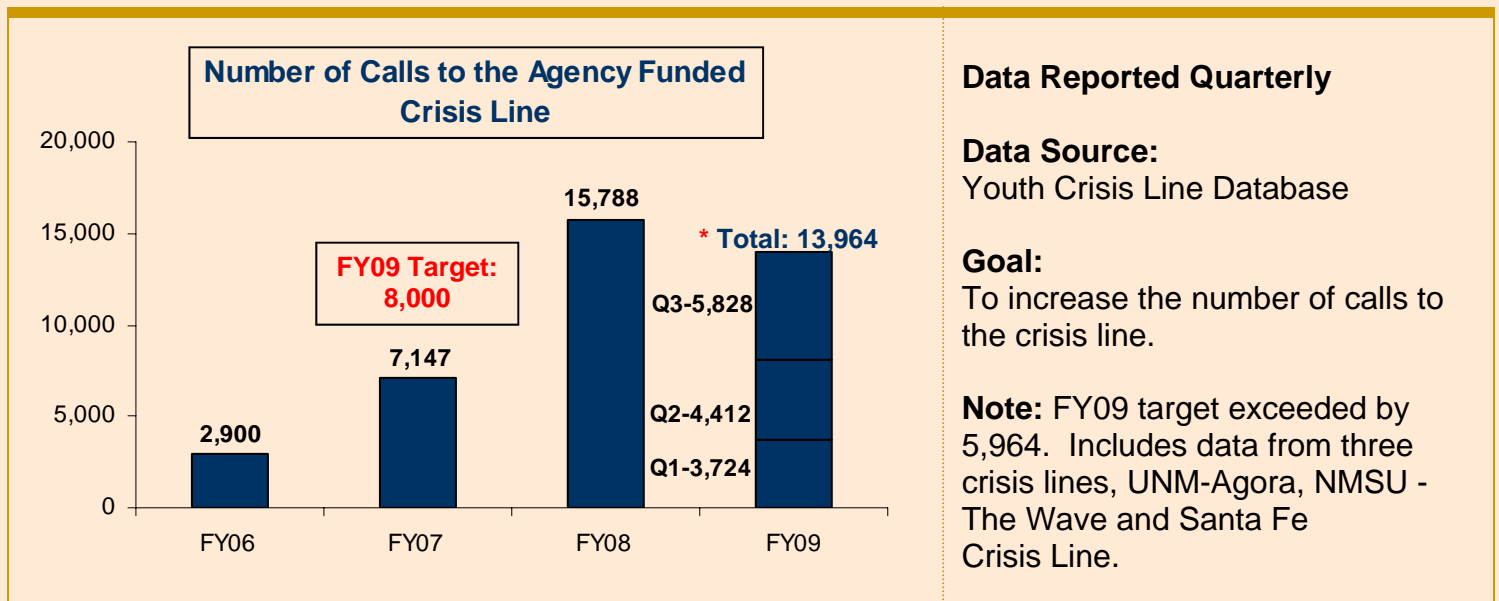
## ACTION PLAN:

- For the first time in over 25 years, the Women Infant and Children (WIC) food package is being revised to include a greater variety of healthy food choices that are culturally acceptable. The WIC foods provided to families are specially designed to provide specific nutrients to help with their growth and development. The new food packages align with the 2005 Dietary Guidelines for the American and infant feeding practice guidelines of the American Academy of Pediatrics. States will have the ability to implement this program over the next 18 months, with final rules going into effect on August 5, 2009.
- The New Mexico WIC Program is working to set the standards in New Mexico for national initiatives such as Value Enhanced Nutrition Assessment (VENA). VENA is a client centered approach to nutrition assessment and nutrition counseling targeted at individual nutrition goals. WIC nutritionists use motivational interviewing to encourage WIC clients to make positive behavior changes. The WIC program educates parents to develop positive feeding relationships with their children.
- WIC Fit Kids, NM WIC Program, in collaboration with USDA, has developed and now uses an educational tool kit called Fit Kids = Happy Kids to help prevent childhood overweight and obesity. The kit reinforces key messages: Eat as a family and get active as a family, drink more water and less sweetened drinks, and add more fruits and vegetables to meals and snacks.

## ACTION PLAN (CONTINUED):

- The NM WIC Program received a \$390,000 grant from USDA to reduce childhood obesity. The WIC Program is partnering with the University of New Mexico and the International Life Science Institute Research Foundation to implement a project called Get Healthy Together: WIC Staff and Clients Moving Toward Healthier Lifestyles. This project will include staff wellness and self-efficacy training. In addition, this project will implement obesity management skill trainings to WIC staff in order to provide pediatric overweight prevention and behavior management counseling. In addition, this project will incorporate Motivational Interviewing (MI) Training, which is a new tool that will be used by newly trained WIC staff to use with clients.

## OBJECTIVE 5: REDUCE SUICIDE AMONG YOUTH.



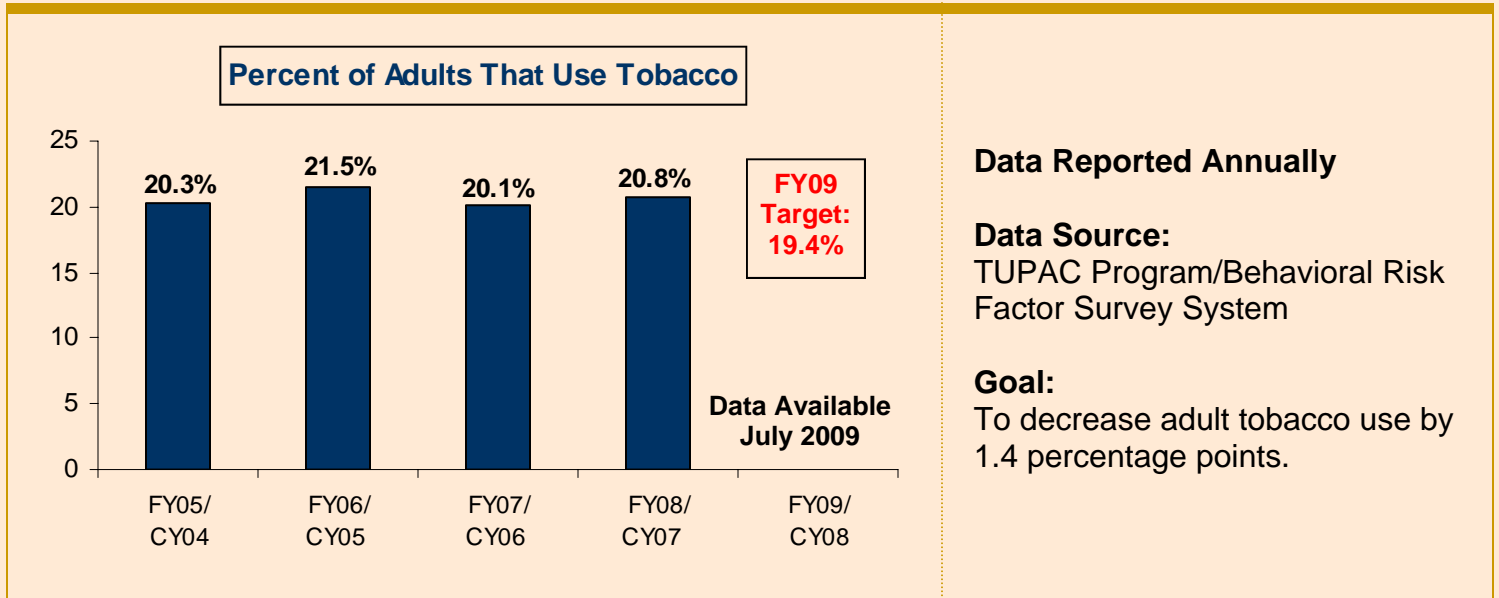
## ACTION PLAN:

- Office of School and Adolescent Health (OSAH) continues to oversee the New Mexico Crisis Line Network to insure 24/7, toll-free crisis line availability. Providers currently working to coordinate the statewide services include: National Talk-Line, UNM-Agora, NMSU-The Wave, and Santa Fe Crisis Line. All three sites participated in community outreach, awareness and education activities. Sites remain active in tabling at statewide conferences. The WAVE continues to aggressively recruit and train student volunteers to staff its crisis line. Agora remains with the highest response to calls, despite changes in location and funding.
- Newly added to the statewide youth suicide prevention continuum was the San Juan County Youth Suicide Preventionist. In collaboration with the Region 1 School Mental Health Advocate, the Preventionist has assisted in direct post-vention response, community capacity building to respond to youth at risk for suicide, and has had an active presence at all community based activities related to school behavioral health and youth suicide prevention, including the School Behavioral Health Advisory Council. Currently, the Preventionist is completing a community assets map to disseminate among school and community providers, complete with post-vention, peer-to-peer, adolescent health and behavioral health resources.

## ACTION PLAN (CONTINUED):

- SF Crisis Line met with SF Public Schools and set up a suicide crisis protocol for students identified as suicidal. They agreed that a crisis line coordinator will be contacted immediately to facilitate assessment and linkage to SBHC or immediate intake to Santa Fe Child Guidance Center. This effort is to avert referrals to St. Vincent ER, where youth often have to wait and services are not always effective. They also met with Santa Fe School for the Deaf to inform them about the hotline.
- Agora, The Wave and Santa Fe Crisis Line conduct ongoing suicide awareness and crisis response training in the community. They provide posters and calling card information to schools, community providers, universities and colleges. They also work with local police and emergency response teams to provide guidance on best-practices and how to manage a suicide in progress.
- Agora received approval from UNM administration to offer course credit for a class on suicide prevention and awareness.

## OBJECTIVE 6: REDUCE TOBACCO USE.



## ACTION PLAN:

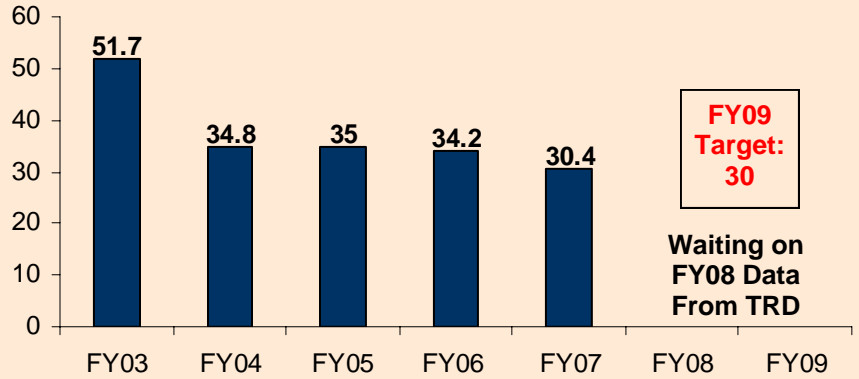
- Provide free smoking cessation services in English and Spanish to New Mexico smokers through a contracted tobacco help line service, 1-800-QUIT NOW. FY09 goal is to reach 14,000 tobacco users.
- 1-800-QUIT NOW, New Mexico's free tobacco help line provides free nicotine patch, gum, and lozenge therapy to every caller that registers in the program and is ready to quit in the next 30 days.
- Provide community-based cessation services such as cessation classes and pharmacotherapy that include screening and brief intervention counseling. New Mexicans who are uninsured or very low income are the highest priority for receiving these services. Services are provided by 20 organizations statewide. Trained counselors provide cessation classes using proven curriculum such as Freedom From Smoking. Trained physicians do short interventions, a brief and effective counseling protocol for motivating patients to quit smoking, and referrals to cessation services.

**Number of Packs of Cigarettes Sold Per New Mexican**

**Data Reported Annually**

**Data Source:**  
TUPAC Program

**Goal:**  
To decrease the number of packs of cigarettes sold by three.

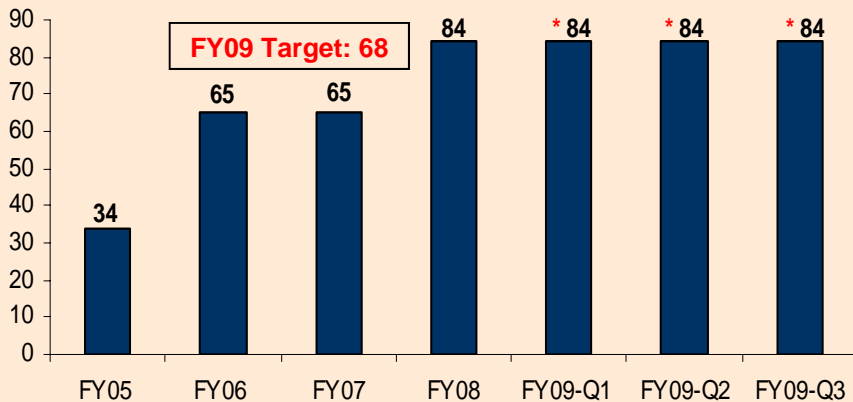


**ACTION PLAN:**

- There are significant discrepancies in the number of packs sold data being reported to the program. Distributors typically buy tax stamps in bulk which causes problems for monthly and annual data. A distributor who amasses a large stockpile of cigarette tax stamps will affect data for a given month and year, while not necessarily reflecting how many cigarettes are sold to consumers at the retail level.
- In FY09, the Tobacco Use Prevention and Control program will implement an extensive, multi-media social marketing campaign that incorporates the latest evidence-based strategies to reduce youth tobacco use. The first phase will be implementation of a campaign to reduce the social acceptability of tobacco use that incorporates the latest evidence-based strategies to reduce youth tobacco use.

**OBJECTIVE 7: EXPAND HEALTH CARE FOR SCHOOL-AGE CHILDREN AND YOUTH THROUGH SCHOOL BASED HEALTH SERVICES.**

**Number of Operating SBHCs**



**Data Reported Quarterly**

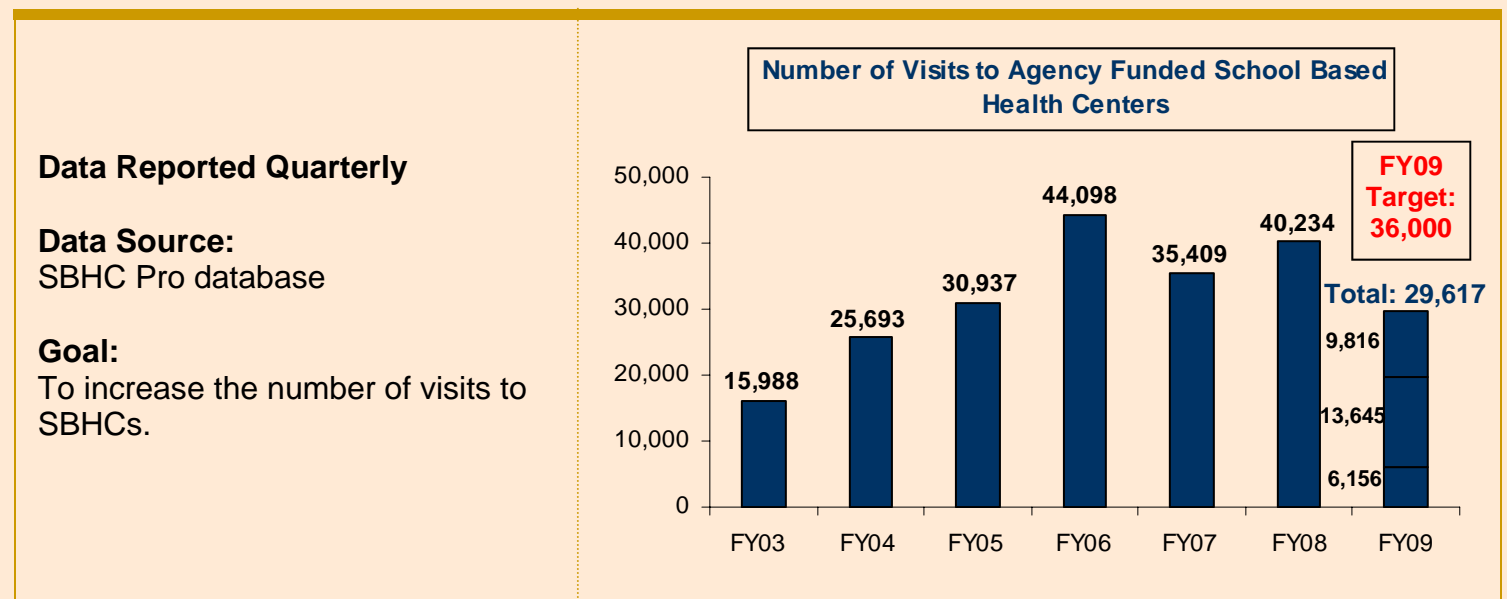
**Data Source:**  
SBHC database

**Goal:**  
To increase the number of operating SBHCs.

**Note:**  
\* FY09 target exceeded in Q1, Q2 & Q3.

## ACTION PLAN:

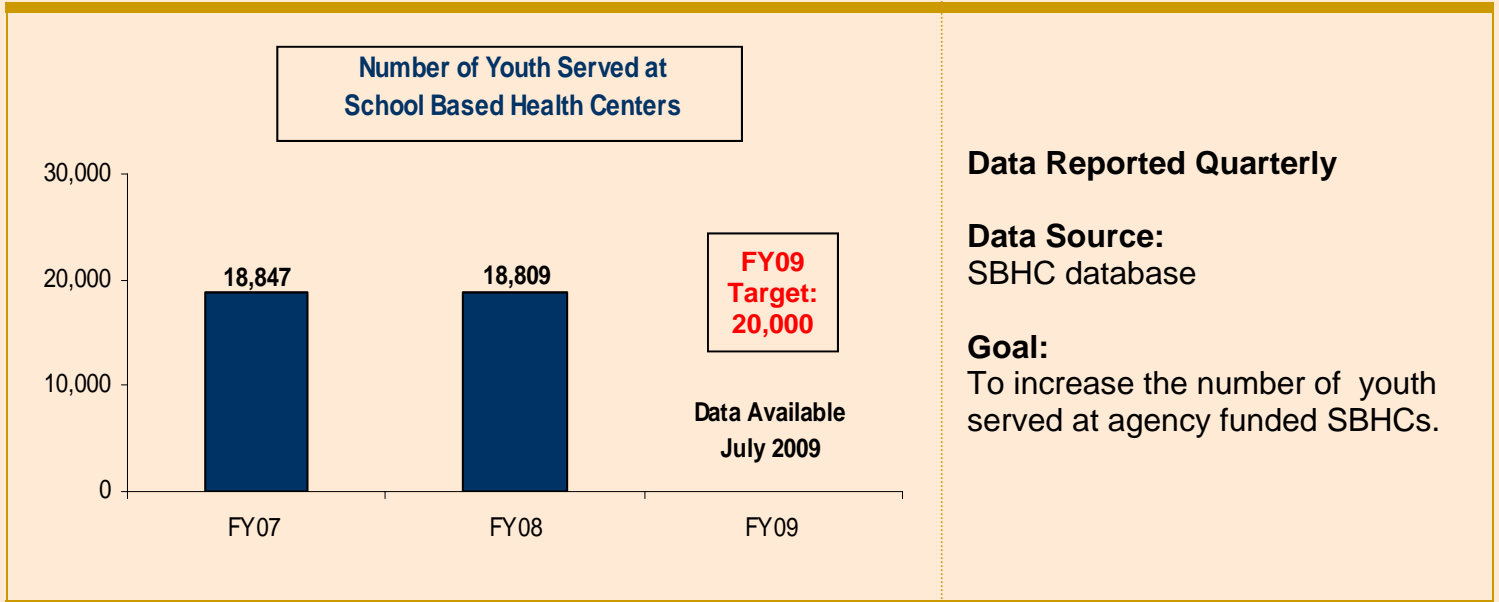
- There are currently 84 SBHCs registered with the NM Alliance for School Based Health Care and listed on the on-line directory at [www.nmasssembly.org](http://www.nmasssembly.org). Of these sites, DOH's Office of School and Adolescent Health (OSAH) provides funding and oversight to 59 centers statewide.
- OSAH, in partnership with the Human Services Division (HSD), is implementing a SBHC Medicaid Program focused on increasing the number of SBHCs credentialed and approved for Medicaid reimbursement for primary care and behavioral health. Thirty-one SBHCs are currently approved and participating in this program. OSAH and HSD will work throughout the year to identify billing procedures for oral health services with an overall goal of establishing a process for credentialing and billing oral health services.
- OSAH successfully implemented a data tracking and reporting system for the 59 state funded sites. All 59 sites are implementing the data collection strategy and reporting tools. Data collection for FY08 will be much more comprehensive and will enable OSAH to develop an annual report that includes an overview of top visit types and utilization, as well as analysis of provider hours and health promotion activities.
- OSAH will continue quality improvement (QI) activities throughout FY09 in partnership with UNM-Envision. OSAH and Envision will use assessment results gathered in September to determine QI activities for up to 25 sites. QI will be provided in the following content areas: obesity prevention, teen lifestyle change, behavioral health, clinical best practices or community collaboration. The QI process is intended to promote best practices within the DOH funded SBHCs in New Mexico.
- OSAH will continue to partner with the NM Community Foundation on the development, implementation and evaluation of the NM Integrated Schools Initiative at Gadsen, Laguna, Grant, Wilson middle schools and the Native American Charter. All sites include a school based health center, family supports and before and after school components. OSAH is providing ongoing technical assistance and oversight to the SBHCs, as well as active participation on the project advisory team and evaluation committee.



## ACTION PLAN:

- Youth are utilizing the SBHC to receive well-exams, urgent care, reproductive health services and behavioral health treatment. SBHCs are focused on providing students with quality health care, especially well-examinations for every youth seen by the SBHC. Screening for risk behaviors is also priority and all students seen by the SBHC are required to complete a Student Health Questionnaire to identify areas of risk, resiliency and need. The tool is used by the providers to guide discussions with youth, identify services and to provide health education.
- Increase in visits is reflective of improved data tracking and reporting. SBHCs are utilizing an on-line tool supported through OSAH to provide patient management.
- Youth are utilizing the SBHC to receive well-exams, urgent care, reproductive health services and behavioral health treatment. SBHCs are focused on providing students with quality healthcare, especially well-examinations for every youth seen by the SBHC. Screening for risk behaviors is also a priority. All students seen are required to complete a student health questionnaire to identify areas of risk, resiliency and need. The tool is used by the providers to guide discussions with youth, identify services and to provide health education.
- Teen pregnancy prevention is a priority area of concern for OSAH. Students accessing SBHCs receive comprehensive reproductive health education from providers, STD screening and treatment and pregnancy testing. Currently 26 SBHCs have approval from their local school administrators to dispense contraceptive supplies and medications on site. The SBHC Medicaid program also approved reimbursement to SBHCs for supplies purchased in advance that will be dispensed to Medicaid eligible youth in order to remove barriers and stigma associated with filling a prescription in the community. The Bernalillo HS SBHC received approval from the school board to dispense in November. Efforts are underway to secure needed pharmacy licenses and Title X provider agreements to begin services.
- OSAH completed a survey of all Bureau of Indian Education (BIE) schools and the findings indicated disparities in the delivery of school health services, including SBHCs. The goal of the partnership is to improve the quality of school health services in BIE schools and to support partnership and coordination between Indian Health Services, school based programs and DOH.
- Obesity prevention is a priority area of concern for SBHC providers. UNM-Envision is currently working with OSAH to provide direct training and case consultation to SBHC providers to increase their skills in the identification and management of comorbidities associated with overweight and obese children. Specific changes in SBHC provider practice are noted, including BMI assessment on all students seen, utilization of motivational interviewing practices and participation in telehealth consultation with pediatric specialists and increased referrals for medical nutrition therapy. OSAH is working with HSD to include nutrition therapy as a covered service under the SBHC Medicaid program.

## OBJECTIVE 7: EXPAND HEALTH CARE FOR SCHOOL AGE CHILDREN AND YOUTH THROUGH SCHOOL BASED HEALTH SERVICES.



### ACTION PLAN:

- There are currently 84 SBHCs registered with the NM Alliance for School Based Health Care and listed on the online directory at [www.nmasssembly.org](http://www.nmasssembly.org). Of these sites, DOH OSAH provides funding and oversight to 59 centers statewide.
- OSAH, in partnership with the Human Services Division (HSD), is implementing a SBHC Medicaid Program focused on increasing the number of SBHCs credentialed and approved for Medicaid reimbursement for primary care and behavioral health. A total of 44 SBHCs are currently credentialed and are actively involved in the Medicaid Salud and fee-for-service program. The NM Managed Care Organizations also continue to provide outstanding support. A major activity includes a quarterly meeting with the MCOs and SBHCs to discuss activities and to problem solve issues related to services, billing and quality improvement.
- The 59 DOH funded sites are tracking SBHC utilization and reporting data using the online data collection strategy and reporting tools. OSAH plans to develop an annual report that includes an overview of top visit types and utilization, as well as analysis of provider hours and health promotion activities by the end of FY09.
- Quality Improvement (QI) activities throughout FY09 in partnership with UNM Envision continues. Twenty SBHCs are participating in QI activities focused on pediatric overweight prevention, identification and treatment, improved clinical practices, behavioral health, student depression screening, assessment and treatment, community collaboration and teen lifestyle change. During this quarter, Envision NM (ENM) began implementation of the SBHC QI activities, by initiating site visits with the 22 participating sites. Site visits were conducted according to a common format, but varied in length according to the needs and availability of site staff. These visits involved: 1) A structured meeting with a minimum of the SBHC site coordinator, primary care provider, behavioral health provider, and other support staff, as available. **CONTINUED...**

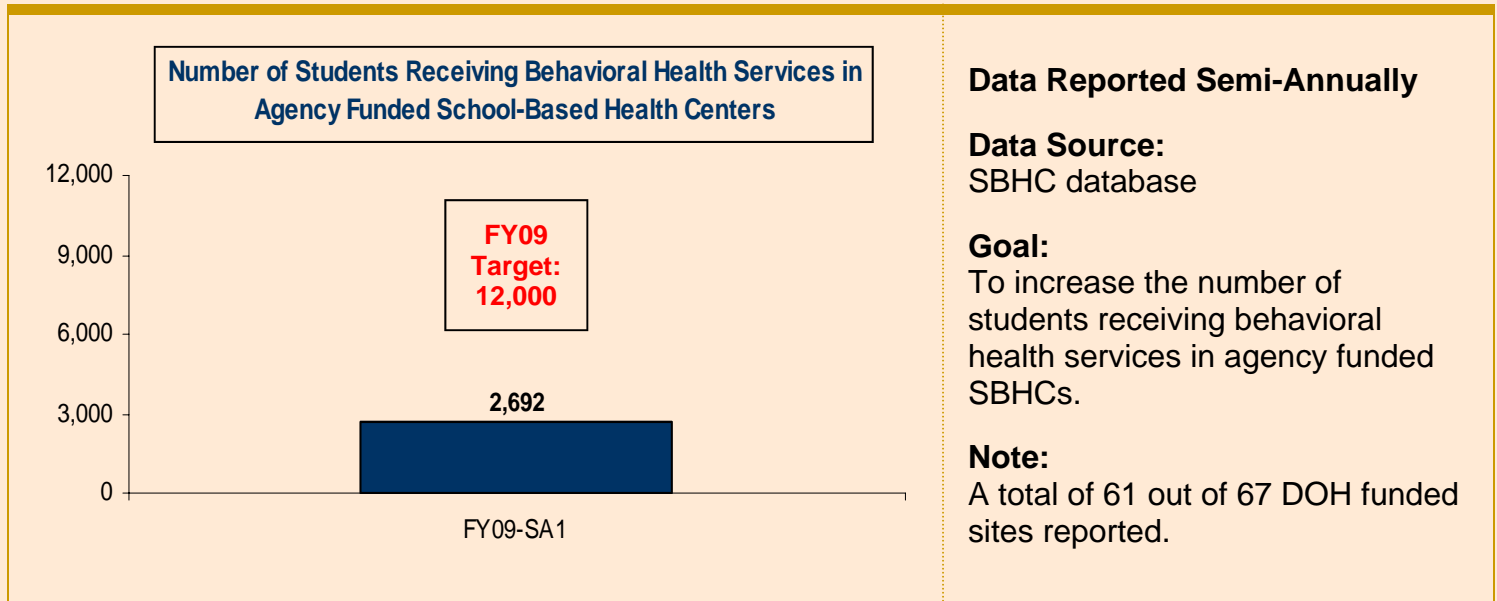
## ACTION PLAN (CONTINUED):

- This meeting included a training session on the Model for Improvement with a presentation that includes a review of objectives for the specific content area. 2) A meeting with the site coordinator and/or provider to complete a site assessment. 3) Walk through of the clinic to get understanding of clinic flow, individual staff responsibilities and layout of the clinic. 4) Training and initial implementation of chart review protocol specific to the content area. 5) Training on technology for future participation in webinars. 6) Training on use of chart reviews to collect clinical practice data. 7) Site visits were approximately 4 hours in length with varying participation by SBHC staff.
- OSAH continues to partner with the NM Community Foundation on the development, implementation and evaluation of Elev8: a Community in Schools Initiative at Gadsen, Laguna, Grant, Wilson middle schools and the Native American Charter. Q3 activities included participation in advisory committee, direct technical assistance on funding models and sustainability; Medicaid review and approval for the four locations and data tracking and reporting on SBHC utilization. The overall goal for this project is to explore opportunities to expand and sustain community schools statewide. Yolanda Cordova, Director for OSAH serves as chair of the Community Schools Advisory Committee.
- OSAH provided three televideo/teleconference training opportunities for SBHC coordinators. The training topics included positive youth development and marketing your SBHC. A total of 45 SBHCs participated in the training activities. The televideo/conference calls provide SBHCs an opportunity to increase skills and knowledge on a variety of topics and to network with each other.
- OSAH established a partnership with Southwest Youth Services to implement a Vista Volunteer program to support Youth Advisory Group & School Health Advisory Council (YAG/SHAC) partnerships. Six sites serving predominately Native American youth from Laguna, San Felipe, Shiprock, Cuba, Jemez and the Native American Community Academy are included in this demonstration. Active partnerships have been established with 4 out of the 6 sites; Laguna, San Felipe Pueblo, Cuba and the Native American Community Academy. Southwest Youth Services has been selected as an AmeriCorps VISTA sponsor site and will commit more VISTAs to work with School Based Health Centers in other communities throughout New Mexico next year. OSAH and Southwest Youth Services also collaborated and submitted grant applications focused on establishing a Native Youth Wellness Corps.
- The New Mexico Forum for Youth is assisting OSAH with development of Youth Health Link (The LINK), a communication tool designed to enhance youth health through coordination, advocacy and leadership at all levels of NMDOH and other private and public agencies. This initiative is spearheaded by the OSAH and will be linked to the DOH/OSAH website. Information will be youth friendly and will provide information on a variety of adolescent health topics.
- SBHCs continue to provide much needed resources to youth and their families. SBHCs are engaged in outreach efforts including classroom and community presentations highlighting services and supports available, partnership development with school administrators and boards to provide up-to-date information on utilization and discuss opportunities to improve access and utilization and development/facilitation of school health advisory committees and youth advisory groups.

## **ACTION PLAN (CONTINUED):**

- An example of the impact SBHCs have on improving student success is demonstrated by the work of the Carlsbad SBHCs. The SBHC established a collaborative with school staff, a local judge, health council representatives and providers from Presbyterian Medical Services to develop and coordinate interventions to address student truancy. Students with 10 or more unexcused absences are referred to the SBHC for medical and behavioral health screening. Truancy is often associated with a variety of issues and is oftentimes associated with underlying medical and behavioral health issues. Two specific outcomes of this effort included identification of a student with diabetes and another with a severe anxiety disorder. Both of these instances, the students were properly treated and referred for additional medical assistance and treatment.
- OSAH in partnership with the New Mexico Alliance for SBHCs, NM Forum for Youth and Public Education Department organized a “Coordinated School Health Day” at the Roundhouse on March 10, 2009. SBHCs, school nurses, health educators and youth leaders from across the state participated. The day was kicked off with an advocacy training for the 50 youth leaders, community and family members. Exhibits included the Elev8 Project, SBHCs, positive youth development and health education. Youth leaders delivered presentations during the press conference and also spoke with representatives and state agency leaders. Dr. Vigil delivered an eloquent message to the youth about important health changes over the years and applauded their courage to stand up in support of school health.
- The Adolescent Health Coordinator worked in collaboration with NM Public Education Department (PED), School & Family Support Bureau to develop guidelines to conduct focus groups with middle or high school youth to create a slogan regarding standard precautions. The PED will be sponsoring a poster campaign for high school students to develop templates for use by NM schools in the future. Anticipated delivery of the posters to each school is the Fall of 2009. The guidelines have been sent out to various schools and organizations to implement having the youth groups. Next step includes youth voting on the best campaign slogan. Posters will be developed and distributed to schools in Fall 2009.
- The Center for Developmental Disability (CDD) successfully implemented the highly anticipated school nursing training seminars during Q3. The CDD Medically Fragile Nurse Case Management program led the training to 50 school nurses in seven sites on the topic of Care of the Medically Fragile Child. The first presentation covered the care and assessment for a child who is ventilator dependent, who has a tracheotomy, who has a gastrostomy or other special health care needs in the school setting. The second session focused on the role and responsibility of the school nurse for the provision of nursing services to children who are medically fragile, including working with families and accessing community resources. Participants received Continuing Medical Education (CME) credits for the trainings. The trainings were recorded and DVDs were provided to nurses who enrolled, but were unable to participate on the scheduled sessions. These participants were given the opportunity to earn CME credits through a process of reviewing the DVD and successfully completing the exam. Future plans including additional seminars available via the web, so that those who are interested can access the information and obtain continuing medical education hours.

## OBJECTIVE 7: EXPAND HEALTH CARE FOR SCHOOL-AGE CHILDREN AND YOUTH THROUGH SCHOOL BASED HEALTH SERVICES.



### ACTION PLAN:

- In Q3, the OSAH Behavioral Health Team logged a total of 818 hours of direct technical assistance to schools and community. The team's activities were concentrated primarily toward adult interactions, representing 72% of activities and activities targeting high school age youth at 53% of all activities. Staff consistently addressed Governor's Health and OSAH priorities, showing school health at 67%, youth suicide awareness and prevention at 32%, SBHC technical support at 28%, Positive Youth Development at 26%, teen dating violence awareness and prevention at 15%, and substance abuse prevention at 15% of the total hours logged. Four core foci of work include community capacity and programmatic development, each at 41%, technical assistance at 35%, and policy development at 31% of all work hours logged. Over a quarter of all hours logged were devoted to training provided by the regional staff and behavioral health manager. Though travel has diminished, regional staff and the behavioral health manager spent 73% of the hours logged offering services in the field. Web-based and video conferencing ranked a modest 1% of all activities. Based on this data, OSAH Behavioral Health Team has prioritized development of statewide web-based and televideo trainings beginning FY10 to promote behavioral health workforce development and quality improvement.
- The Region 2 School Mental Health Advocate noted a number of youth trainings, including an all-day training for Pojoaque High School in youth suicide and teen dating violence prevention. Two teen dating violence trainings for the Santa Rosa Girls Conference were also delivered. The School Mental Health Advocate played an integral role in supporting OSAH administrative staff in addressing SBHC compliance within her region by conducting chart audits and providing one-on-one technical assistance.

## SBHC HIGHLIGHTS:

- The Region 3 School Mental Health Advocate participated in numerous activities, including the planning and implementation of a leadership development project at the Department of Health called “C4A.” She also participated in the planning of the 13th Annual Head to Toe and Behavioral Health Conferences. The School Mental Health Advocate also assisted with the facilitation of several school health advisory committees within the region and devoted a number of hours to support the New Mexico Healthier Weight Council.
- The Region 4 School Mental Health Advocate provided numerous hours of on-site and one-on-one technical assistance and workforce development to SBHCs within the region, as well as extensive support to the Behavioral Health Quality Improvement initiative currently underway in partnership with Envision New Mexico. The School Mental Health Advocate also developed and implemented a telehealth training for SBHC coordinators. She is also supporting the Healthy Kids 2010 initiative in her region – a project focused on developing and implementing programs to support healthier weight, nutrition and physical activity in schools and community.
- The Region 5 School Mental Health Advocate is a member of the NMSU CALL Advisory Board and participates in marketing the crisis hotline. A number of hours of technical assistance and training were also devoted to teen pregnancy prevention, including participation in the Teen Pregnancy Prevention Summit.
- The OSAH Behavioral Health Program Manager was responsible for completing legislative bill analysis, facilitating the Success in Schools Committee, and the Exemplary Sites funded through Value Options. During Q3, the Success in Schools Committee was endorsed by the Children’s Subcommittee as an active workgroup advising on all issues related to school behavioral health. This Committee has developed a working draft of School Behavioral Health Guidelines and guiding priorities. The Program Manager also developed and implemented New Mexico’s Second Teen Dating Violence Awareness and Prevention Week. The Program Manager facilitated a youth focus group to develop a teen toolkit for dating violence that was disseminated statewide.
- Tele-Psychiatry Services are offered via UNM Psychiatry and Pediatrics. Child psychiatrists specializing in case consultation, training and technical assistance and direct patient assessment and management are available upon request. Over 150 hours of psychiatry consultation, direct patient encounters and workforce development was provided to SBHCs statewide. Workforce development topics provided via televideo included: establishing adolescent grief support groups, diagnosis and treatment of adolescent mental health disorders, psychopharmacology for nurses, bullying and school violence prevention, and treatment of childhood anxiety.

## PROGRAM AREA 3: EPIDEMIOLOGY & RESPONSE

### MISSION/PURPOSE:

Epidemiology and Response monitors health, provides health information, prevents disease and injury, promotes health and healthy behaviors, responds to public health events, prepares for health emergencies, and provides emergency medical and vital registration services to New Mexicans.

### GOAL:

Monitor the health status of New Mexicans and respond to public health threats.

### PROGRAM AREA 3 OBJECTIVES:

#### OBJECTIVE 1:

Improve the state's capacity to respond to public health emergencies.

#### OBJECTIVE 2:

Expand public access to vital records.

#### FY09 OPERATING BUDGET:

**General Funds:** 12,216.7

**Federal Funds:** 15,679.6

**Other State Funds:** 580.0

**Other Transfers:** 701.4

### OBJECTIVE 1: ENSURE PREPAREDNESS FOR HEALTH EMERGENCIES, INCLUDING PANDEMIC INFLUENZA.

#### Data Reported Quarterly

##### Data Source:

Exercise Database

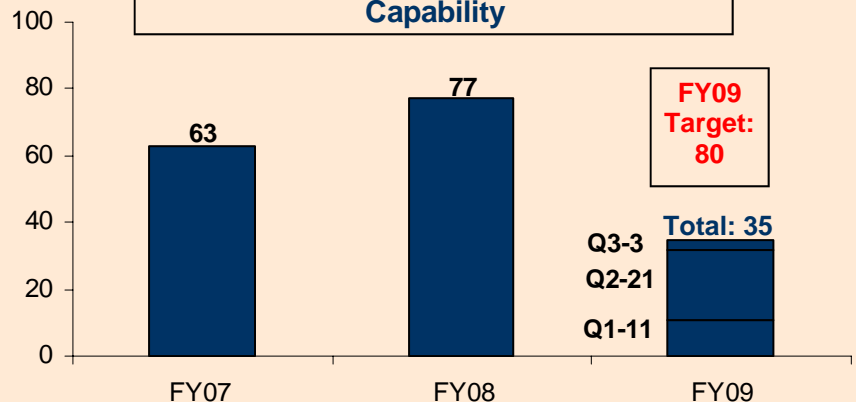
##### Goal:

To increase the number of pandemic influenza plan exercises.

##### Note:

These exercises include seminars and tabletops at hospitals, schools, & state agencies.

#### Number of Health Emergency Exercises Conducted to Assess and Improve Local Capability



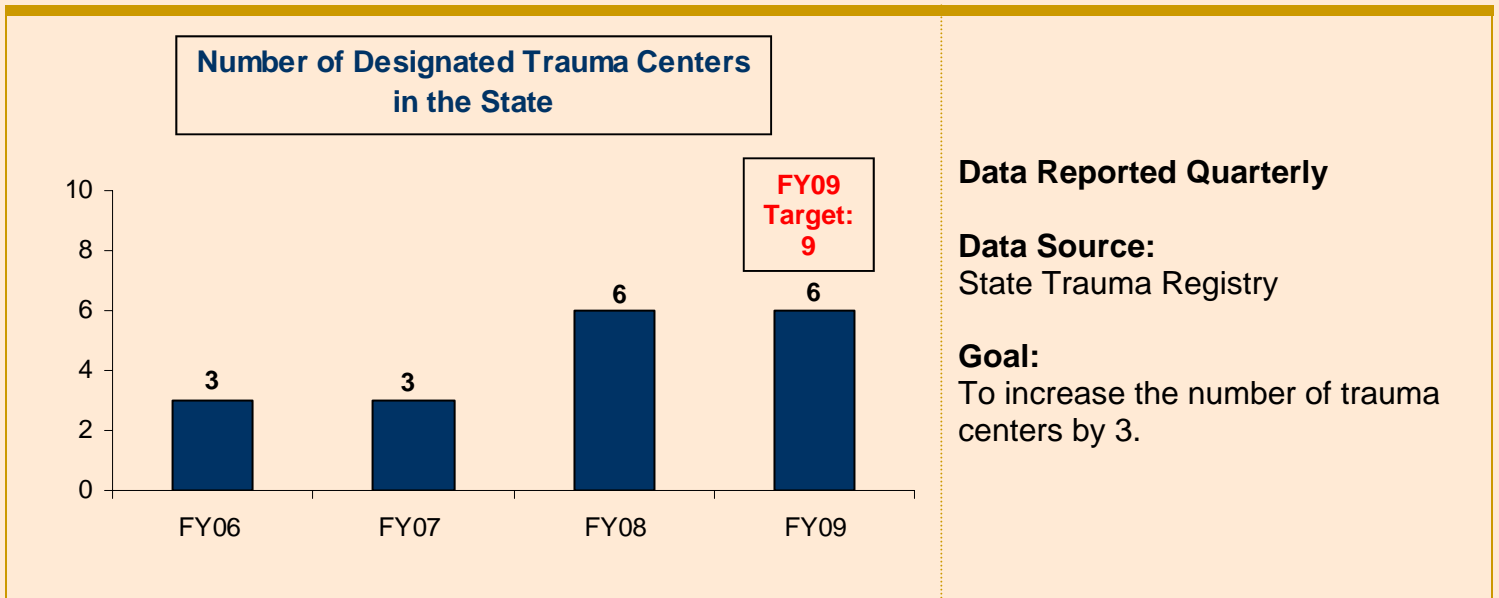
### ACTION PLAN:

- A Hospital Preparedness Functional Exercise is scheduled for June 2009 that will test 4 Level-One Sub Capabilities as required in our ASPR Federal Grant Program.

## ACTION PLAN (CONTINUED):

- Planned training sessions during Q4 from April through June 2009 are to include two Department Operation Center (DOC) Orientation sessions in May, Countermeasure Emergency Public Health Information & Communication Trainings (a pilot with the City Readiness Initiative in May and with other regional sessions in June 2009). Additionally, there will likely be a training and Exercise Planning Workshop held in July 2009.
- A DOH Continuity of Operations Functional Exercise is slated for May 2009.
- ASPR-related exercises for June or July include one Medical Evacuation /Shelter in Place Hospital Exercise and Table top exercise for Medical Surge.
- There are plans to conduct a Bi-National Mass Prophylaxis Table Top Exercise and a Functional exercise to test Coordination and Interoperable Communications in the NM Mexico Border area between April and August 2009.

## OBJECTIVE 2: IMPROVE EMERGENCY MEDICAL SERVICES AND TRAUMA CARE ACROSS THE STATE.

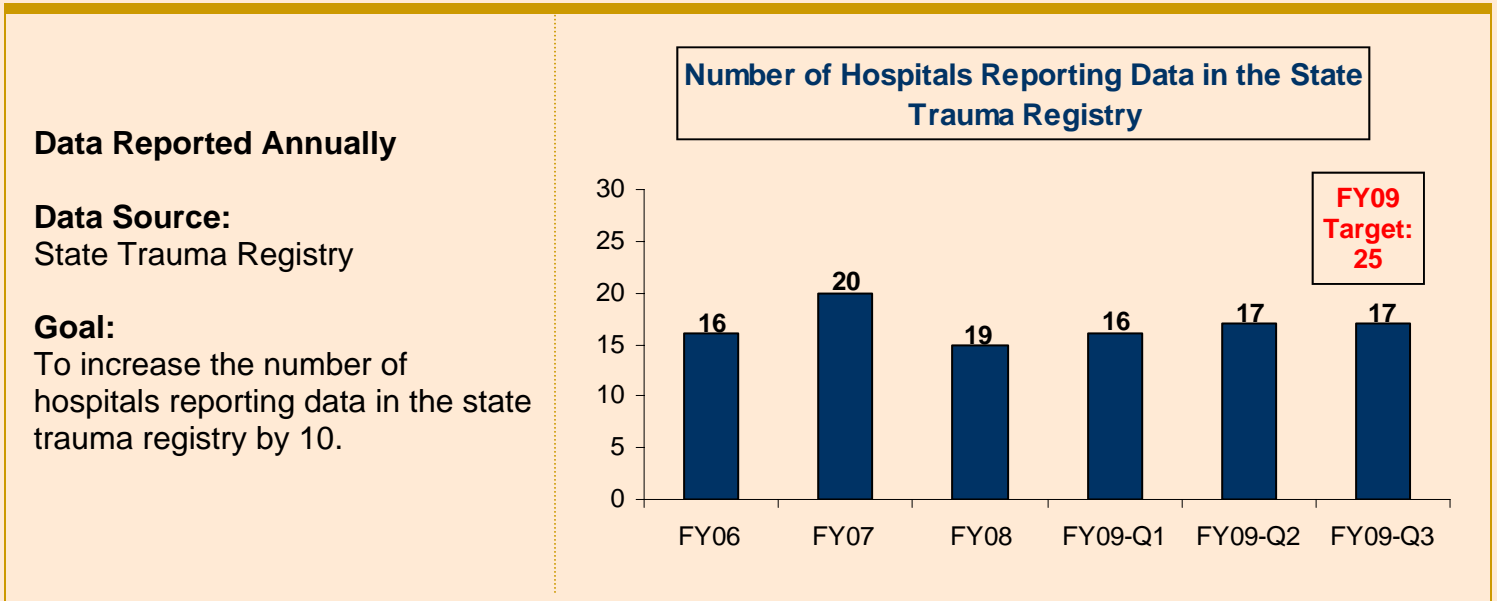


## ACTION PLAN:

- In January, Nor Lea General Hospital and Sierra Vista Hospital was assessed as a Level IV Trauma Center.

## ACTION PLAN (CONTINUED):

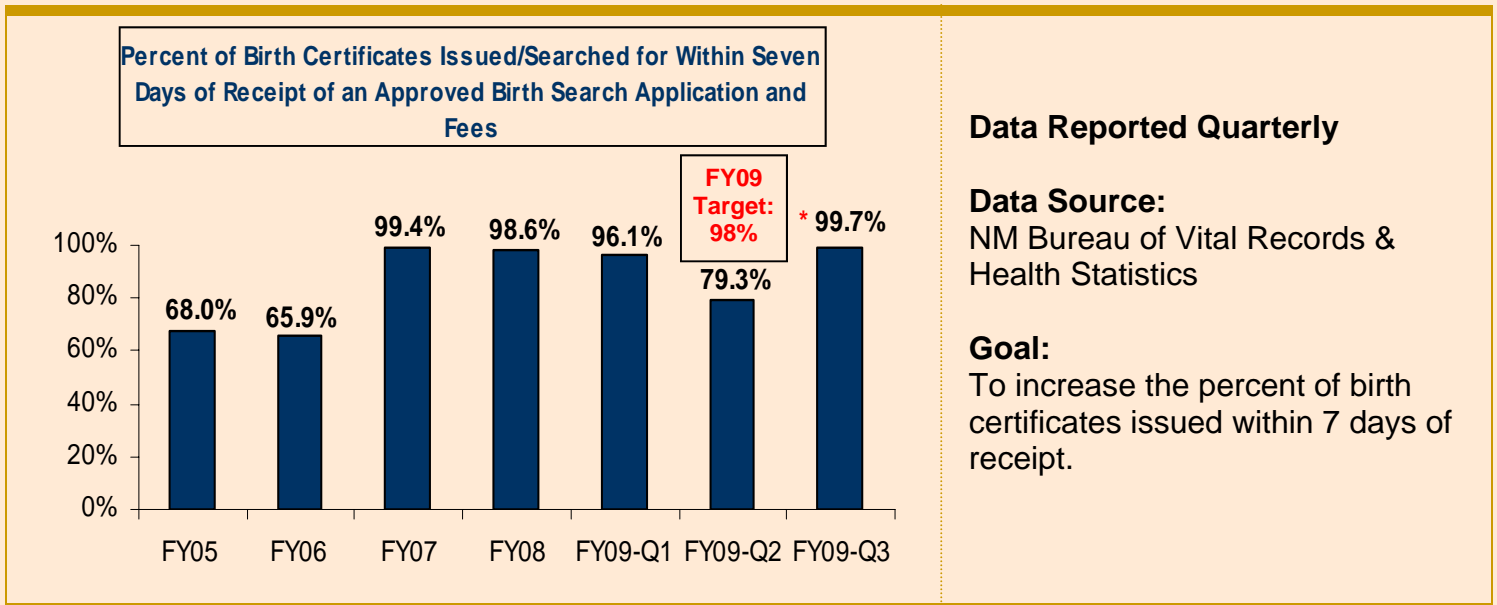
- In January, the Carlsbad Medical Center, the Alamogordo Regional Medical Center and the Roosevelt General Hospital received a technical site visit to re-evaluate their Performance Improvement Patient Safety Programs. Their performance improvement program continues to evolve.
- In March, an outside consultant verified that Eastern New Mexico Medical Center is capable of being a Level III trauma center. Will go forward with scheduling verification in July.



## ACTION PLAN:

- Three one-on-one Trauma Base trainings were held in February. Trauma Base is the software system used by the state and trauma registry and hospitals to collect data on patients that meet the state trauma inclusion criteria.
- The Trauma Registry Workgroup is holding quarterly meetings to educate trauma registrars and coordinators regarding trauma inclusion criteria, to review aggregated data submitted on a quarterly basis, to submit to facilities a report card of trauma data submitted by individual facilities to ensure quality of data, to answer any questions facilities may have regarding the registry and to plan educational opportunities based on the needs of the facilities and the needs of the registry program.

### OBJECTIVE 3: IMPROVE VITAL RECORDS SERVICES ACROSS THE STATE.



#### ACTION PLAN:

- These results are only issuance from the Lifespan system. Newborns born since mid-year 2007 will be entered in E-Vitals. At this time, we don't have a way to retrieve that data, but are working on it.
- Determine the number of applications processed on a daily basis to continuously assess progress and staffing requirements.
- Issue birth certificates in a timely manner.
- Currently, there are four vacancies in the records and issuance section. Vital Records is working to hire for these positions as well as for two temporary positions.

# PROGRAM AREA 4: LABORATORY SERVICES

## MISSION/PURPOSE:

Laboratory Services provides laboratory analysis and scientific expertise for policy development for tax-supported public health, environment, and toxicology programs in the State of New Mexico in order to provide timely identification of threats to the health of New Mexicans.

## GOAL:

Ensure quality laboratory services and provide scientific consultation to support public health and safety.

## PROGRAM AREA 3 OBJECTIVE:

### OBJECTIVE 1:

Reduce turnaround time for analysis and improve customer service for lab testing.

### FY09 OPERATING BUDGET:

**General Funds:** 7,054.3

**Federal Funds:** 2,439.6

**Other State Funds:** 2,727.9

**Other Transfers:** 0.0

## OBJECTIVE 1: REDUCE TURNAROUND TIME FOR ANALYSIS AND IMPROVE CUSTOMER SERVICE FOR LAB TESTING.

### Data Reported Quarterly

#### Data Source:

Laboratory Information Management System

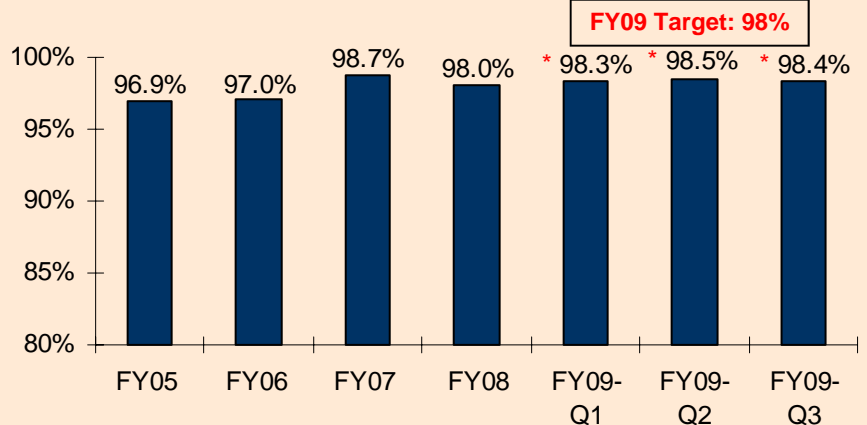
#### Goal:

To increase the percent of samples analyzed.

#### Note:

FY09 target exceeded Q1-Q3.

Percent of Public Health Threat Samples for Communicable Diseases and Other Threatening Illnesses that are Analyzed within Specified Turnaround Times

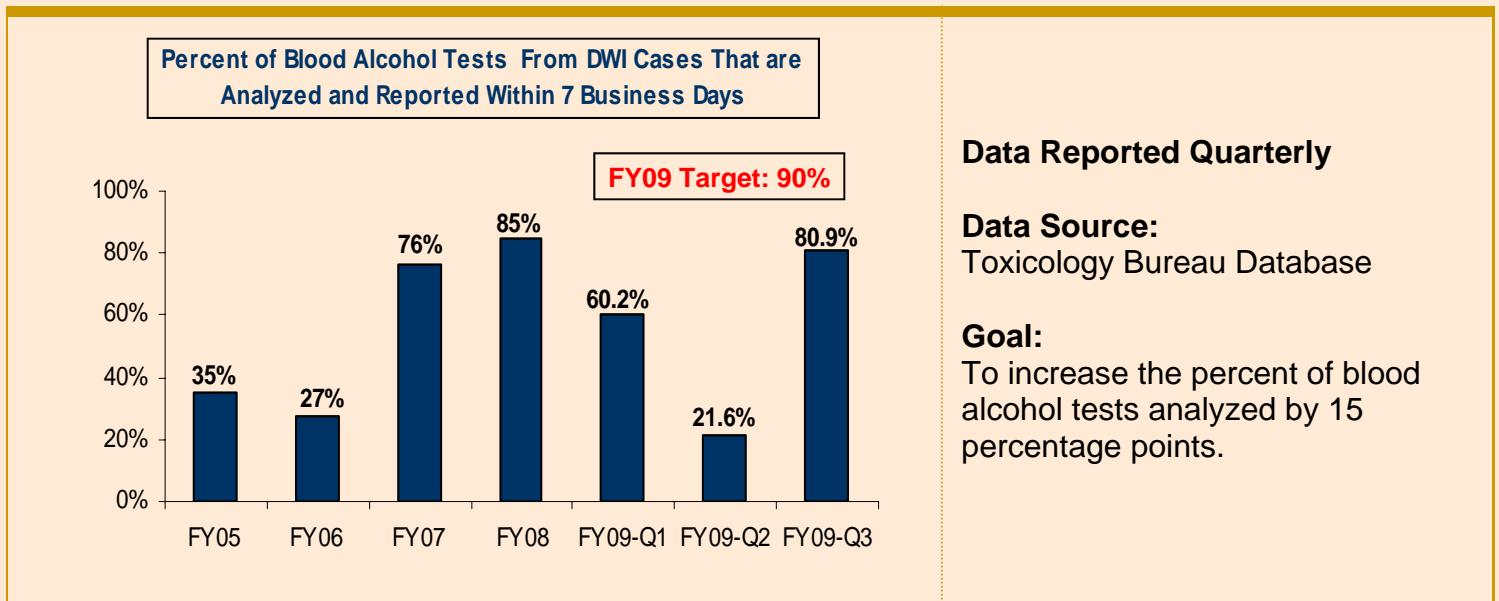


## ACTION PLAN:

- The Molecular Biology section performed a pan-influenza exercise. Two hundred nasopharyngeal swabs were tested for influenza A and B. This section with the help of the Virology/Serology section, successfully completed the exercise. One of the lessons learned was that automation of the extraction process would be necessary if faced with a larger number of submitted samples.

## ACTION PLAN:

- Development and implementation of the new laboratory information management system (LIMS) is key to improving the efficiency of laboratory operations and maintaining laboratory accreditation.
- Continue to provide competency training on required lab tests as quickly and effectively as possible.
- Review turnaround time data on a monthly basis and retrain and educate any submitters that appear to have a rejection level close to the threshold level. This will alleviate the need to reject samples, and therefore, improve quality of care for patients.
- Continue to integrate molecular methods into all sections and transfer the cost from CDC funds to general funds.



\* The Drug Screening Section has been diligent in working through their training and proficiency testing as is proven by the increase in turn-around times from 21.65% last quarter to 80.99% this quarter. There is a concern that due to hiring freeze, turn-around times may be affected next quarter.

## ACTION PLAN:

- Train new staff to perform blood alcohol testing to gain more analytical capability. It takes approximately two years for toxicology staff to be proficient in testing and testimony. Fifty percent of the new drug screening section have been employed for less than one year.
- Ensure additional staff are capable of testifying in court for DWI cases, freeing up the alcohol administrative review staff to keep up with turn around times.
- Ensure that instrumentation has the appropriate quality assurance measures performed and documented. Perform preventive maintenance on all equipment including centrifuges, autoclaves, pipettes, and analytical instruments and repair when necessary.
- Continue method development and validations required to accommodate the American Board of Forensic Toxicologists' requirement changes for drug screening analysis.

## Data Reported Quarterly

### Data Source:

Laboratory Information Management System

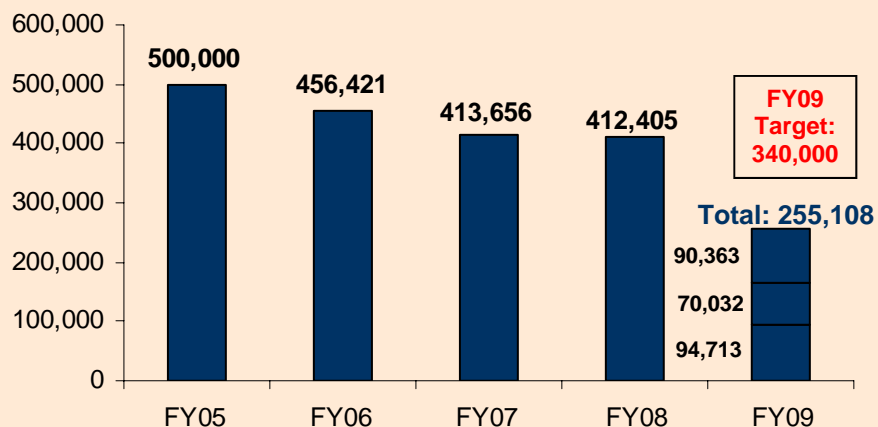
### Goal:

To increase the number of lab tests performed per year.

### Note:

48% of the projected number of samples for FY09 have been received.

## Number of Laboratory Tests Performed Per Year



## ACTION PLAN:

- Maintain current level of fee-for-service laboratory work.
- Continue to apply for grants to perform environmental, biological, and/or toxicological analyses, as available.
- Ensure that all staff, particularly new staff, are trained as quickly and effectively as possible in analytical test methods.

## SLD HIGHLIGHTS:

**Biology Bureau:** The HIV, Hepatitis and Syphilis testing were transitioned to the new laboratory information management system (LIMS) to complete Phase 1 of the implementation. This was the first of the four phase implementation process. Phase 2, which should be completed by mid-July, will include the rest of the human testing in the Biological Sciences Bureau.

**Chemistry Bureau:** Following a successful audit response EPA, the SLD received its recertification documentation for drinking water testing for naturally-occurring radiological regulated contaminants from the EPA this quarter. Our drinking water recertification is now complete and up-to-date, which will take us through the move into the new building in 2010.

**Toxicology Bureau:** The Toxicology Bureau has received and complied with 112 discovery request for this quarter. This is a 53% increase from this time last year.

A Drug Confirmation Section employee has identified levamisole (an anti-helminthic drug that causes an immune disorder) in case work that was positive for cocaine. The section is working with the Epidemiology and Response Division to determine the presence of levamisole in patients seen in DOH public health clinics that abuse cocaine.

## PROGRAM AREA 6: FACILITIES MANAGEMENT

### MISSION/PURPOSE:

The Facilities Management program provides oversight of the Department of Health facilities which provide mental health, substance abuse, nursing home, and rehabilitation programs in facility and community-based settings to New Mexico residents who need safety net services.

### GOAL:

Persons who receive residential care services in DOH facilities will receive the highest-quality care in a resident centered environment.

### PROGRAM AREA 6 OBJECTIVE:

#### OBJECTIVE 1:

Improve resident care and services in DOH Facilities.

#### FY09 OPERATING BUDGET:

**General Funds:** 53,883.5

**Federal Funds:** 53,655.9

**Other State Funds:** 3,375.7

**Other Transfers:** 45,432.0

### OBJECTIVE 1: IMPROVE RESIDENT CARE AND SERVICES IN DOH FACILITIES.

#### Data Reported Quarterly

#### Data Source:

Incident Management System

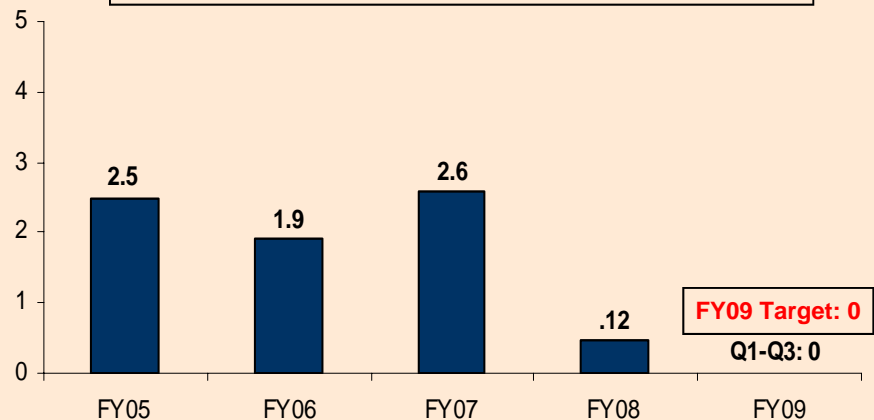
#### Goal:

To decrease the number of substantiated cases of abuse, neglect and exploitation by .12.

#### Note:

Census numbers on 12/31/08:  
NMBHI=158; NMSVH=127;  
FBMC=122.

Number of Substantiated Cases of Abuse, Neglect and Exploitation per 100 Residents in DOH Operated Long Term Care Programs Confirmed by Division of Health Improvement

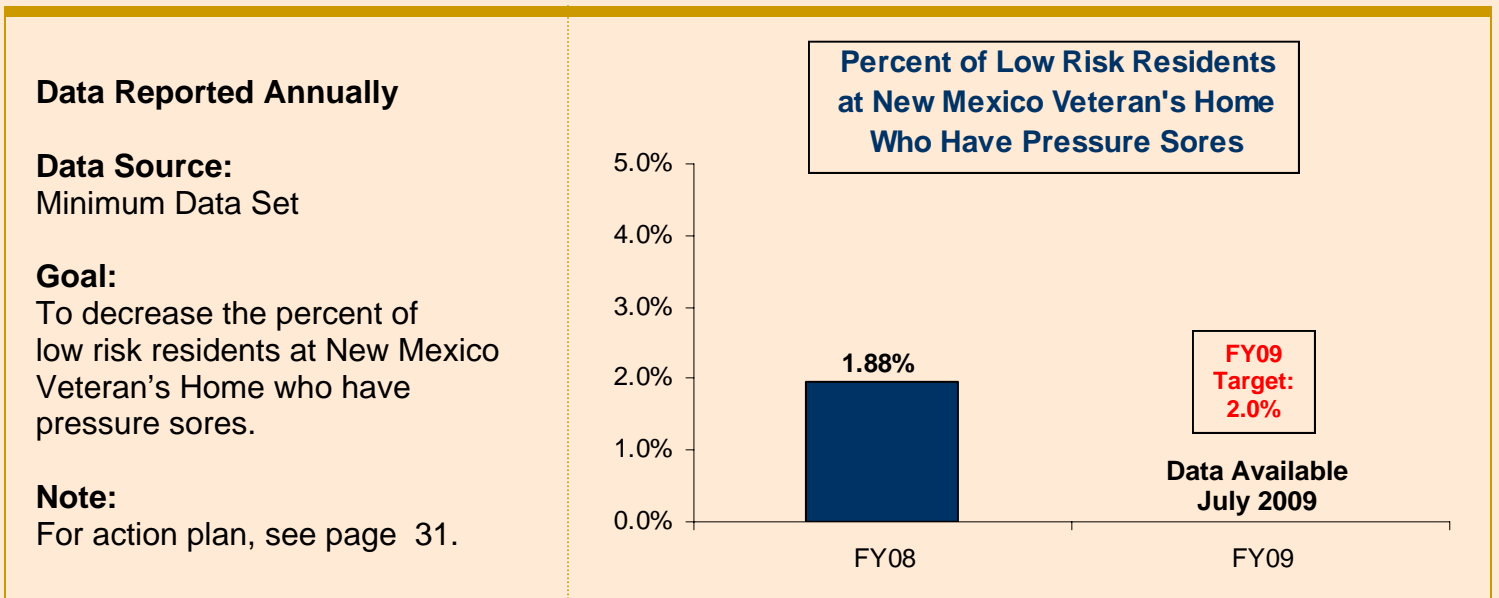
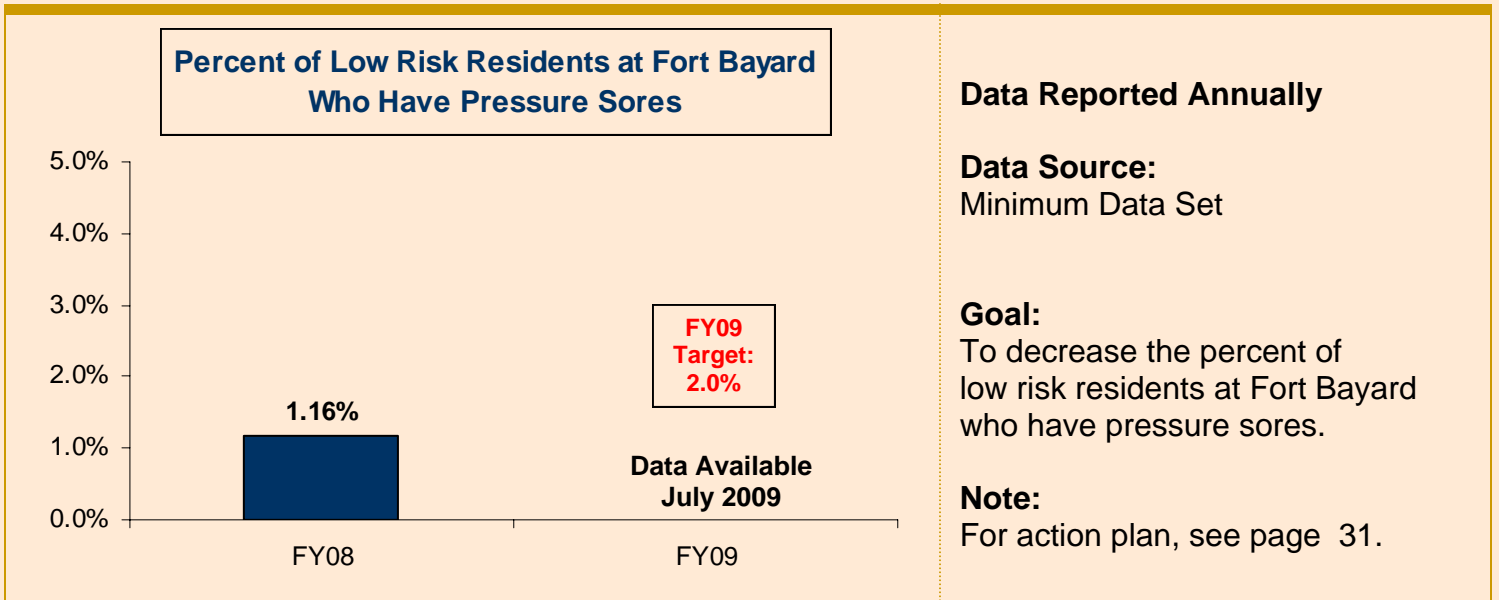


### ACTION PLAN:

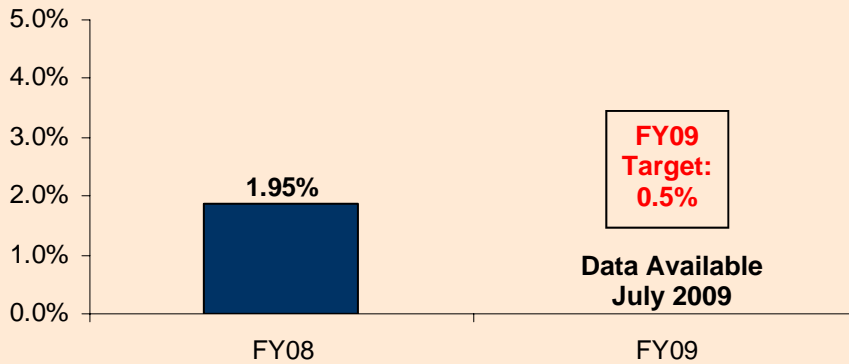
- Decrease the number of substantiated cases of abuse, neglect and exploitation by increasing the number of unannounced surveys.
- Provide mandatory annual training for all staff members on incident management. Update any changes in the process, review definitions and requirements for reporting and dealing with incidents.

**ACTION PLAN (CONTINUED):**

- Provide training at new employee orientation on incident reporting, resident rights definitions, requirements, consequences of failure to report and prevention of abuse of any kind.
- Read and assess every incident report submitted for each facility on a daily basis. Determine if there are any incidents which should be investigated or if further action needs to be taken by unit staff to prevent further incidents of the type reported.
- Identify trends and patterns that could lead to further incidents in order to reduce the number of issues by dealing with them immediately, thereby, protecting the resident.



**Percent of Low Risk Residents at New Mexico Behavioral Health Institute's Long-Term Care Program Who Have Pressure Sores**



**Data Reported Annually**

**Data Source:**  
Minimum Data Set

**Goal:**  
To decrease the percent of low risk residents in New Mexico Behavioral Health Institute's Long-Term Care Program who have pressure sores.

**ACTION PLAN (FOR THREE PRESSURE SORE MEASURES):**

- Identify residents at risk for pressure ulcers. Ensure prevention through proper assessment upon admission and routinely thereafter.
- Evaluate risk factors for pressure ulcers. Ensure implementation and practice of pressure ulcer prevention protocol, for example, turning schedules.
- Ensure accurate routine evaluation, treatment and documentation of resident's skin condition.
- Reduce causative factors, monitor response to treatment and provide ongoing staff education.
- Provide implementation and evaluation of treatment interventions.
- Submit facility pressure ulcer management program report to Performance Improvement Committee.

### Data Reported Annually

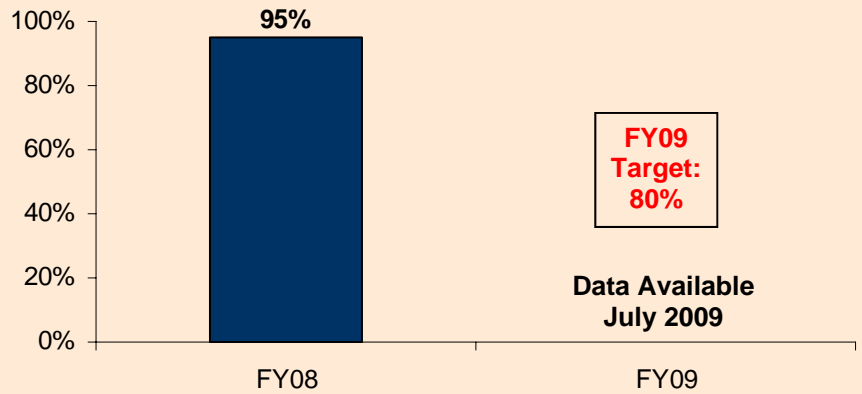
**Data Source:**

Annual Performance Improvement Study

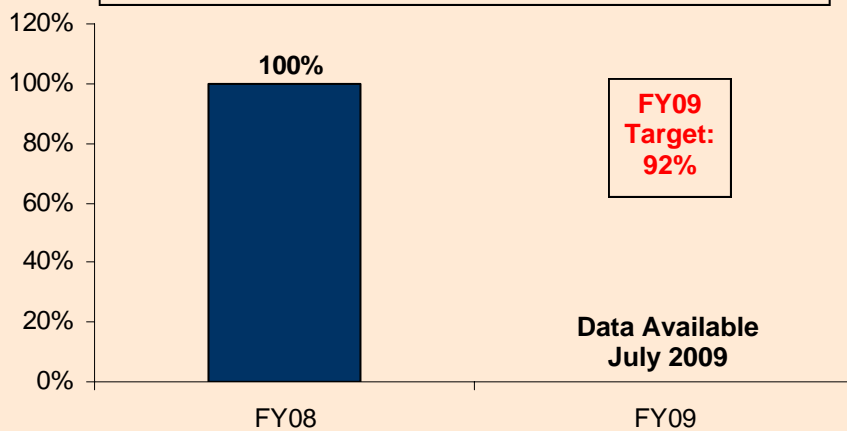
**Goal:**

To increase the percent of clients with continued improvement on medical rehab goals three to six months post discharge.

**Percent of Clients at New Mexico Rehabilitation Center With Continued Improvement on Medical Rehab Goals Three to Six Months Post Discharge**



**Percent of Clients at Sequoyah Adolescent Treatment Center With Continued Improvement on Medical Rehab Goals Three to Six Months Post Discharge**



### Data Reported Annually

**Data Source:**

Annual Performance Improvement Study

**Goal:**

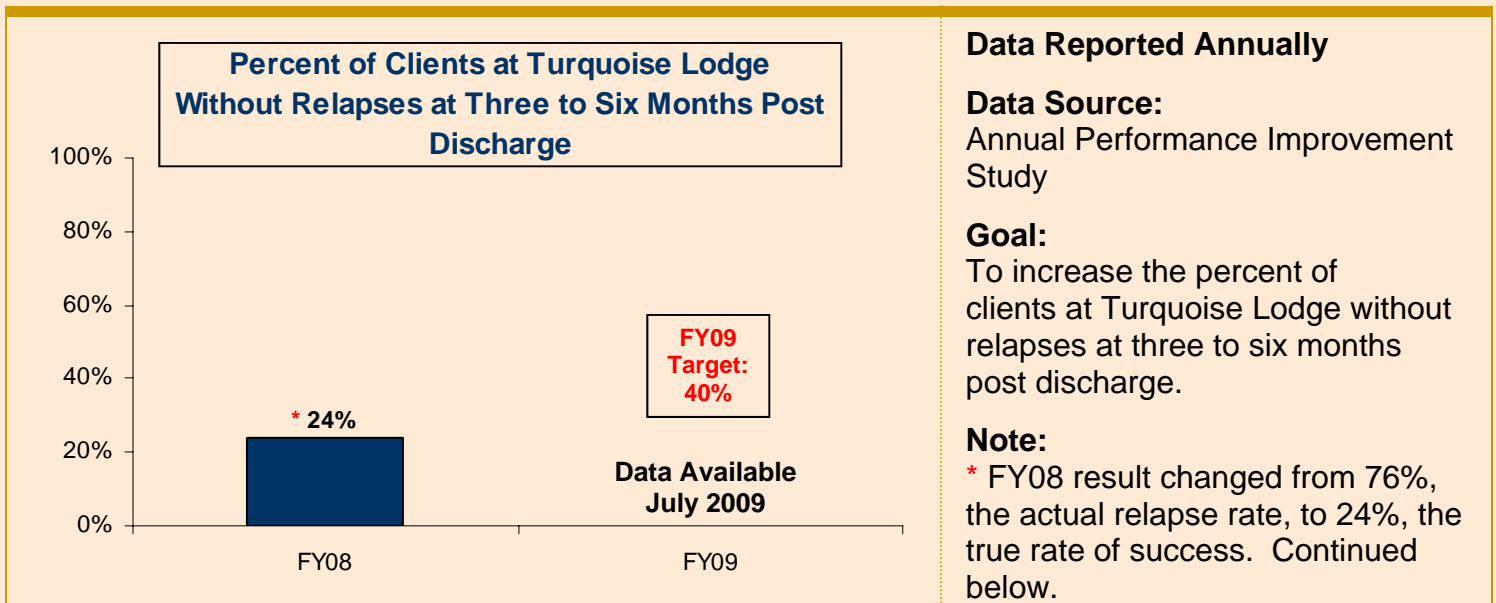
To increase the percent of clients with continued improvement on medical rehab goals three to six months post discharge.

### ACTION PLAN (FOR TWO MEDICAL REHAB MEASURES):

- Measure the improvement of patients by establishing baseline functional independence of a patient relating to 18 specific areas including, dressing, mobility, ambulation, activities of daily living, continence, memory, cognition and social interaction.
- The Uniform Data Set consists of 18 functional measurable areas that a patient is scored on during admission, during the patient's stay, again at discharge and post discharge at 90 days. The accuracy of the Functional Independence Measures (FIM) are directly related to case-mix groups, which determine the Medicare reimbursements. At ninety days, a follow up is done with each discharged patient to monitor improvement, post discharge.

## ACTION PLAN (CONTINUED):

- All licensed medical professionals (RN's, OT's, PT's, SLP's) are trained at hire to score the FIM tool objectively. This FIM data is submitted to Unified Data Systems and Medicare after discharge to obtain reimbursement and to use in comparison with regional and national rehab centers for outcomes related to length of stay and length of stay efficiency.
- All licensed personnel must test and re-certify with the FIM instrument every two years. This is reviewed quarterly to establish recognized areas of improvement and to compare the center's success rate with other regional centers.



**Note:** The typical recovery standard for chemical dependency is a 90% recidivism rate, meaning 90 out of 100 patients will relapse within the first six months to a year.

## ACTION PLAN:

- Use Family Program Survey responses to provide our families and patients with resources that will benefit both parties.
- Collect Patient Satisfaction Surveys to provide the facility with feedback on the former patients' perceived treatment and how the facility met their needs.
- Perform Continuum of Care Surveys to assess our former patient's progress or lack thereof.

# PROGRAM AREA 7: DEVELOPMENTAL DISABILITIES SUPPORTS

## MISSION/PURPOSE:

The Developmental Disabilities Support program administers a statewide system of community-based services and supports in order to improve the quality of life and increase the independence and interdependence of individuals with developmental disabilities including children with or at risk for developmental delay or disability and their families.

## GOAL:

Ensure quality developmental disabilities services for New Mexicans.

## PROGRAM AREA 7 OBJECTIVE:

### OBJECTIVE 1:

Improve service access and outcomes for individuals with developmental disabilities.

### FY09 OPERATING BUDGET:

**General Funds:** 122,988.3

**Federal Funds:** 2,571.7

**Other State Funds:** 1,200.0

**Other Transfers:** 7,299.7

## OBJECTIVE 1: ENSURE QUALITY DEVELOPMENTAL DISABILITIES SERVICES FOR NEW MEXICANS.

### Data Reported Quarterly

#### Data Source:

Supported Employment Unit,  
Community Programs Bureau

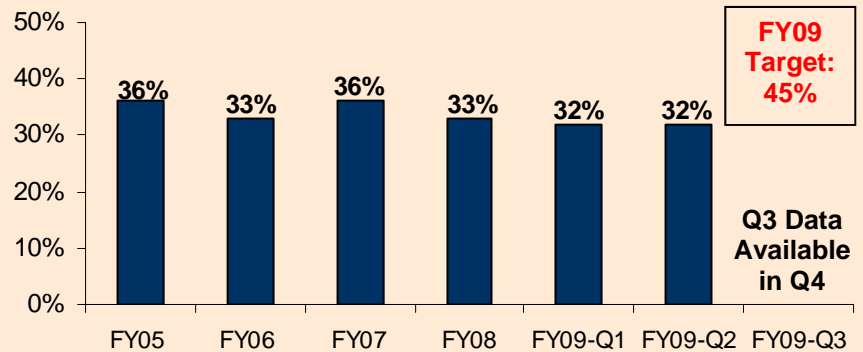
#### Goal:

To increase the percent of adults receiving DD day services who are engaged in community integrated employment.

#### Note:

Of 3,009 individuals, 951 were engaged in community-integrated employment in Q2.

**Percent of Adults Receiving Developmental Disabilities Day Services Who are Engaged in Community-Integrated Employment**

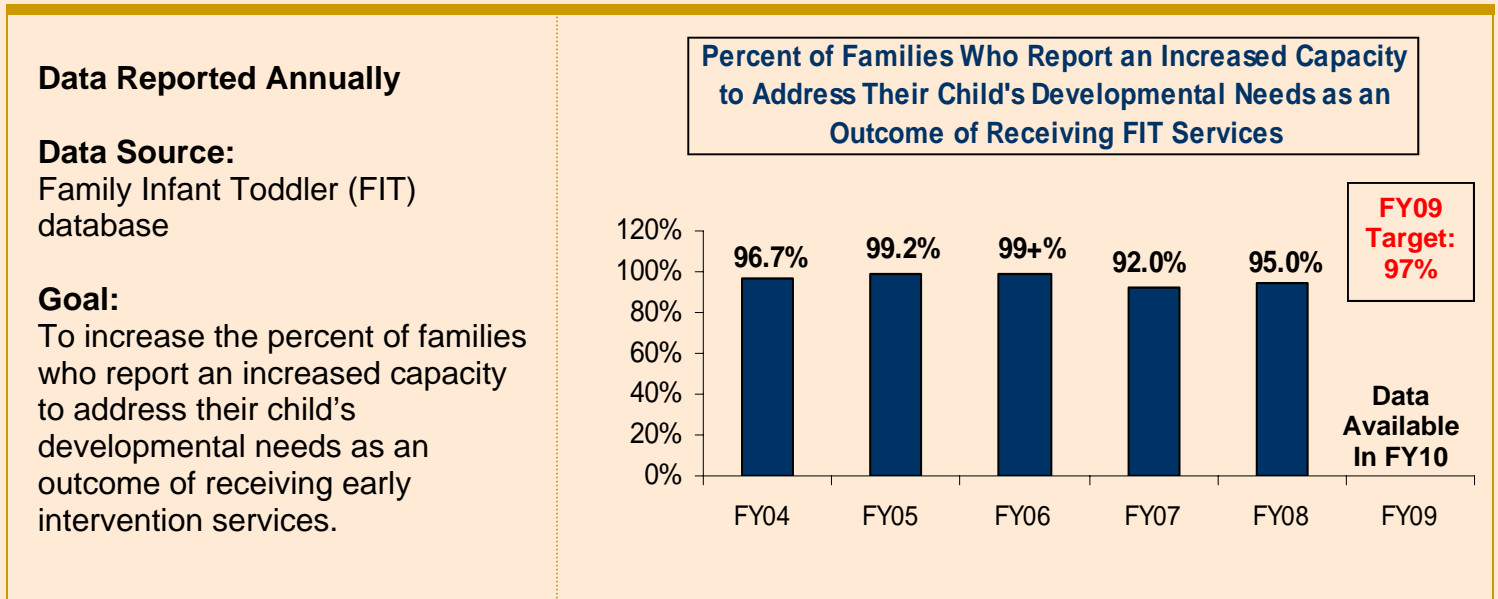


## ACTION PLAN:

- Identify disincentives and solutions to address disincentives to employment through technical assistance requests and other information gathering.

## ACTION PLAN (CONTINUED):

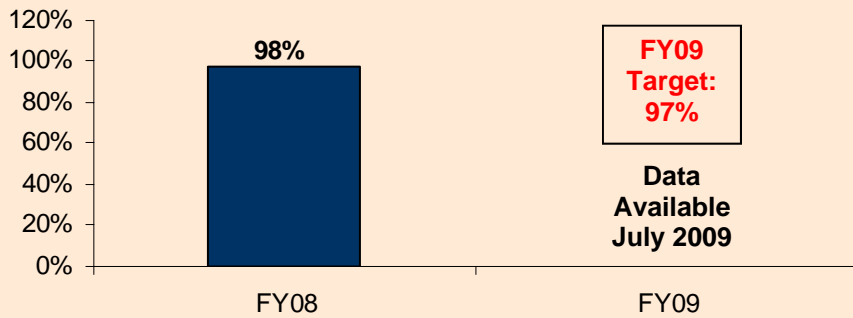
- Utilize consultation to increase employment from national consultants and the NM Employment Institute.
- Engage the Advisory Council on Quality in identifying ways to increase full employment.



## ACTION PLAN:

- In FY08, there were 257 positive responses from a total number of 271 families responding to the survey.
- Provide parent training opportunities in each region of the state through Parents Reaching Out and Educating Parent of Indian Children with Special Needs programs, in order for parents to understand early intervention and develop advocacy skills to meet their children's and family's needs.
- Promote provider compliance with distribution of the FIT Family Handbook to all parents in the FIT Program. Make the Family Handbook available in English and Spanish.
- Provide FIT service coordination and early intervention training modules across New Mexico that focus on family centered approaches to early intervention in order to promote effective practices in working with families.
- Revise and update the FIT website to make sure appropriate resources and documents are available to families.
- Refine the methodology for disseminating, collecting and analyzing the survey distributed to families in the FIT Program in order to effectively measure family outcomes.

**Percent of Infants and Toddlers in the Family Infant Toddler Program Who Make Progress in Their Development**



**Data Reported Annually**

**Data Source:**  
Family Infant Toddler (FIT) database

**Goal:**  
To increase the percent of infants and toddlers that make progress in their development.

**ACTION PLAN:**

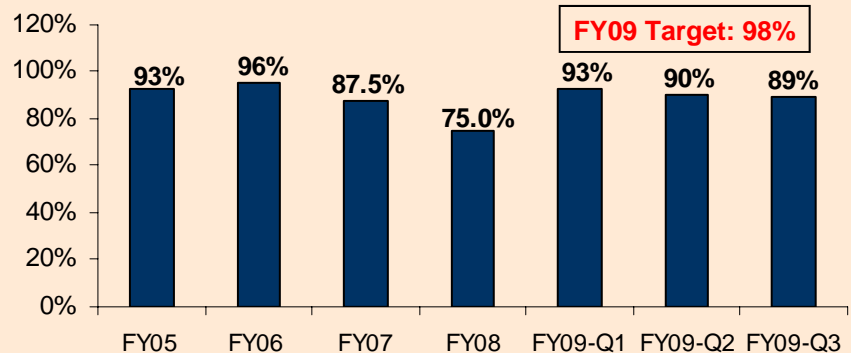
- Provide the following training workshops i) It's Only Natural Supports and Services in Everyday Routines, Activities and Places; ii) Developing the Dream: The IFSP; and iii) Family Visiting: Relationship Based Intervention; in order to promote effective evidence based practices.
- Provide the Evaluation and Assessment core training in order to provide effective developmental assessment practices.
- Hold an annual Interdisciplinary Early Care and Intervention Conference: Promise, Practice and Policy, in order to support effective practices in promoting child development.
- Provide ongoing training and technical assistance to provider agencies regarding the methodology used in measuring child developmental functioning, recording the score on the Early Childhood Outcomes summary form and how to submit the data to the FIT Program.

**Percent of DD Waiver Applicants Determined to be Both Income Eligible and Clinically Eligible Within 90 Days of Allocation**

**Data Reported Quarterly**

**Data Source:**  
Central Registry

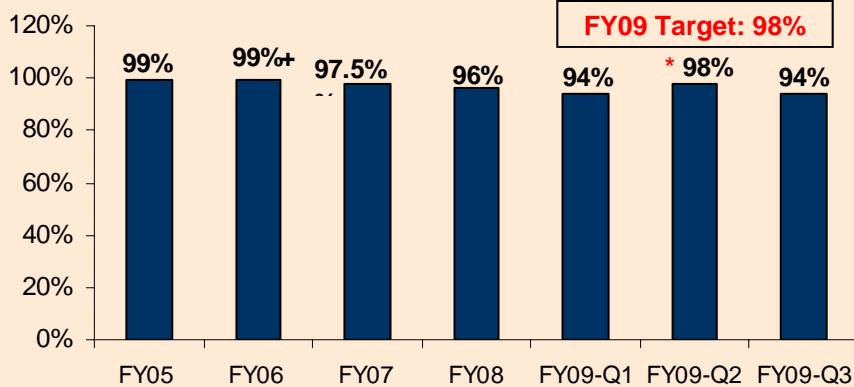
**Goal:**  
To increase the percent of DD Waiver applicants that are eligible within 90 days of allocation by 23 percentage points.



## ACTION PLAN:

- Of the 158 individuals who have completed the eligibility determination phase of DDW allocation, 25 individuals did not complete the process within the 90 day requirements.
- Conduct training sessions for potential waiver applicants to improve awareness of the eligibility process, as there is a direct relationship between consumer understanding of the eligibility process and how quickly an individual can be determined eligible for the waiver.
- The Intake & Eligibility Bureau staff contact individuals awaiting allocation to the Developmental Disabilities Waiver in writing and by telephone to help them gather eligibility documents and answer questions about process. This will reduce the amount of time it takes an individual to complete the eligibility determination process.

**Percent of DD Waiver Applicants Who Have a Service Plan in Place Within 90 days of Income and Clinical Eligibility Determination**



### Data Reported Quarterly

**Data Source:**  
Central Registry

**Goal:**  
To increase the percent of DD Waiver applicants that have service plans in place within 90 days of income and clinical eligibility determination by 2 percentage points.

**Note:**  
\* FY09 target met in Q2.

## ACTION PLAN:

- Of the 134 individuals who have completed the service plan phase of DDW allocation, seven individuals did not complete the process within the 90 day requirement.
- Communicate with the 22 independent case management agencies and other service agencies selected by the consumer to assure Individual Service Plans are in place within 90 days.
- To insure compliance with the time requirements, DDSD workers contact families to see if there are ways we can assist them with completing the process.

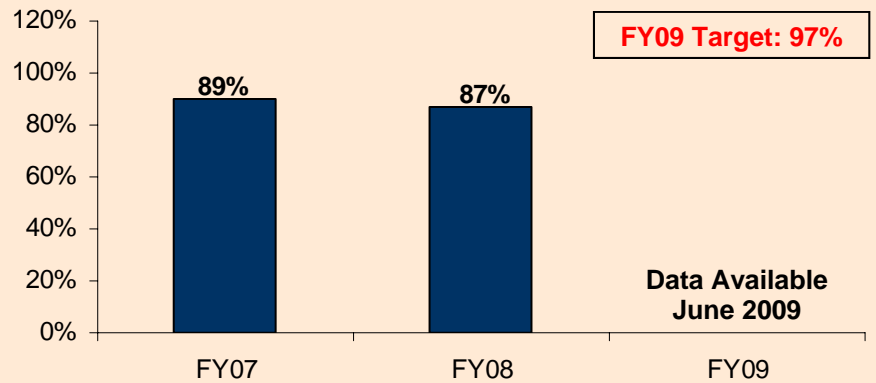
## Data Reported Annually

### Data Source:

DDSD Consumer Satisfaction Survey Instrument

**Goal:** To increase the percent of individuals participating in DD Community Service Programs, who report that services helped them maintain or increase independence by 10 percentage points.

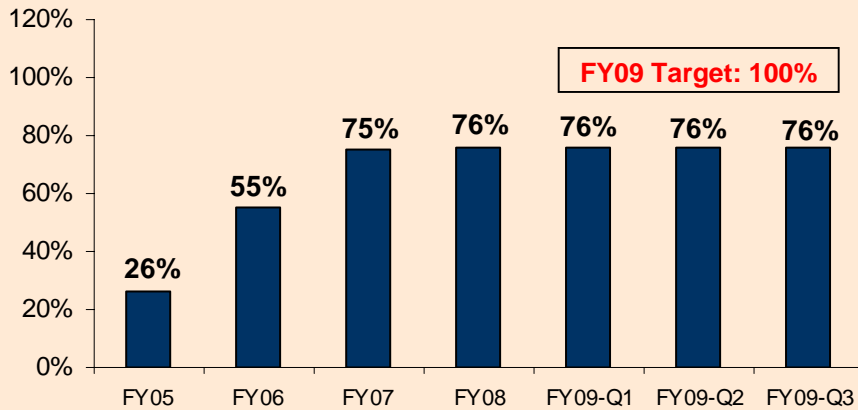
**Percent of Individuals Participating in DD Community Service Program Who Report That Services Helped Them Maintain or Increase Independence**



## ACTION PLAN:

- Continue and expand the Self-Directed Waiver program for developmentally disabled, disabled and elderly, HIV/AIDS, individuals with brain injuries and medically fragile children.
- Increase the number of people with developmental disabilities who are meaningfully employed by creating a supported employment initiative that coordinates and maximizes employment supports and linkages across state agencies and with the private sector.
- Increase consumer satisfaction and autonomy by optimizing self direction and supporting meaningful consumer participation at the policy and program levels.
- Provide information and support to individuals, parents, and guardians that support timely access to services and promotes self advocacy and self determination.
- Continue to participate in the National Core Indicators Project in order to better identify trends related to consumer satisfaction, person centered service delivery and individual outcomes.
- Improve provider accessibility, quality, and stability by clarifying performance expectations, increasing training and technical assistance, and strengthening contract management.

**Percent of Jackson Requirements From the Plan of Action and Appendix A to the Joint Stipulation Completed**



**Data Reported Annually**

**Data Source:**

Office of Jackson Disengagement

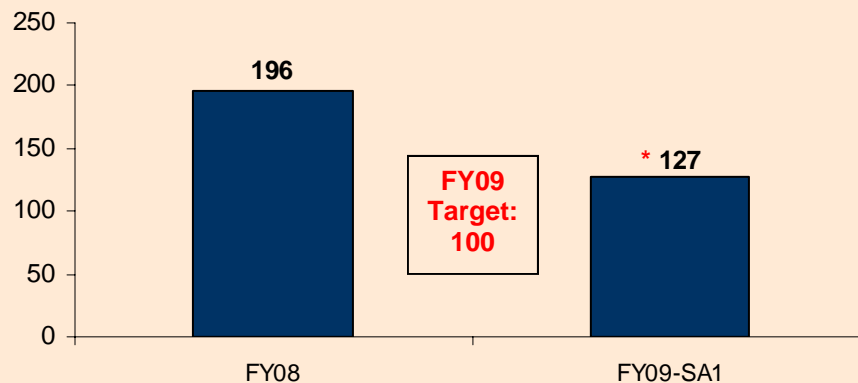
**Goal:**

To increase the percent of Jackson requirements from the Plan of Action and Appendix A to the Joint Stipulation completed by 24 percentage points.

**ACTION PLAN:**

- Due to the slow litigation process, disengagement did not occur in this quarter. To date, of the 325 Jackson requirements that need to be completed, 245 have been completed, leaving 80 requirements.
- Utilize the Jackson coordinator to track all Jackson outcomes and activities and meet weekly to report completed outcomes and to strategize actions needing completion.
- Utilize a full time attorney to review Jackson progress to date and to represent the Department of Health in all Jackson activities. This process has resulted in Appendix A activities being completed and challenges made to the plaintiffs on reducing Jackson costs and paper work.

**Number of Children with Autism Spectrum Disorder Who Receive Legislative Appropriation Funded Respite and/or Adaptive Skill Building Services**



**Data Reported Semi-Annually**

**Data Source:**

Provider reports

**Goal:** To increase the number of children with autism spectrum disorder who receive legislative appropriation funded respite and/or adaptive skill building services.

**Note:**

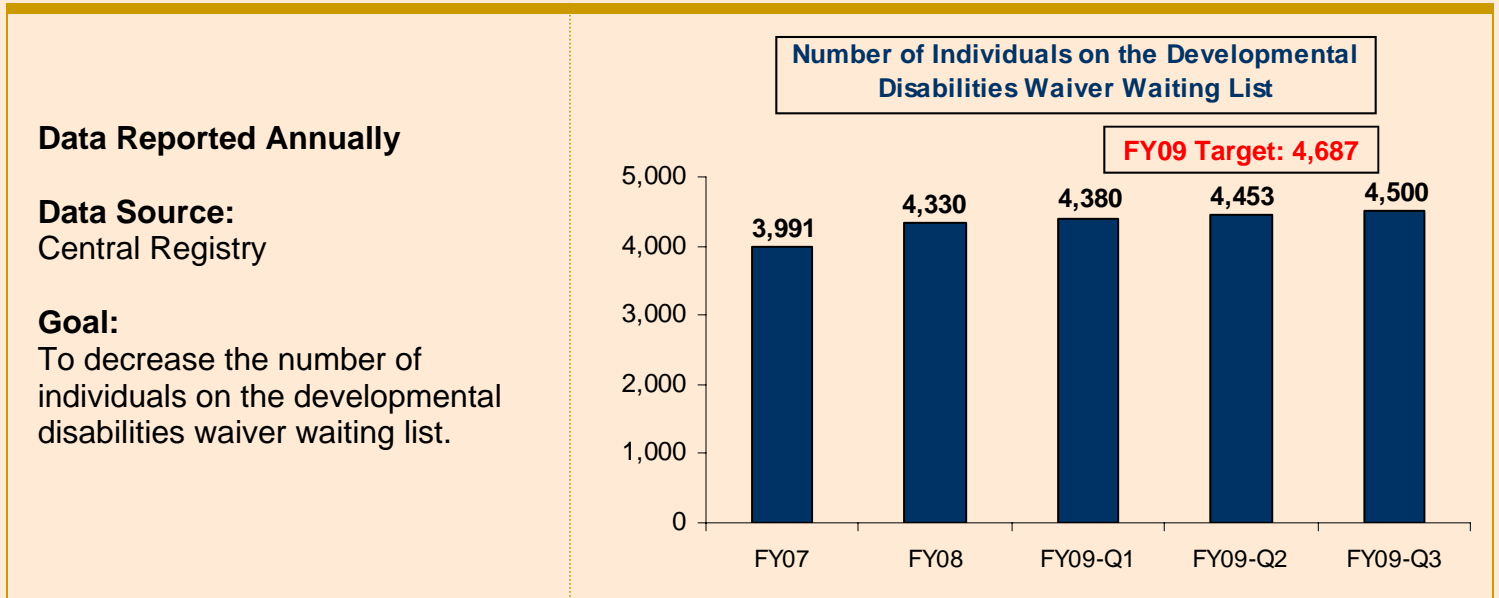
FY09 target exceeded by 27.

**Note:** There were 164 persons by the end of Q3 who received legislatively appropriate services (adaptive skill building and recreational respite for children with autism). This is a growth of 37, all in respite.

## ACTION PLAN:

- In order to inform the New Mexico public about these services and increase program participation for the number of children with Autism Spectrum Disorder (ASD), we actively market the program through the use of the Center for Development and Disability Information Center, the NM Autism Society Listserv and through advertising in various statewide Autism newsletters. To further increase public awareness for these services, we also provide technical assistance to contracted providers to help them identify individuals eligible for service.
- The number of children served in Q1 was 43, with an increase of 84 children in Q2, and an increase of 37 in Q3, resulting in a net of 164 participants for the fiscal year so far. All of the programs have shown an increase, particularly Adaptive Skill Building which served 36 individuals in Q1 and 78 in Q2. The number of individuals in respite was 49. This increase was achieved even though one of the respite agencies stopped delivering the service during Q2. The Q3 growth of 37, are all in respite.

## EXPLANATORY (NON-KEY) DATA :



- The number of individuals currently on the DDSD Central Registry has increased by 47 individuals for a total 4,500 at the end of Q3.

# PROGRAM AREA 8: HEALTH CERTIFICATION, LICENSING AND OVERSIGHT

## MISSION/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.

## GOAL:

Eliminate abuse and exploitation of at-risk populations.

## PROGRAM AREA 8 OBJECTIVE:

### OBJECTIVE 1:

Enforce “Zero Tolerance” of abuse, neglect, or exploitation of seniors and vulnerable adults.

### FY09 OPERATING BUDGET:

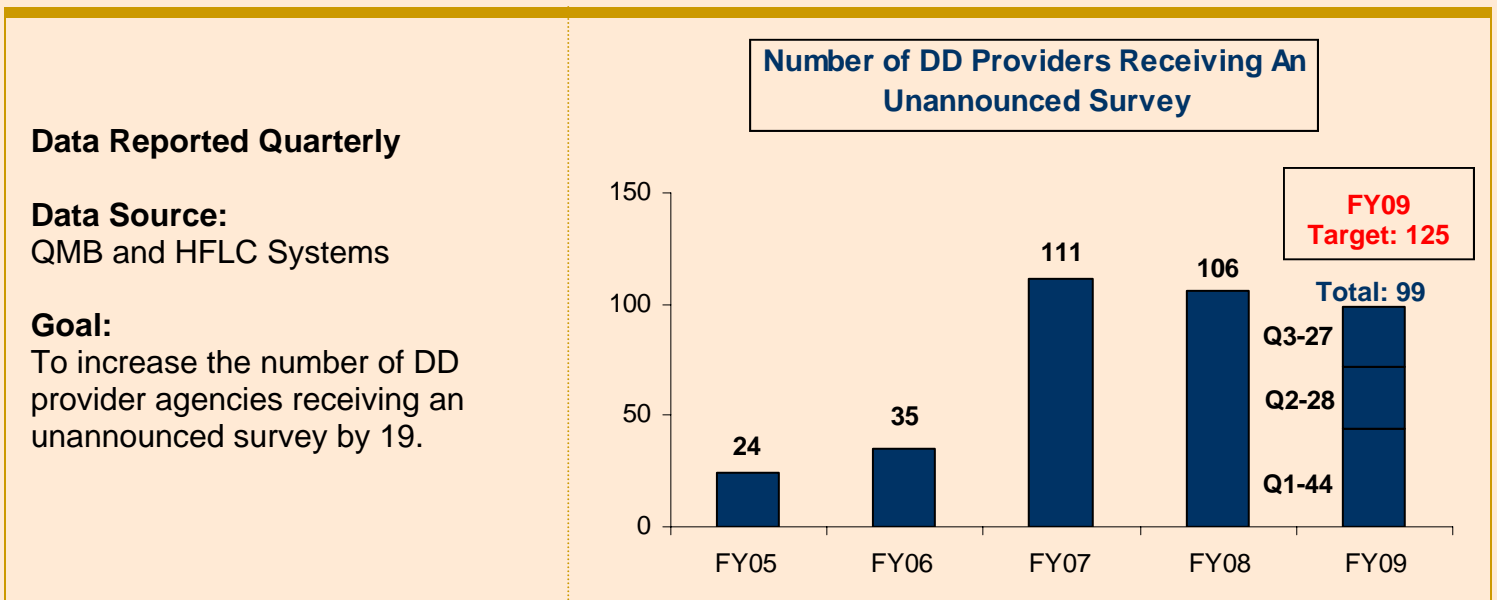
**General Funds:** 6,059.6

**Federal Funds:** 1,582.4

**Other State Funds:** 2,612.1

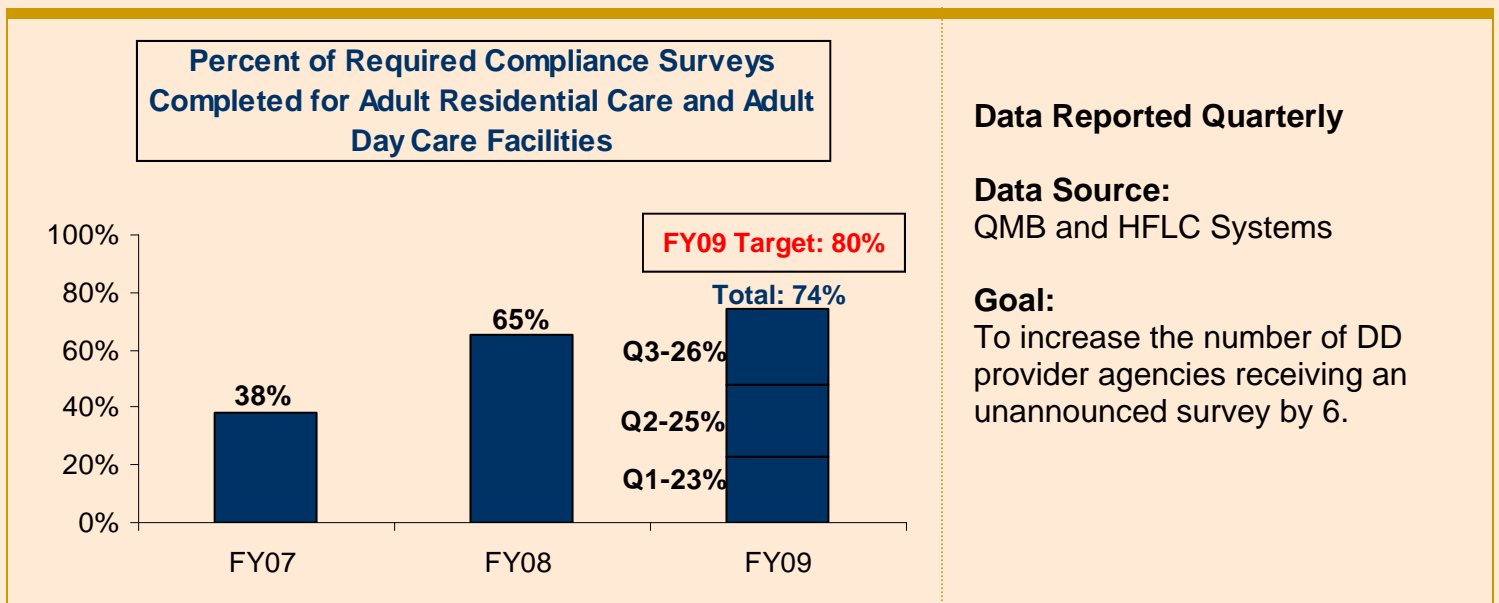
**Other Transfers:** 4,952.5

## OBJECTIVE 1: ENFORCE “ZERO TOLERANCE” OF ABUSE, NEGLECT, OR EXPLOITATION OF SENIORS AND VULNERABLE ADULTS.



## ACTION PLAN:

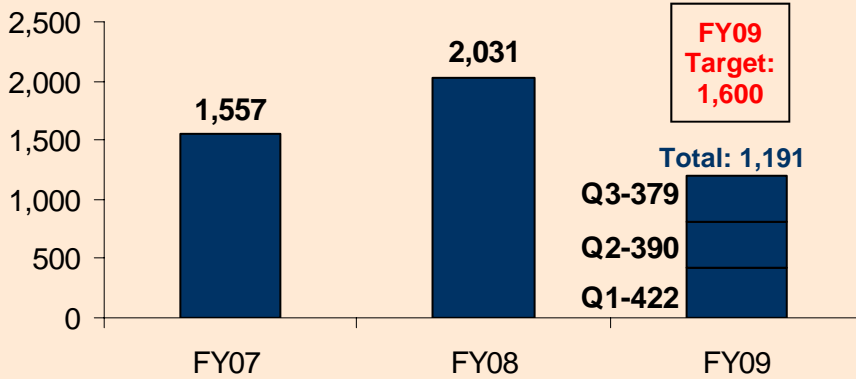
- The Health Facility Licensing & Certification Bureau (HFL&C) ensures that all surveyors are up to date on the latest trainings. As budget allows, we schedule surveyors for training in the areas in which they will survey. During times of surveyor shortage, we borrow surveyors from other districts. We survey at 100% based on the federal reimbursement we receive.
- The purpose of unannounced surveys is to get a true picture of the services being delivered on a daily basis in the facility. Surveys are conducted to ensure that the health and safety of our most vulnerable residents are maintained. All surveys are conducted to ensure compliance with the state and federal regulations regarding the specific facility type. When the survey is completed, the facility is given a 2567, which is a Statement of Deficiencies based on the survey findings. The facility has ten days from receipt to give HFL&C an acceptable Plan of Correction. Facilities with egregious findings or repeat findings will be issued a Civil Monetary Penalty (CMP) and possible termination of their provider agreement.



## ACTION PLAN:

- In Q3, there were 46 annual surveys, 23 revisit surveys and 6 complaint surveys conducted for a total of 75 unannounced surveys.
- The survey staff performs on-site survey/monitoring visits at all adult residential care and adult day care facilities to determine compliance with regulations, to investigate complaints, and to investigate the appropriateness of licensure for any alleged unlicensed facility.
- When violations are found, the facilities submit a plan that addresses how violations will be corrected, when they will be corrected, how the facility will identify other residents that potentially could be affected by the same deficient practice, and how the facility will monitor its corrective actions.

**Number of Allegations of Abuse, Neglect and Exploitation**



**Data Reported Quarterly**

**Data Source:**

Incident Management Bureau database

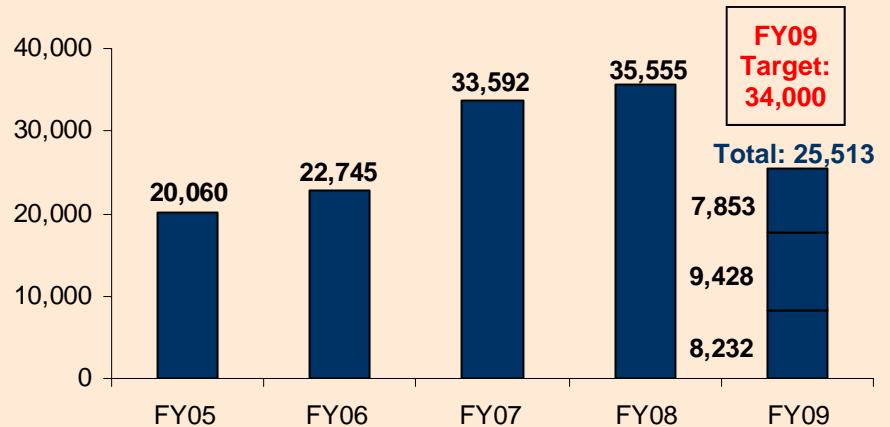
**Goal:**

To decrease abuse, neglect and exploitation by increasing the number of allegations of abuse, neglect and exploitation reported.

**ACTION PLAN:**

- Conduct investigations to determine if the allegations reported are substantiated or unsubstantiated.
- Require the provider being investigated to perform an internal investigation and to submit a corrective action plan.

**Number of Applicants Screened for the Caregiver Criminal History Check**



**Data Reported Quarterly**

**Data Source:**

Caregivers Criminal History Screening database

**Goal:**

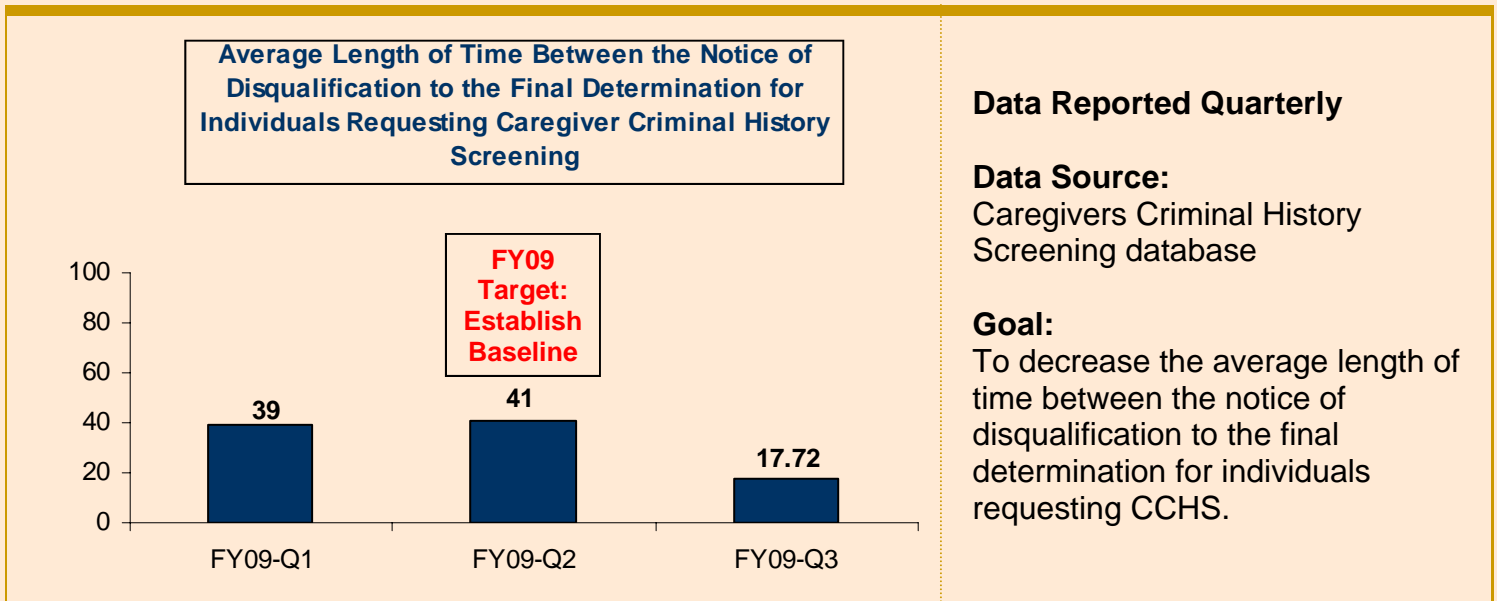
To increase the number of applicants screened for the Caregiver Criminal History check.

**ACTION PLAN:**

- To insure 100% compliance with the state statute requiring providers to background check all of the caregivers employed, Caregivers Criminal History Screening Program (CCHSP) has revised its training program. The program will include more one-on-one trainings with providers teaching them proper fingerprinting techniques and the benefits and use of updating their equipment. This will help the provider by making their internal process more convenient and cost effective, thereby encouraging compliance.

## ACTION PLAN (CONTINUED):

- Increase the number of applicants screened by phasing in all hospital caregivers pursuant to the Caregivers Criminal History Screening (CCHS) Act requirements.
- Decrease application processing time through enhancements to the CCHS program database to more accurately and efficiently track and process applications.
- Continue to screen all applicable caregivers in facilities and community-based programs.



## ACTION PLAN:

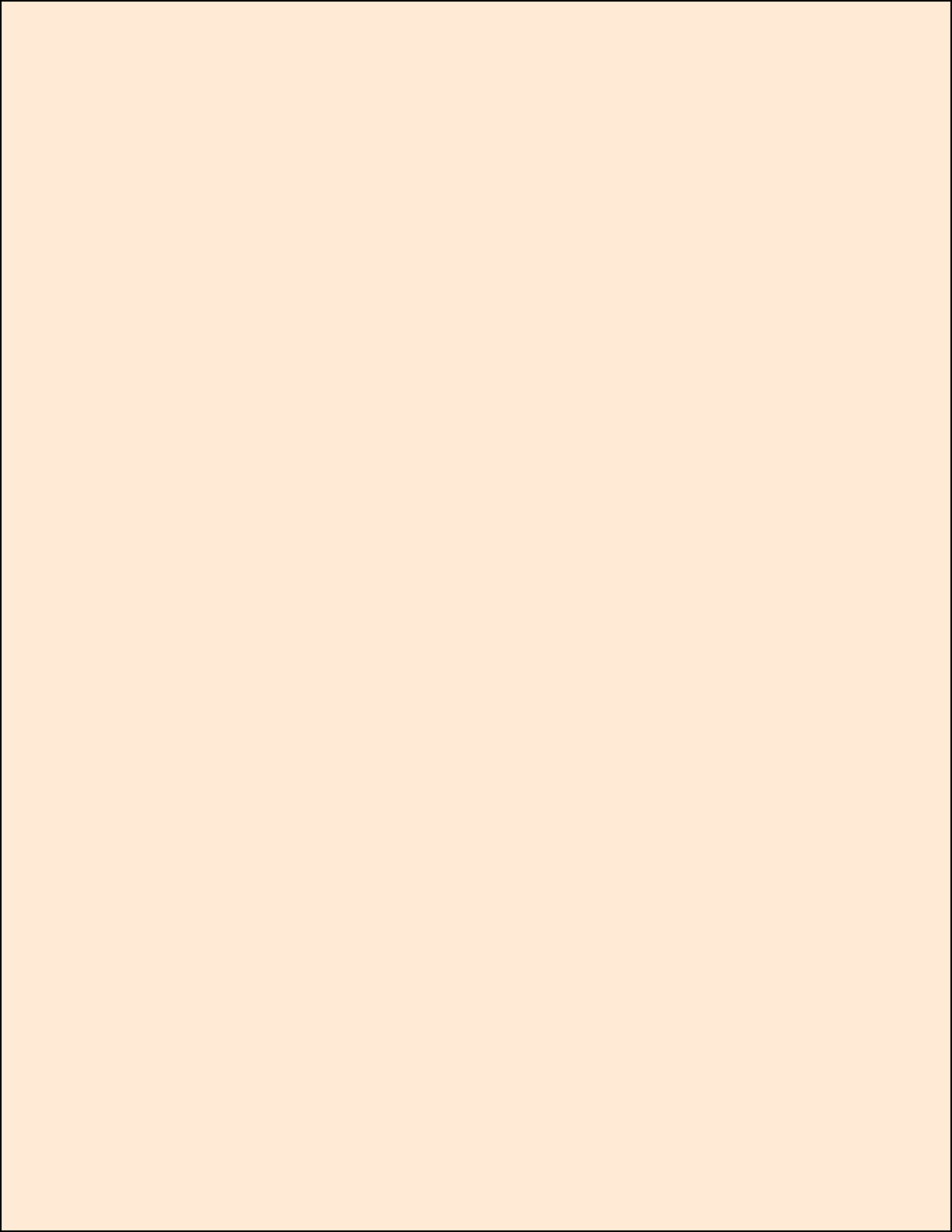
- Caregivers Criminal History Screening Program will revise its web page to include more detailed instruction for disqualified applicants in an effort to shorten the process time for resolution.
- CCHSP has reallocated staff to ensure meeting our target for this measure.

<b>Performance Measures</b>	<b>Reporting Frequency</b>	<b>09 Targets</b>	<b>FY09 Q1</b>	<b>FY09 Q2</b>	<b>FY09 Q3</b>	<b>FY09 Q4</b>
Percent capital project funds expended over a five-year period	Quarterly	20%	2%	11.5%	13.69%	
Number of telehealth sites throughout the state used for patient services (GPAC 6.3)	Quarterly	120	53	113	210	
Number of community health improvement councils that address health disparities	Quarterly	38	37	37	37	
Percent of payment vouchers paid within thirty days of acceptance of goods and services	Quarterly	87%	51.6%	70.9%	84.2%	
Number of patient encounters provided through telehealth sites statewide (GPAC 6.3)	Quarterly	12,000	1,331	1,210	1,040	
Percent of preschoolers fully immunized (GPAC 2.1)	Annual	90%				
Number of providers utilizing the statewide immunization registry	Quarterly	375	262	323	326	
National ranking of New Mexico children who are fully immunized (GPAC 2.1)	Annual	25				
Annual teen birth rate for females ages 15 to 17 (GPAC 2.2)	Annual	33.8				
Annual number of births registered at vital records for females ages fifteen to seventeen (GPAC 2.2)	Quarterly	1,400	380	239	421	
Unduplicated number of teens ages fifteen to seventeen receiving family planning services in agency-funded family planning clinics (GPAC 2.2)	Quarterly	7,400	1,713	1,684	1,328	
National ranking of New Mexico teen birth rate per 1,000 females ages 15 to 17 (GPAC 2.2)	Annual	40th				
Percent of women, infants, and children program participants ages two to five who are not overweight (GPAC 3.2)	Quarterly	92%	80.5%	83.0%	83.7%	
Percent of adults that use tobacco (GPAC 2.5)	Annual	19.4%				
Number of packs of cigarettes sold per New Mexican (GPAC 2.5)	Annual	30				
Number of HIV/AIDS prevention interventions (GPAC 2.3)	Quarterly	10,000	6,055	6,766	7,915	
Number of hepatitis C clients enrolled in a disease management service through project ECHO's community-based providers (GPAC 2.3)	Quarterly	3,250	2,866	2,615	3,046	
Number of new enrollees in syringe exchange programs (GPAC 2.3)	Quarterly	3,500	234	366	258	

<b>Performance Measures</b>	<b>Reporting Frequency</b>	<b>09 Targets</b>	<b>FY09 Q1</b>	<b>FY09 Q2</b>	<b>FY09 Q3</b>	<b>FY09 Q4</b>
<b>Percent of partners of individuals with syphilis who are identified and treated (GPAC 2.3)</b>	<b>Quarterly</b>	80%	94.33%	70.60%		
<b>Percent of partners of individuals with gonorrhea who are identified and treated (GPAC 2.3)</b>	<b>Quarterly</b>	80%	95.54%	65.5%		
<b>Number of operating school-based health centers (GPAC 2.6)</b>	<b>Quarterly</b>	68	84	84	84	
<b>Number of youth served at school-based health centers</b>	<b>Annual</b>	20,000				
<b>Number of students receiving behavioral health services in school-based health centers</b>	<b>Semi-annual</b>	12,000	2,692			
<b>Number of visits to school-based health centers (GPAC 2.6)</b>	<b>Semi-annual</b>	36,000	6,156	13,645	9,816	
<b>Number of calls to the agency-funded crisis lines (GPAC 4.1)</b>	<b>Quarterly</b>	8,000	3,724	4,412	5,828	
<b>Number of health emergency exercises conducted to assess and improve local and international capability (GPAC 2.4)</b>	<b>Quarterly</b>	80	21	11	3	
<b>Percent of birth certificates issued/searched for within seven days of receipt of an approved birth search application and fees</b>	<b>Quarterly</b>	98%	96.1%	79.3%	99.7%	
<b>Number of designated trauma centers in the state (GPAC 6.5)</b>	<b>Quarterly</b>	9	6	6	6	
<b>Number of hospitals reporting data in the state trauma registry (GPAC 6.5)</b>	<b>Quarterly</b>	25	16	17	17	
<b>Percent of public health threat samples for communicable diseases and other threatening illnesses that are analyzed within specified turnaround times</b>	<b>Quarterly</b>	98%	98.3%	98.5%	98.4%	
<b>Percent of blood alcohol tests from driving-while-intoxicated cases that are analyzed and reported within seven business days</b>	<b>Quarterly</b>	90%	60.2%	21.6%	80.9%	

<b>Performance Measures</b>	<b>Reporting Frequency</b>	<b>09 Targets</b>	<b>FY09 Q1</b>	<b>FY09 Q2</b>	<b>FY09 Q3</b>	<b>FY09 Q4</b>
<b>Number of laboratory tests performed each year</b>	<b>Quarterly</b>	340,000	94,713	70,032	90,363	
<b>Number of substantiated cases of abuse, neglect and exploitation per one hundred residents in agency-operated long-term care programs confirmed by the division of health improvement</b>	<b>Quarterly</b>	0	0	0	0	
<b>Percent of low risk residents at Fort Bayard who have pressure sores</b>	<b>Annual</b>	2.0%				
<b>Percent of low risk residents at New Mexico Veterans Home who have pressure sores</b>	<b>Annual</b>	2.0%				
<b>Percent of low risk residents at New Mexico Behavioral Health Institute's long-term care program who have pressure sores</b>	<b>Annual</b>	0.5%				
<b>Percent of clients at New Mexico rehabilitation center with continued improvement on medical rehab goals three to six months post discharge</b>	<b>Annual</b>	80%				
<b>Percent of clients at sequoyah adolescent treatment center without relapses at three to six months post discharge</b>	<b>Annual</b>	92%				
<b>Percent of clients at turquoise lodge without relapses at three to six months post discharge</b>	<b>Annual</b>	40%				
<b>Percent of adults receiving developmental disabilities day services who are engaged in community-integrated employment (GPAC 5.7)</b>	<b>Quarterly</b>	45%	32%	32%		
<b>Percent of families who report an increased capacity to address their child's developmental needs as an outcome of receiving early intervention services (GPAC 5.7)</b>	<b>Annual</b>	97.0%				
<b>Percent of infants and toddlers in the family, infant toddler program who make progress in their development (GPAC 5.7)</b>	<b>Annual</b>	97%				
<b>Percent of developmental disabilities waiver applicants determined to be both income eligible and clinically eligible within ninety days of allocation</b>	<b>Quarterly</b>	98%	93%	90%	89%	

<b>Performance Measures</b>	<b>Reporting Frequency</b>	<b>09 Targets</b>	<b>FY09 Q1</b>	<b>FY09 Q2</b>	<b>FY09 Q3</b>	<b>FY09 Q4</b>
<b>Percent of developmental disabilities waiver applicants determined to be both income eligible and clinically eligible within ninety days of allocation</b>	<b>Quarterly</b>	98%	93%	90%	89%	
<b>Percent of developmental disabilities waiver applicants who have a service plan in place within ninety days of income and clinical eligibility determination</b>	<b>Quarterly</b>	98%	94%	98%	94%	
<b>Number of individuals on the developmental disabilities wavier waiting list</b>	<b>Quarterly</b>	4,687	4,380	4,453	4,500	
<b>Percent of jackson requirements from the plan of action and appendix a to the joint stipulation completed</b>	<b>Quarterly</b>	100%	76%	76%	76%	
<b>Percent of individuals participating in developmental disabilities community service program who report that services helped them maintain or increase independence (GPAC 5.7)</b>	<b>Annual</b>	97%				
<b>Number of children with autism spectrum disorder who receive legislative appropriation funded respite and/or adaptive skill building services (GPAC 5.7)</b>	<b>Semi-annual</b>	100	127			
<b>Number of developmental disabilities providers receiving an unannounced survey</b>	<b>Quarterly</b>	125	44	28		
<b>Percent of required compliance surveys completed for adult residential care and adult day care facilities (GPAC 5.1)</b>	<b>Quarterly</b>	80%	23%	25%	26%	
<b>Number of allegations of abuse, neglect and exploitation reported</b>	<b>Quarterly</b>	1,600	422	390	379	
<b>Number of applicants screened for caregiver criminal history (GPAC 5.1)</b>	<b>Quarterly</b>	34,000	8,232	9,468	7,853	
<b>Average length of time between the notice of disqualification to the final determination for individuals requesting caregiver criminal history screening</b>	<b>Quarterly</b>	Establish Baseline	39	41		





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